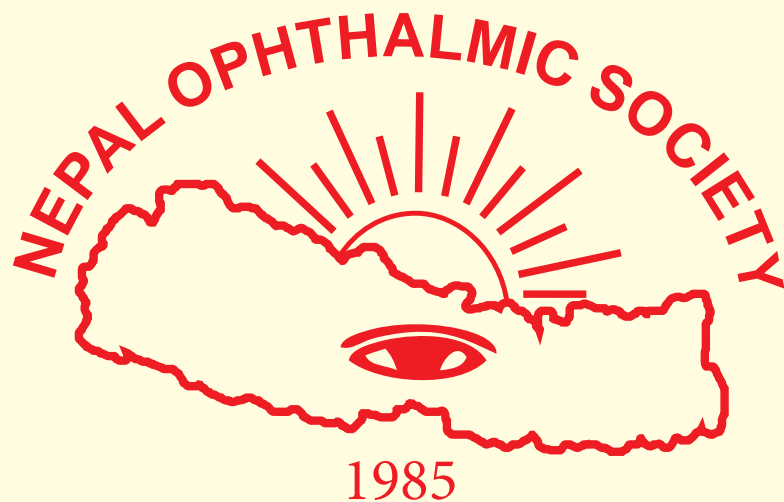


NEPAL OPHTHALMIC SOCIETY



SOUVENIR

2024

EDITORIAL TEAM



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Chaudhary



Dr. Purushottam
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Sharma



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Maharjan



Raju
KC

Book

Commemorative book, celebrating the rich history, remarkable achievements, and future aspirations of the Nepal Ophthalmic Society (NOS).

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Most of the pictures and information in this book are taken from Nepal Ophthalmic Society and NOS members.

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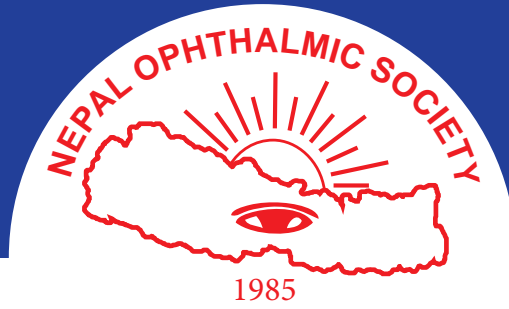


Table of Content

1	Executive Committee (2022 - 2024)	5
2	Past Presidents	6
3	Preface	7
4	Message	
	a. from the desk of the General Secretary	9
	b. from the Hon'ble President of Nepal	10
	c. from the Hon'ble Prime Minister of Nepal	11
	d. from the Hon'ble Minister for Health and Population	12
	e. from the President of Asia-Pacific Academy of Ophthalmology (APAO)	13
	f. from the Secretary General of Asia-Pacific Academy of Ophthalmology (APAO)	14
	g. from the President of South Asian Academy of Ophthalmology	15
	h. from the Secretary General of Ophthalmological Society of Bangladesh	16
	i. from the President of Nepal Medical Association	17
	j. from the President of Nepalese Association of Optometrists	18
	k. from the President of Nepal Ophthalmic Assistants Society	19
5	History of Nepal Ophthalmic Society	20
6	Eye Care Delivery in Nepal	22
7	Eye Care Development in Nepal	24
8	A Dependent Nation Emerges Self-reliant for its Eye Doctors Training/Education	28
9	Salient Features of Eye Care Program of Nepal	32
10	Nepalese Journal of Ophthalmology: An Account of Its History	38
11	नेपाल आँखा बैंक	44
12	Hospital Cornea Retrieval Program (Turning the tide of Corneal Blindness)	47

13	Nepalese Society for Oculoplastic Surgeons (NESOS)	51
14	Nepal Vitreo Retina (NVRS)	54
15	Nepal Cornea, Cataract and Refractive Surgery Society (NCCRS)	58
16	Glaucoma Society of Nepal	61
17	Young Ophthalmologist Nepal	62
18	Nepal Pediatric Ophthalmology and Strabismus Society (NPOSS)	66
19	Uveitis Service in Nepal	68
20	Neuro-ophthalmology in Nepal	72
21	Women in Ophthalmology in Nepal	73
22	Sustainable Development Goal and Eye Health: Its Importance and Challenges	75
23	Eastern Regional Ophthalmic Conference (EROPHCON): Its Historical Background and Current Status	77
24	Western Regional Ophthalmic Conference (WESROPHCON)	82
25	The Lumbini Eye Institute Conference (LEICON)	84
26	Memories from Past Presidents - <i>Compiled by Dr. Purushottam Joshi</i>	86
27	Memorabilia of Prof. Meenu Chaudhary	105
28	Photo Gallery	117
29	List of NOS Life Member	125
30	List of NOS Associate Member	134



Nepal Ophthalmic Society Executive Committee (2022 - 2024)



Prof. Dr. Meenu Chaudhary
President



Prof. Dr. Rohit Saiju
Immediate Past President



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Vice President



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Member



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Member



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Editor-in-Chief



Nepal Ophthalmic Society Past Presidents



Late Dr. N C Rai
(1985-1987)



Dr. Ram P Pokharel
(1987-1990)



Late Dr. Y M Pradhan
(1990-1992)



Dr. Madan P Upadhyaya
(1992-1994)



Dr. Om Krishna Malla
(1994-1997)



Dr. Shashanka Koirala
(1998-2000)



Dr. K P Adhikari
(2000-2002)



Dr. Banshi Krishna Malla
(2002-2004)



Dr. Sambhu P Lakhey
(2004-2006)



Prof. Dr. Sanduk Ruit
(2006-2007)



Prof. Dr. Dev Narayan Shah
(2007-2010)



Prof. Dr. Jeevan K Shrestha
(2010-2012)



Prof. Dr. Reeta Gurung
(2012-2014)



Prof. Dr. Sanjay K Singh
(2014-2016)



Prof. Dr. Suman S Thapa
(2016-2018)



Prof. Dr. Badri P Badu
(2018-2020)



Prof. Dr. Rohit Saiju
(2020-2022)



Preface from the President of Nepal Ophthalmic Society **Prof. Dr. Meenu Chaudhary**



Dear Respected Seniors, Friends, and Esteemed Readers,

It is with great pride and honor that I present to you this commemorative book, celebrating the rich history, remarkable achievements, and future aspirations of the Nepal Ophthalmic Society (NOS). This publication serves as a testament to our unwavering commitment to advancing eye care and vision health in Nepal and beyond.

The Nepal Ophthalmic Society was established in 1985 by a group of visionary ophthalmologists (Dr. NC Rai, Prof. Dr. RP Pokharel, Prof. Dr. MP Upadhyaya, Prof. Dr. OK Malla and Prof. Dr. Sanduk Ruit) who recognized the need for a unified organization dedicated to promoting eye health and preventing blindness in Nepal. Their collective efforts laid the foundation for what has grown into a vibrant and influential community of eye care professionals.

From its humble beginnings with 30 members initially, NOS has evolved significantly over last 39 years (with 500 members in total now) establishing various sub-specialty societies to address the diverse needs within the field of ophthalmology. These sub-specialty societies include:

- Nepalese Society of Oculoplastic Surgeons (NESOS)
- Nepal Vitro-Retina Society (NVRS)
- Nepal Glaucoma Society
- Nepal Cornea Cataract and Refractive Surgery Society (NCCRS)
- Nepal Pediatric Ophthalmology Society
- Young ophthalmologists Society (YO)

Each of these sub-specialty societies plays a crucial role in advancing research, clinical practice, and education in their respective areas, contributing to the overall mission of the NOS.

Over the years, the Nepal Ophthalmic Society has achieved numerous milestones. Our efforts have led to significant advancements in ophthalmic research, innovative surgical techniques, and comprehensive public health initiatives. Some of our notable achievements include:

- Organizing national and international conferences, workshops, and seminars to facilitate knowledge exchange and professional development.
- Implementing community outreach programs to provide eye care services to underserved populations, including free eye camps and screening initiatives.
- Establishing fellowship programs and scholarships to support the education and

training of young ophthalmologists.

- Collaborating with global organizations and institutions to bring cutting-edge technology and training to Nepal.
- NOS is a member and is associated with APAO (Asia Pacific Academy of Ophthalmology), AAO (American Academy of Ophthalmology), ICO (International Council of Ophthalmology) and AIOS (All India Ophthalmological Society), OSB (Ophthalmological Society of Bangladesh), and has Memorandum of understanding with OSWB (Ophthalmological society of West Bengal), WIO (Women in Ophthalmology Society of India) & YOSI (young Ophthalmologists society of India) so that ophthalmologists and residents get trained in different sub- specialties (fellowship & leadership development programs) through scholarships and supports given by these societies for education & research.
- Publishing research articles, guidelines, and educational materials to disseminate knowledge and best practices within the ophthalmic community through Nepalese journal of ophthalmology and protocols & guidelines endorsed by NOS.

These accomplishments are a testament to the

dedication and hard work of our members, who have tirelessly pursued excellence in eye care. As we look back on our journey, we also embrace the future with optimism and determination. The field of ophthalmology is ever-evolving, and we remain committed to staying at the forefront of innovation and excellence. Through continued education, research, and community outreach, we strive to enhance the quality of eye care services and address the emerging challenges in vision health.

I extend my heartfelt gratitude to all the members of the Nepal Ophthalmic Society, past and present, for their invaluable contributions and unwavering support. Your dedication and hard work have been the cornerstone of our success. I also thank the editorial team (Dr. Purshottam Joshi, Dr. Samata Sharma, Mr. Raju KC and Mr. Binesh Kumar Maharjan) for their meticulous efforts in bringing this commemorative book to life, ensuring that our legacy is preserved and celebrated.

As you explore the pages of this book, I hope you feel a sense of pride in our shared achievements and find inspiration in the stories of innovation, compassion, and perseverance. Let us continue to work together, driven by our common goal of making a lasting impact on the field of ophthalmology and the lives of those we serve.

With warmest regards,

Prof. Dr. Meenu Chaudhary

President

Nepal Ophthalmic Society (2022-2024)

15th October 2024



Message from the desk of the General Secretary of Nepal Ophthalmic Society **Dr. Purushottam Joshi**



It gives me immense pleasure to bring out this Souvenir; the first in the illustrious 39 years history of NOS, to highlight the achievements of NOS and the contributors to this achievement. This achievement ultimately paved the path for the basis of the eye care in Nepal and its betterment.

I welcome you all to this cherished collection of memories and milestones, a souvenir that encapsulates the essence of the shared experiences. Within these pages, you will find a celebration of moments that have shaped NOS journey together—each photograph, story, and memento is a testament to the bonds we've forged. This bond along with our dedication and collective effort has made the eye care of Nepal one of the best in our region.

I have long thought of the souvenir and planed to bring this out during the 25th NOSCON at Biratnagar, and it could be done only now on this 26th NOSCON at Kathmandu. I would like to share an interesting incidence of numbering of NOSCON, we organized Annual Conference of NOS in Mechi Eye Hospital (<https://nepalophthalmologyconference.blogspot.com/>), Jhapa in 2009 and numbered it as the first; then it started the debate, which one is it? And finally a consensus was built among us and the number was

given and now we are at the 26th NOSCON. I would like to credit this to Prof Dr Badri P Badhu, who was the organizing chair and myself the organizing secretary then.

The souvenir contains the history of NOS, NOS building, the works and words of the past presidents; relevant topics on Eye Health Education, the official scientific journal of NOS – Nepalese Journal of Ophthalmology (NEPjOPH), Eye Banking in Nepal, and different Chapters and Sub-specialties of Ophthalmology.

This souvenir is made possible only due to the relentless perseverance and effort from our President Prof Dr Meenu Chaudhary; well supported by Mr Raju KC and Mr Binesh Kumar Maharjan. I would like to thank the NOS Executive Committee Members. I would also like to thank my colleagues in Mechi Eye Hospital, who had to endure the extra work; and my family Dr Rinku Gautam Joshi, Sons Aarya Chandra Joshi and Aarnav Joshi for their support and patience.

Last but not least, I would also like to thank all NOS members for being a part of this remarkable journey. May these pages inspire you to create new memories and cherish the ones we've already made.


Dr Purushottam Joshi
General Secretary
Nepal Ophthalmic Society

15th October 2024



Message from
the Hon'ble President of Nepal
Mr. Ramchandra Paudel



नेपाल
Nepal

राष्ट्रपति
The President

शुभकामना

आँखा रोग विशेषज्ञहरूको हक, हित तथा आँखा स्वास्थ्यको क्षेत्रमा काम गरिरहेको नेपाल अप्ठ्याल्मीक सोसाइटीले आफ्ना गतिविधि तथा भावी योजना समेटेर स्मारिका प्रकाशन गर्न लागेको जानकारी पाउँदा मलाई खुशी लागेको छ ।

यस सोसाइटीले आँखा रोगको निदानका लागि जनशक्ति उत्पादन गर्ने, अध्ययन, अनुसन्धान गरी ज्ञान र सिपको आदान प्रदान गर्ने कार्यमा आफूलाई समर्पित गर्नु सराहनीय काम हो । भविष्यमा आँखा रोगको निदानका लागि नयाँ नयाँ प्रविधि ल्याएर उपचारलाई सहज बनाउनका लागि यो सोसाइटी सहयोगी बन्ने विश्वास लिएको छु ।

अन्त्यमा, नेपाल अप्ठ्याल्मीक सोसाइटीको उत्तरोत्तर प्रगतिको कामनासहित स्मारिका प्रकाशनको शुभकामना व्यक्त गर्दछु ।

जय नेपाल !

मिति: २०८१ असोज २१ गते

रामचन्द्र पौडेल





Message from the Hon'ble Prime Minister of Nepal **Mr. KP Sharma Oli**



Prime Minister

Kathmandu, Nepal

Message

I would like to congratulate the Nepal Ophthalmic Society (NOS), a professional organisation of eye health professionals, for publishing its Souvenir.

The Society has contributed to the advancement of Ophthalmology, the science of eyes at the global level. I feel proud that Nepal's Ophthalmologists have obtained prestigious international awards for new methods of eye treatment which enhanced the quality of eye service and Nepal's image in the world.

I hope that the Souvenir will incorporate the ideas and insights that ensure the Right to Sight and Eye Health for All. It will certainly increase the quality of public health and promote the prosperity of people and the country. I appreciate such initiatives of the Society that also hold national and international conferences on eye care.

Nepal's Health Policy 2019 has encouraged partnerships with private and other non-state sectors in all the levels of government to integrate eye care with primary health care. The National Eye Health Strategy 2023 also aims to provide comprehensive eye care including eye health in school health programme and awareness campaigns. The strategy also focuses on increasing access of senior citizens, vulnerable, marginalized and differently-abled people to quality eye health care.

There are still challenges of population growth, aging, unjust distribution of resources, and non-integration of eye care services. It seems to me that telemedicine can be used to provide services to unreached populations. Support of all is important to materialize the policies, programs and strategies into action.

Prevent blindness and love your eyes in the workplace. I wish for the success of the Nepal Ophthalmic Society in its every action.

K P Sharma Oli

25 October 2024



Message from the Hon'ble Minister for Health and Population of Nepal **Mr. Pradip Paudel**



प्रदीप पौडेल
Pradip Paudel

स्वास्थ्य तथा जनसङ्ख्या मन्त्री
Minister for
Health and Population



नेपाल सरकार
Government of Nepal

स्वास्थ्य तथा जनसङ्ख्या मन्त्रालय
Ministry of Health and Population



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रामशाहपथ, काठमाडौं, नेपाल
Ramshahpath, Kathmandu, Nepal

पत्र संख्या (Ref. No.): २०८१/८२

चलानी नं. (Dispatch No.): ३६४

मिति (Date): २०८१/०६/०६

It gives me immense pleasure to know that The Nepal Ophthalmic Society (NOS) is going to publish its Souvenir in 2024.

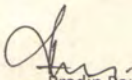
Nepal Blindness Survey, conducted on 1981, reported the prevalence of blindness of 0.84%. Many activities focused on reducing blindness have been conducted after the survey focused on human resource development, and enhance infrastructures for eye care service and integration of eye care service in primary health care. The Rapid Assessment of Avoidable Blindness survey conducted in 2010 and 2019 showed the significant reduction of blindness in the country. Cataract is still the leading cause of the blindness like in other developing countries. With the increase in life expectancy and rapid rise of systemic diseases like diabetes mellitus and hypertension, the posterior segment diseases are emerging as a leading cause of blindness. Many cases of blindness are avoidable on timely precautions and treatment. I would like to thank all the collaborating organizations supporting on reducing visual impairment and blindness in the country.

Ministry of Health and population is determined to provide the access to quality eye care services to the people of Nepal. The difficult geographical terrain and limited awareness are the other challenges for timely uptake of the services.

The Nepal Ophthalmic Society (NOS), established in 1985, has been one of the leading health professional organizations of the country. The role of NOS in human resources development for eye care service, advancement of ophthalmic technology; and quality eye care services are tremendous in reducing blindness in Nepal.

At this moment, NOS is planning for the publication of Souvenir. This souvenir will provide the information of the history and progress in the field of ophthalmology in Nepal, important events of NOS over the years, and its roles and responsibilities in the field of development of ophthalmology in the country.

I wish NOS for its success and congratulate for publication of its first Souvenir 2024.


Pradip Paudel
Minister



Message from the President of the Asia-Pacific Academy of Ophthalmology (APAO) **Prof. Ava Hossain**



I feel honored to write this message on the 26th Annual conference of the Nepal Ophthalmic society to be held in Kathmandu, Nepal from 29-30 November 2024.

I would like to take this opportunity to express my gratitude to the organizers especially the president of the society Dr Meenu Chaudhary for requesting me to write this message.

As the President of the Asia-Pacific Academy of Ophthalmology (APAO), it gives me immense pleasure to extend my warmest greetings to all the esteemed participants, speakers, and delegates at this prestigious event. Our region is home to a vast and diverse ophthalmic community, united by a shared commitment to the advancement of eye care and vision health. The principal objective of APAO is to foster closer relation among ophthalmologists and ophthalmological societies in this region.

The collaborations and knowledge exchange facilitated through events like this are essential to enhancing our collective ability to combat visual impairments and blindness in this region and to improve the quality of life for countless individuals

through quality eye care using advancement of technology.

My bondage with the Ophthalmologists of Nepal is long and remarkable. I feel proud to recognize that many eminent Ophthalmologists are my students and has been very close to my heart. In this occasion I like to recognize Dr. Eli Prothan who thrived to be leaders of the region under my mentorship. I always tempted to visit Nepal for the hospitality since my first visit and there after many visits professionally as an invited international speaker in conferences of Nepal Ophthalmic society as well as in SAO conference in 2018 in Kathmandu to represent our country, Bangladesh.

Now, as APAO president, I feel Nepal has reached a level in Asia Pacific region due to various activities conducted by Nepal Ophthalmic Society and I wish all the best for even stronger bond between Bangladesh, Nepal and APAO

Let us continue to work together, as one community, towards the goal of eradicating avoidable blindness and ensuring a future where everyone enjoys the gift of sight.

With warmest regards and best wishes.

Prof. Ava Hossain

President

Asia-Pacific Academy of Ophthalmology (APAO)



Message from the Secretary General of the Asia-Pacific Academy of Ophthalmology (APAO) Prof. Clement C Tham



Dear Esteemed Members of the
Nepal Ophthalmic Society,

It is my special honor and privilege to address the esteemed members of the Nepal Ophthalmic Society (NOS) on behalf of the Asia-Pacific Academy of Ophthalmology (APAO). The NOS, established in 1985, has long been a pillar of excellence in the field of ophthalmology within Nepal, and its contributions have significantly enriched the broader ophthalmic community across the Asia-Pacific region.

Celebrating a Legacy of Excellence

The Nepal Ophthalmic Society has consistently demonstrated its commitment to advancing eye care through rigorous education, innovative research, and high standards of clinical practice. Your society's efforts in promoting comprehensive eye health and preventing blindness are commendable and serve as an inspiration to us all.

COLLABORATION AND INNOVATION

APAO values the collaborative spirit of NOS, which has played a vital role in fostering regional and international partnerships. These collaborations have not only enhanced the quality of eye care in Nepal, but have also contributed to the global exchange of knowledge and expertise. The APAO annual congress was held in Kathmandu, Nepal, in 1997, and it was a most wonderful experience for all participants. The dedication of NOS to continuous learning and professional development resonates deeply with our mission at APAO.

Advancing Ophthalmic Care

In recent years, NOS has made significant strides in

various sub-specialties, including cornea, cataract, refractive surgery, glaucoma, retina, pediatric ophthalmology, uveitis, and oculoplastics. The establishment of the different subspecialties under NOS exemplifies your proactive approach to addressing specific needs within ophthalmology. This focus on sub-specialization ensures that patients receive the highest quality of care, and that practitioners remain at the forefront of medical advancements.

Looking Forward

As we look towards the future, APAO is excited to continue supporting and collaborating with the NOS. Your young ophthalmologists and women ophthalmologists have been participating most actively in APAO. APAO has felicitated NOS members with awards, such as the Distinguished Service Award, the Prevention of Blindness Award, the Yasuo Tano Travel Grant, and the Achievement Award. APAO is proud to stand with you as partners in this journey, united by our shared vision of preventing blindness and improving eye health across the Asia-Pacific region.

On behalf of APAO, I extend my heartiest congratulations to the Nepal Ophthalmic Society for its outstanding contributions to ophthalmology. Your dedication, passion, and excellence serve as a beacon of hope and progress in our region. We look forward to many more years of fruitful collaboration.

Warmest personal regards,

Clement C Tham

Secretary General & CEO

Asia-Pacific Academy of Ophthalmology (APAO)



Message from President of South Asian Academy of Ophthalmology Prof. Dr. Rajvardhan Azad



South Asian Academy of Ophthalmology

Prof. (Dr.) Rajvardhan Azad
President

Message From President SAO

I have very closely watched the development of Ophthalmology in Nepal and I don't hesitate to say the Ophthalmology in Nepal is on rising trend and growing very fast pace. In Nepal three important developments has taken place in the field of Ophthalmology over the year.

1. One was surge of NGO and InGO aided hospital in entire Nepal and if I attribute it to Prof. Ram Prasad Pokhrel's it wouldn't be in appropriate extravagance here as Nepal Netra Jyoti Sangh (NNS) was the brainchild of Prof Pokharel. I had opportunity to interact with him way back in 1989-90 when I was secretary of National society of Prevention of blindness, India. I did visit couple of these hospital including Himalayan eye hospital in Pokhara where I could see excellent cataract surgeries and community service.
2. The second was emergence of Tilganga eye hospital and here I can't afford to ignore the name of Prof Dr Sandak Ruit an alumni of Dr. R. P. Centre, AIIMS whose great effort brought the Fred hollow foundation to Kathmandu and Tilganga.
3. And third development was, coming up of Dr B P Koirala centre for ophthalmic Sciences on the pattern of Dr. R.P. Centre AIIMS and huge contribution of Prof Madan Upadhyaya an stalwart of WHO needs special mention.

I am told Nepal ophthalmic society(NOS) was established in 1985 and currently has 482 members. I had the privilege to deliver NOS oration in Kathmandu in the year 1999 during Saarc Academy of Ophthalmology (SAO) meeting in Kathmandu. Even before this I was actively involved in formation of SAO with late Prof LP Agarwal and Prof SRK Malik. I had several occasions to interact with several of Ophthalmology stalwart in Nepal as an examiner to TUTH. Instructor in Vitreoretinal Workshop in Tilganga and as chief guest/speaker in many other conferences organized by many eye hospitals in Nepal. As a secretary of SAO we had SAO biennial meeting in 2018. I can't forget the wonderful organisation and hospitality rendered during this time.

While I pay respect to Prof RP Pokhrel and Prof MP Upaddhya, I can't forget eulogizing the Untiring effort and contribution of Prof OK Malla, Prof Dev N Shah, Prof Chet Raj Pant, Prof DB Karki and many others. To keep the wheel moving newer crop of promising Ophthalmologist do need mention in view of their effort to keep pace with technological advancements in Ophthalmic world. I can't name all but it wouldn't be unfair if I don't name Prof Suman Thapa, Prof Sanjay Kumar Singh, Prof Meenu Choudhry, Dr Sabina shreshtha, Dr Sanyam Bajimaya, Dr Ben Limbu, Dr Rohit Saiju, Dr Eli Pradhan and many others.

I am sure many more are there who have shaped and shaping NOS and my best wishes and congratulations to all for taking Ophthalmology in Nepal at par with many other developed country's Ophthalmology.

I look forward to bright days ahead of NOS and a very highly successful forthcoming meeting.
With lots of wishes, adulations and admirations.

Yours Prof Azad

Website: www.sao.org.in | E-mail: saosecretariat@gmail.com



Message from the Secretary General of Ophthalmological Society of Bangladesh **Prof. Dipak Kumar Nag**



বাংলাদেশ চক্ষু চিকিৎসক সমিতি Ophthalmological Society of Bangladesh

Message

Nepal Ophthalmic Society (NOS) is one of the leading professional organizations not only within Nepal but also across boundaries down the subcontinent. It has contributed towards development of human resources both in and beyond the country in the field of ophthalmology.

NOS is a professional organization dedicated to the advancement of eye care through education and research. As, per the primary objective of an ophthalmological society, it is facilitating continuous medical education for its members. This is often achieved through arranging regular seminars, workshop and conferences covering a broad range of topics, surgical techniques and emerging trends in ocular disease management. Apart from organizing national annual conference, hosting the SAARC Ophthalmic conference in 1999 and the congress of Asia Pacific Academy of Ophthalmology in 1997 are exemplary in this regard.

Research and development are linchpins of an ophthalmological fraternity. Nepalese Journal of Ophthalmology is another milestone of this Society. Publication of an indexed journal, alongside presentations at national and international conferences, are common outputs of the activities of its members, helping to elevate the quality of eye care globally.

Overall, as an ophthalmological society, NOS serves as a knowledge hub and innovation in the eye care community, with its efforts to educate professionals and advancement in research contributing significantly to the improvement of vision health and well-being of individuals worldwide.

Prof Dipak Kumar Nag, MBBS, FCPS, FRCS, FACS, MSc
Vitreoretina Specialist
Secretary General, Ophthalmological Society of Bangladesh (OSB)



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Message from the President of Nepal Medical Association Dr. Anil Bikram Karki



नेपाल चिकित्सक संघ
Nepal Medical Association
Founded: 20 Falgun 2007 (4th March 1951)

KTM, CDO Regd. No. 07/043/44

Member:
World Medical Association (WMA)
South Asia Medical Association (SAMA)
Confederation of Medical Association in Asia and Oceania (CMAAO)

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Dr. Ashis Shrestha

Message

On behalf of Nepal Medical Association, I would like to convey my best wishes and congratulate Nepal Ophthalmic Society for its Annual Nepal Ophthalmic Society Conference (NOSCON) going to be held on 29th and 30th November 2024.

I hope the theme "Celebrating and Unfolding the Science of Ophthalmology" aids in enhancing scientific advancements in eye care to meet current and future demands in this sector.

Ophthalmology is a field that has been increasing diversely and its sub-specialty services are also expanding. Ophthalmology has a great scope for medical tourism in Nepal. I hope this conference will be helpful in this aspect.

I also would like to take this opportunity to welcome Nepal Ophthalmic Society to take an active role in upcoming CMAAO conference to be held in Nepal in 2025.

I would like to express my best wishes for the success of the conference as well as continuous growth of this organization in upcoming years.

Best Regards,




Dr. Anil Bikram Karki
President

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Message from the President of Nepalese Association of Optometrists **Niraj Dev Joshi**



Dear Colleagues and Friends,

It is with immense pride and joy that I extend my heartfelt congratulations to the Nepal Ophthalmic Society on the momentous occasion of completing 40 years of dedicated service to the field of eye care in Nepal.

Over the past four decades, the Nepal Ophthalmic Society has played a pivotal role in advancing eye health, promoting research, and enhancing the quality of ophthalmic care across our nation. Your efforts have not only brought light to those in darkness but have also inspired and empowered the next generation of eye care professionals.

As the President of the Nepalese Association of Optometrists, I am proud to celebrate this milestone with you. Our collaboration has strengthened the eye care community, fostering a spirit of unity and shared purpose. Together, we have made significant strides in addressing the

visual health needs of our population, ensuring that quality eye care is accessible to all, regardless of their geographic or socio-economic status.

This 40th anniversary is an opportunity to reflect on our collective achievements and to renew our commitment to our mission. The challenges we face are ever-evolving, and it is through our continued partnership and innovation that we will overcome them.

I extend my deepest gratitude to all the members of the Nepal Ophthalmic Society for their dedication and hard work. Your contributions have been invaluable in making Nepal a beacon of excellence in eye care. As we celebrate this significant milestone, let us also look forward to a future filled with promise and possibilities.

Congratulations once again on this incredible achievement.

Niraj Dev Joshi

President

Nepalese Association of Optometrists



Message from the President of Nepal Ophthalmic Assistants Society **Mr. Ramesh Ghimire**

Dear President,

On behalf of the Nepal Ophthalmic Assistant Society (NOAS), it is my immense pleasure to extend heartfelt congratulations to you and all the esteemed members of the Nepal Ophthalmic Society (NOS) on the occasion of the 26th Annual National Conference. Scheduled for 29th and 30th November 2024, with the theme “Celebrating and Unfolding Ophthalmology,” this conference marks yet another milestone in advancing eye care in Nepal.

Nepal’s eye care services are globally recognized for their high quality, high volume, affordability, and accessibility. This success is a testament to the collaborative efforts and mutual understanding between NOS and NOAS. Together, we have set an inspiring example for other nations, demonstrating how unity and shared purpose can significantly reduce blindness and achieve impactful outcomes in eye care.

I am confident that this conference will serve as a remarkable platform for the exchange of knowledge, fostering collaboration among ophthalmic professionals across all levels. With insightful presentations and discussions on the latest advancements in ophthalmology, it promises to inspire innovative approaches to eye care.

As always, NOAS remains committed to supporting initiatives that enhance the quality and reach of ophthalmic services in Nepal. I look forward to continued collaboration between our organizations to further strengthen the foundation of eye care in the country.

The Nepal Ophthalmic Assistant Society extends its best wishes for the grand success of the 26th Annual National Conference of NOS (NOSCON 2024) in Kathmandu.

Ramesh Ghimire

President

Nepal Ophthalmic Assistant Society

History of Nepal Ophthalmic Society



Dr. Purushottam Joshi

General Secretary

Nepal Ophthalmic Society



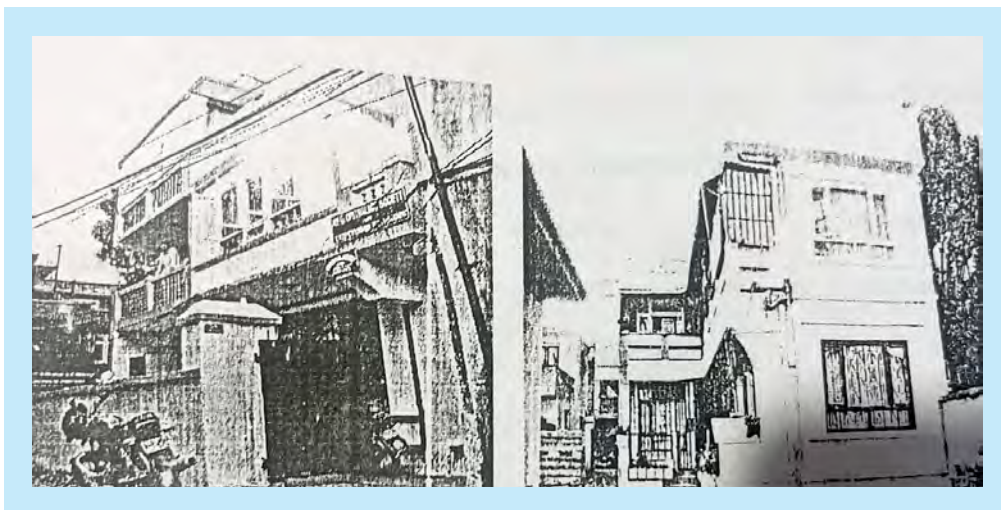
The history of NOS office dates back to 1985, when it was started as a single room in Nepal Eye Hospital building, Tripureshwor Kathmandu. Then it was shifted to the JAYCEES building at Thapathali in 2005. After that, it was shifted to the present building since 2008.

The present NOS building located in Tripureshwor, Kathmandu was purchased in 2007 by NOS under the leadership of Dr. Shanbhoo Prasad Lakhey.

The area of the land of NOS building is 9 aanas (3080.2 square feet). The NOS building is a 2.25 storey building with an area of 945 square feet. The land with building was purchased at the cost of NPR 84 lakhs (84,00,000). The house was brought into notice by Prof Dr DB Karki.

The main source of the fund was the XVI Congress of Asia Pacific Academy of Ophthalmology (APAO). APAO was held from 2nd to 6th March, 1997 in the then Birendra International Convention Center (now used as Parliament House of Nepal), Kathmandu. The organizing committee of APAO was headed by Congress President - Dr Ram Prasad Pokhrel, Vice President Prof MP Upadhyaya, Organizing Chairman Dr OK Malla, Organizing Secretary - Dr Keshav P Adhikari and Scientific Subcommittee Chair - Dr. OK Malla. The president of NOS during the conference was Dr OK Malla and the Secretary of NOS was Dr Keshav P Adhikari.

The building could be purchased thanks to the efforts of the then executive committee - President



NOS Building - BEFORE



NOS Building - AFTER

Dr Shambhoo Prasad Lakhey, Immediate Past President Dr Banshi Krishna Malla, Vice President Dr Sanduk Ruit, General Secretary Dr Suman Semsher Thapa, Treasurer Dr Narayani Shrestha, Joint Secretary Dr Ananda Sharma, Members – Dr KJD Karki, Dr DB Karki and Dr Bhagawat Nepal.

During the tenure of Prof Dr Rohit Saiju, GS Dr Purushottam Joshi and Treasurer Dr Bhairaja Shrestha, the building was renovated and half a

story was added. The first and second floors are rented out. The third floor has a conference hall of 20 persons capacity; Guest house and office room.

Last but not the least, Mr Raju KC was always there to help us with all the logistics.

We must consider ourselves fortunate to have our own space and building.

Eye Care Delivery in Nepal



Prof. Dr. Ram Prasad Pokhrel

Patron

Nepal Netra Jyoti Sangh

Thirty winters ago, the surgical outputs of the eye care services were limited to 800 eye surgeries per year only.

Deeply moved by the suffering of my fellow countrymen, I returned from UK and started contacting and advocating to the potential individuals to come forward to support in the effort of starting eye care services in Nepal. I formed a small team of individuals willing to support the purpose and leaded, initiated and established the first Eye Hospital in 1974 in Kathmandu, using my own set of equipment's and offering my time voluntarily.

Following the encouraging result from the operation of the Nepal Eye Hospital with good public participation, the same team established Nepal Netra Jyoti Sangh (NNJS), in order to develop and expand the eye care services at national level.

Soon after the establishment of NNJS, I approached to the international community advocating and appealing to provide support to combat blindness in Nepal. The first ever nation-wide sample-based survey of blindness was carried out in Nepal in 1981.

The result of the survey showed that 0.84% of the population was blind, 80% of the blindness was avoidable and 92% of all the blinds reside in the rural area. Cataract alone accounted for two thirds of Nepal's blindness.

Nepal was first country to launch VISION 2020 in South East Asia. After the VISION 2020 was launched, development of human resources in eye care was started. Production of eye health human resources was increased and was extended in the tertiary level eye hospital and infrastructure of the eye hospitals in various zones and primary eye care centers in different districts were established with the support of local, national and international government and non-government organizations, agencies, trusts and the local families and individuals in their respective districts/areas. During the last three decades, due to the continuous efforts of NNJS, funding for prevention of blindness and eye care multiplied several times in Nepal, both through governmental and nongovernmental sources. Now the eye care service has further expanded and strengthened and has become more effective due to the community participation. Local volunteers through NNJS have shouldered a big portion of burden for government's health system on resource mobilization and service delivery in eye care with proper coordination, focused strategy and coherent government eye health policy.

Similarly, according to the contemporary needs, various programs were launched at national level for raising public awareness, disease control and high-quality treatment of various eye ailments. Trachoma, the second leading cause of blindness

has been eliminated from Nepal as a public health problem and prevalence of blindness has decreased from 0.84% to 0.28%. Many surveys, both intensive epidemiological as well as Rapid Assessment of Avoidable Blindness (RAAB) surveys were conducted during the last three decades.

I am happy to see that blindness survey carried out by NNJS in 2020 shows reduction of prevalence of blindness as 1.05% among the age 50 years and older. The all-age extrapolation shows that prevalence of blindness as 0.28%. Uncorrected refractive error is the leading cause of mild visual impairment (66.5%) and second leading cause of moderate visual impairment (19.7%). The recent RAAB survey carried out by NNJS also provides the Effective Coverage of Cataract Surgery (eCSC) data on operable cataract defined at visual acuity <6/60, post-operative outcome of $\geq 6/12$ as 62.6%. The main barriers to uptake cataract surgical services were affordability, accessibility, lack of felt need and fear of surgery.

Despite the developments in eye health care, the incidence of blindness and vision impairment has not reduced as expected. The reasons are population growth, ageing, inequitable distribution of resources, and lack of integration between levels of eye health care. The pattern of disease has changed from acute infections to chronic ones.

More than 80% of the blindness in Nepal is either preventable or curable and there are new emerging diseases such as diabetic retinopathy which is in increasing trend in urban areas; cataract and refractive error are the dominant disorders in the rural areas of Nepal.

In the meantime, we also experienced the adverse impact on eye health services in Nepal due to

Covid-19 pandemic. During the pandemic many eye health services were suspended or reduced to mitigate the risk of virus-transmission.

I believe that Eye Care Services should go as close as possible to people rather than people searching for even basic eye care services. I would like to welcome the Government of Nepal initiative to start the integration of primary eye care into the Government healthcare system. We should increase the equity of eye care services coverage across disadvantaged population groups. Health promotion, education and clinical counselling should be increased at all levels. We should also include rehabilitation programs in our ongoing eye care programs. School eye health program and high-quality telehealth should be promoted. There is lot of work to be done in knowledge generation i.e research, surveys, surveillance. NNJS has already framed inclusive health into its ongoing eye care program so that eye health services can be provided within a barrier free environment focusing on people with disabilities and women, which are inclusive by design and are sustainable.

Let us work together to preserve, enrich, and enlighten the legacy of eye care service delivery of Nepal which is considered as a model program in southeast Asia delivering quality, affordable and sustainable eye care services through public-private partnership and in terms of reducing the prevalence of blindness and eliminating trachoma from Nepal.

We would not hesitate to explore new, yet untraveled paths to create a world free of needless vision impairment. It will be a world where every human being regardless of their ability to see realizes their full potential.

Eye Care Development in Nepal



Dr. Gopal Prasad Pokharel, MD, MPH

Nepal has undergone significant development in eye care services in the last fifty years. Earlier rudimentary eye services were available through Nepal Government run general hospitals.

Situation of eye care prior to 1980

Bir Hospital had eye department with two to three ophthalmologists and 16 bed shared with ENT. Majority of patient attended OPD for refraction services, eye infections and cataract surgeries. There was a long waiting list for cataract surgery as the beds were not enough to keep the patient for seven days during post operative period (Intracapsular cataract extraction with one or two sutures). After Medical OPD, eye department was second in the overall OPD attendance. Outside Kathmandu, Biratnagar, Pokhara, Birgunj and Butwal had Outpatient service with one Ophthalmologist. Very few surgeries were done through these departments. No eye care paramedics and Ophthalmologists were trained within Nepal at the time. Most of the Ophthalmologists had received training in United Kingdom.

1980-1981 Nepal Blindness Survey

Prior to this National survey, blindness data were limited and mainly collected through hospital attendance. These included cataract blindness, Vit A deficiency and infection which led to evisceration sometimes. Dr. Ram Prasad Pokharel attended a 1977 WHO meeting held in Delhi, India and presented blindness situation in Nepal. Dr. Nicole Grasset (just retired from WHO) got interested to help Nepal. She kept in close contact with Dr. RP Pokharel as she went around the world raising fund for Nepal Eye services. It was decided that before a nationwide eye service was started epidemiological data on eye diseases was necessary to plan any program. For this purpose, the Nepal Blindness Survey was planned. WHO and Dr. Nicole Grasset were able to generate enough funds to support the survey with the help of the then Government of Nepal. Majority of funds came from Government of the Netherlands. HMG/WHO Project for Prevention of Blindness was established in 1978. A plan was made to conduct the nationwide survey. The Survey team selected 105 clusters (randomly) and

data collection was conducted from November 1979 to July 1980. As there were not enough Ophthalmologists to perform eye examination of almost 40,000 sampled Nepali population of Nepal, expatriate Ophthalmologists (from Japan, Norway, USA, Sri Lanka) were hired along with a team of epidemiologists from University of Michigan USA.

At that time there were no desktop computers so the data entry was done by Government of Nepal, National Computer Centre and analyzed with a super computer (mainframe) in University of Michigan, USA. In the year 1981 the preliminary report of Nepal Blindness Survey was published with following finding.

Based on 14 million population of Nepal at that time (1980)

- The survey result shows 16.5% of population has some ocular disorder or visual impairment.
- Trachoma; the potential blinding condition was prevalent in 6.4% of population and some degree of cataract was seen in 2.8% of population all age.
- Prevalence rate of bilateral blindness was estimated as 0.84% (<3/60 in better eye after the best correction)
- The most common cause of bilateral blindness was cataract as 66.8% (Male 60.3% and Female 71.2%) and in addition to that 5.3% were related to complication of Cataract Surgery.
- Xerophthalmia: 0.9% of all cause.
- Posterior segment disease: 5.3% of all eye disease

The data were analyzed zonal wise from the survey. The data helped Nepal to plan in a geographical

zonal approach.

Infrastructure development after 1980:

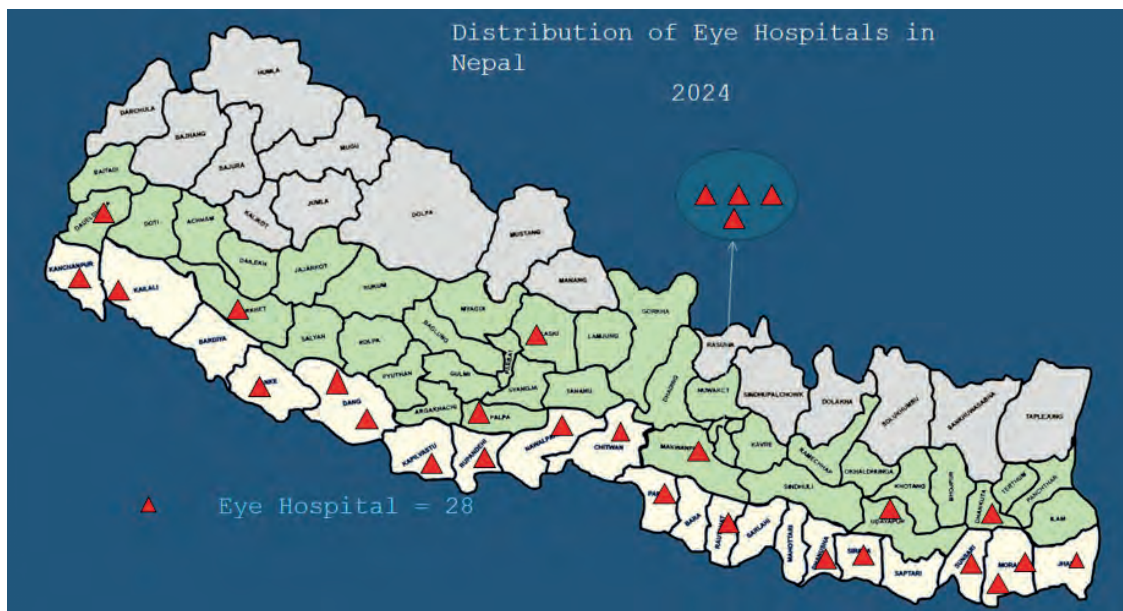
Several International Donor organizations were invited to participate in the development of Eye Care in Nepal. NGOs from Norway, Germany, Japan, USA, The Netherlands and Swiss Red Cross showed interest to help Nepal. All the hospitals mentioned below are not for profit hospitals.

NORAD/Norwegian Church AID: This organization based in Norway helped in the development of eye care in Seti, Mahakali and Rapti zones of Nepal. Geta Eye Hospital with its satellite clinics in Kanchanpur, Tikapur and Dadeldhura are examples. Tulsipur, Lamahi, Bahadurgunj Eye Hospital with its district centers are also developed by Norwegian Church Aid Norway and Norwegian Association of Blindness (NBA).

SEVA Foundation USA/Canada: Seva Foundation had collaborated in the conduct and analysis of data of Nepal Blindness Survey. SEVA later helped in the development of Lumbini Eye Program. It has district centers in all other districts of the then Lumbini Zone.

Swiss Red Cross: SRC developed Fateh Bal Eye Hospital in Nepalgunj and district centers in Bardiya, Dailekh and Surkhet (initially).

Eye Care Foundation (The Netherlands): Himalaya Eye Hospital and its district centers were developed by the then Himalayan Eye Care Foundation which later changed its name to Eye Care Foundation. Till today it is continuing its support to Himalaya Eye Hospital as well as its program in Karnali (Dolpa, Mugu, Jumla and Humla). Eye care centers have been developed in



Baglung, Gorkha, Syangja, Tanahu and Lamjung.

AOCA Japan: Kedia Eye Hospital in Birgunj was established before 1980 but expanded with the help of AOCA after 1990 with a big increase in physical facility and manpower. Gaur Eye Hospital was established in late 1990 with help from AOCA and 24 Hour Television, Japan.

CBM Germany: In 1983 CBM established Sagarmatha Chaudhary Eye hospital in Lahan. It later on changed its name to Eastern Regional Eye Care Program and started Biratnagar Eye Hospital in the year 2006. This is the biggest eye care program in Nepal.

Bharatpur Eye Hospital was established in the year 1988 with the help of Pakistan. It has developed into a tertiary center in the recent years.

The above mentioned Eye Hospitals have been handed over to Nepal Netra Jyoti Sangh (NNJS) and the branches of NNJS runs these Eye Hospitals.

Nepal Eye Hospital Tripureshwor was established in 1974 and has completed 50 years of service. Various INGOs such as CBM, OEU, JICA, Japanese Embassy, WHO have helped Nepal Eye Hospital during its development. In the year 1985 Bir Hospital Eye Department shifted to Nepal Eye Hospital.

TUTH Maharajgunj: Teaching Hospital under Institute of Medicine (Tribhuvan University) was established in 1978 with eye department. Later on, with the help of Sight First (a Lions club International Foundation) BP Koirala Lions Institute of Ophthalmology was established in the year 1994.

Nepal Red Cross Society established **Janaki Eye Hospital** in Janakpurdham, Dhanusha. Swiss Redcross helped in expansion of physical facility and equipment. Lions Sight first Program also provided equipment. Secondary Eye Center was developed by Redcross in Surkhet.

Tilganga Institute of Ophthalmology (TIO): Initially named Tilganga Eye Center was

established in 1996. Later on the name was changed to TIO and is supported by Fred Hallows Foundation and **Himalayan Cataract Project**.

Mechi Eye Hospital was established in 1996 in a rented building and shifted to its present facilities in 2012. It is run by Mechi Eye Hospital Sangh as a separate NGO registered with Jhapa District Office. Mechi Eye Hospital was established with the help of Eye Care Foundation, The Netherlands.

A number of Medical Colleges have been established in Nepal. They provide limited Eye Care services and their focus is mainly on teaching.

Similarly, a number of private hospitals have been established in different parts of Nepal especially in big towns and cities.

Eye Camps: Prior to 1990 cataract surgery was provided through eye camps. For example in the year 1987, eighty five thousand four hundred three (85,403) persons were examined and 9,781 cataract surgeries were performed. Camp surgery is still being conducted in the district where regular cataract surgeries are not performed.

Human Resource Development: In the year 1982, Ophthalmic Assistant (OA) training program was started in Nepal Eye Hospital with the help of HMG/WHO Prevention of Blindness Project. At present eight institutes provide OA training program under CTEVT.

In the year 1986, MD Ophthalmology training program was started in Institute of Medicine (IOM). At present NAMS (2007), Kathmandu University (Late 90s) also conduct MD Ophthalmology program.

Optometry Program IOM Started the B. Optometry program in 1998 followed by NAMS and Pokhara University from the year 2018.

Where is Nepal Now?

Blindness has been reduced substantially in Nepal. Rapid Assessment of Blindness Survey (RAAB 2020) provided us with following results.

- Blindness (<3/60 in better eye with presenting vision) was estimated as 1.0% among the age 50 years and older and 0.28% extrapolation to all age.
- Cataract still leading causes of blindness as 65.3% (Male 66.9% and Female 64.3%). In addition, 1.8% of operated cataract are still found to be blind.
- Other major cause of bilateral blindness was Glaucoma 5.8%, ARMD 5.3%, and DR and other post segment cause was 9.2%.
- Blinding trachoma not seen among the age 50 years and older.

Challenges

1. Age Related Maculopathy (ARMD)
Diabetic Retinopathy
Hypertensive retinopathy
Pediatric incurable blindness
2. Human Resource: Skill development is an issue among fresh post graduates.
3. Rural areas: Almost two thirds of the districts of Nepal do not have regular cataract surgery services.

A Dependent Nation Emerges Self -reliant for its Eye Doctors Training/Education



Madan P Upadhyay

Purna C Karmacharya

Shanshank Koirala

DN Shah

Jeevan K Shrestha

Dip B. Karki

Sanjay Singh

Ananda Sharma

Purushottam Joshi

Samata Sharma

Background

Prior to 1990, when the first batch of Nepal trained ophthalmologists joined the eye health workforce, all Ophthalmologists were trained in foreign countries. Nepal was thus completely dependent on other countries for ophthalmologists. Consequently, there was a serious shortage of Ophthalmologists with only about a dozen of them serving at that time

Currently, there are 3 categories of eye care personnel in Nepal

1. Ophthalmologists
2. Optometrists
3. Ophthalmic Assistants

To complete the list, Eye care Managers, ophthalmic nurses, Equipment maintenance personnel are also engaged in providing eye care, although in small numbers.

The first two are university awarded degree programs and 3rd. one is a diploma training program awarded by Council for Technical Education and Vocational Training (CTEVT).

Ophthalmic Assistants have played a critical role as front line eye health workers, expanding the reach of eye care program which was earlier limited to few urban centers. In this paper we will not discuss about this program for the sake of reducing the length of the article. Likewise, optometry program will also not be discussed for the sake of brevity. Hopefully, the related societies will undertake such studies. This presentation is focused on Ophthalmologists.

Evolution

Nepal's history for preparing its ophthalmology workforce may be divided into 3 phases:

Europe based Training: From Late 1950s to 1980s

Training in India: From- 1980s to 1990s

National ophthalmologists Training: From 1987, continuing

Ophthalmology in 1960: Back to the past

Bir Hospital was the only hospital with an eye department in late 1950s. Although called a department, judging from today's standards it will be a gross exaggeration to call it a "Department". All it consisted of was one room with a high chair on which examining doctor sat and, the patients stood. This, perhaps was a legacy of Moorfields eye hospital as most ophthalmologists then were trained at Moorfields. Attached to this room was a small dark room for refraction and Fundus examination. A plywood partition separated eye from ENT department and Dr L N Prasad would shuttle between Eye and ENT departments when Dr N D Joshi, the only ophthalmologist left for Brunei.

Europe Based Training

In early 1950s and 60s most ophthalmologists were almost exclusively trained in United Kingdom and a few in former Soviet Union.

LNP, ND Joshi, RP Pokharel, YM Pradhan, Srinivas Sharma, Madan Upadhyay, Om Malla. Keshab Raj Bhattarai, Harihar Man Singh, Narayani Shrestha, Chandra Lekha Tuladhar, Suresh Kafle, Birendra Amatya, Subarna Khatri, Bhagwat Nepal were also trained in UK.

India Based Training

With two new ophthalmologists trained in India, Dr Shambhu Lakhe and Dr Banshi Krishna Malla, eye departments were set up in Birgunj and Biratnagar. However, with launching of Nepal program for prevention and control of Blindness, of which human resource development was a key component, a large number was trained in India under WHO scholarship and other donor funds

(Chet Pant, Dip Karki, PC Karmacharya, Keshab Adhikari, Sanduk Ruit, from 1980 until about 1990). With increasing pressure for training its own Indian ophthalmologists, training slots for Nepal, gradually declined and ultimately stopped by 2000 with the exception of a few trickling down.

National Ophthalmologists Training program: The Year 1987 was a landmark in the evolution of Residency in Ophthalmology program in Nepal when the first ever MD Ophthalmology program was launched by Tribhuvan University, Institute of Medicine

Preparations before launching, PG programs: Difficulties faced

Something that would appear matter of fact now, this was a very controversial issue as there were two schools of thought, actually 3. One, a conservative group which argued that it was too early for Nepal to start a Postgraduate program; the second, a slightly more liberal group suggested a middle of the road approach starting a Diploma Course (these were largely IOM faculty with diploma in their specialties) However, the proponents of more progressive, group, argued passionately that as a National University funded by public taxes TU should respond to needs-driven programs with a long-term view to fulfill its national role (promoted by ophthalmologists who had returned recently from UK and India). The last view prevailed after several rounds of discussions, some of them throwing more heat than light. A three-year MD program was approved by 72nd. Faculty board on 25 August 1987. The process of curriculum development was which was already in motion, accelerated with Faculty board decision. 73rd meeting of the faculty board approved the curriculum and allocated 3 seats

for Ophthalmology and first batch of 2 medical graduates were enrolled in April. The whole process took about two and a half years before a final decision was arrived at.

Resources

Infrastructure and Human resources for training:

By 1987 Tribhuvan University Teaching Hospital was already functioning with contemporary state of art ophthalmology equipment and staff trained to use them and two faculty (MPU, PCK).

Launched in 1972 Nepal Eye hospital was functioning reasonably well with a fair load of patients and ophthalmologists to serve them. NEH Ophthalmologists also joined the regular TU faculty on a visiting faculty basis. Therefore, by pooling resources we were able to provide a sound training ground for the residents. The program also had access to basic science, animal house, equipment and human resources of Institute of Medicine and its Teaching Hospital.

Program Goal

- o To prepare comprehensive, competent and compassionate ophthalmologists to serve the country
- o To prepare future leaders of ophthalmology as clinicians, researchers and teachers
- o To make Nepal self-reliant in Training ophthalmic human resources,
- o To catalyze emerging eye health system in expanding eye health services in the country

The First DUOs

a). Nationally trained ophthalmologists of Nepal

1. Dr Yadav Bhakta Joshi
2. Dr Himal Bajra Bajracharya

B) Full time National Faculty:

1. Prof. Dr Madan P Upadhyay FRCS
2. Dr PC Karmacharya MD

C Visiting: Dr DB Karki

D. Many others

Multiplier effect

Indigenization of Ophthalmology training program started with launching of first residency program in 1987: at one institution, with two residents, the turnover was therefore-very low in early days.

At present about 50 Ophthalmologists graduate from residency program every year. This process of democratization became possible with setting up training programs through National Academy of Medical Sciences (NAMS), Kathmandu University, Academies (BPKIHS, PAHS) This multiplier effect is perhaps the most outstanding contribution of the first Residency program to make Nepal Self-reliant in training its own Ophthalmologists. NAMS Residency Program at various eye hospitals has produced 189 ophthalmologists till date.

Overall, 483 ophthalmologists had joined Nepal's ophthalmic workforce.

National Academy of Medical Sciences (NAMS)
Intake of Ophthalmology Residents in the year 2023

Sn	Institution	University	Seats
1	Birat Medical College	KU	2
2	Nobel Medical College	KU	1
3	B.P. Koirala Institute of Health Sciences	BPKIHS	3
4	National Medical College	TU	1
5	Chitwan Medical College	TU	1
6	Kathmandu Medical College P. Ltd	KU	1
7	Nepal Medical College Pvt. Ltd	KU	3
8	Maharajgunj Medical Campus	TU	7
9	Nepalese Army Institute of Health Sciences	TU	2
10	National Academy of Health Sciences (NEH, TIO, Lumbini, Biratnagar, Bharatpur)	NAMS	20
11	Kathmandu University School of Medical Sciences	KU	2
12	KIST Medical College	TU	2
13	Manipal College of Medical Sciences	KU	2
14	Gandaki Medical College	TU	2
15	BP Eye Foundation Lokanthali Bhaktapur	NBMS-S	1
	Total		50

From the year 2024, Patan Academy of Health Sciences also has started residency program in Ophthalmology with intake of three residents.

The allocation of seats is done by Medical Education Commission on year-by-year basis after assessing the capacity of the training institutions through a two-stage process as self-appraisal by the training institutions and an inspection by the affiliating university and Medical Education Commission. Candidates are selected on merit basis by Central entrance examination by MEC.

For Academic year 2023-2024- 50 seats have been sanctioned by MEC. Hence, Nepal's journey toward self-sufficiency in ophthalmology postgraduate education has been marked by significant progress from 1987 to 2024. Nepal's evolution in ophthalmology education illustrates a remarkable transformation in the country's approach to eye care. This remarkable transformation from dependence to self-sufficiency highlights Nepal's commitment to developing its own healthcare workforce and improving the quality and accessibility of eye care for its population.

Salient Features of Eye Care Program of Nepal



Dr. Chet Raj Pant

President, NNJS

Mr. Ranjan Shah

Program Manager, NNJS

Dr. Sailesh Kumar Mishra

Executive Director, NNJS

Eye Health: Global Context

Globally, at least 2.2 billion people have a vision impairment or blindness, of whom at least 1 billion have a vision impairment that could have been prevented or has yet to be addressed. Millions of people live with vision impairment or blindness that could have been prevented but, unfortunately, was not. While the exact number is unknown, it is estimated that 11.9 million people globally have moderate or severe vision impairment or blindness due to glaucoma, diabetic retinopathy and trachoma that could have been prevented.

Eye Health: National Context

In the past three decades, Nepal has got tremendous progress in eye health. Nepal census 2021 revealed 2.2% of the population have some forms of disability; out of that, 16.8% are with low vision and 5.4% are blind followed by 1.6% deaf and blind. It means there are around 109,718 people (15.3% male and 19.2% female) with low vision. Similarly, 34,648 people (5.1% male and 5.8% female) are blind.

Rapid Assessment of Avoidable Blindness (RAAB) survey carried out by Nepal Netra Jyoti Sangh (NNJS) in 2020 also shows significant reduction of prevalence of blindness as 1.05% among the age 50 years and above. The all-age extrapolation shows that prevalence of blindness as 0.28%. It also provides the Effective Coverage of Cataract Surgery (e-CSC) data on operable cataract defined at <VA 6/60, post-operative outcome of $\geq 6/12$ as 62.6%. The survey revealed blindness reduction by 17.7% and improved cataract surgical coverage and outcome compared to 2010 survey.

Nepal is the global leader in eye health. Nepal was the first country in the world to conduct population-based blindness survey. The Nepal Blindness Survey was conducted in 1981 AD, which evidenced the national prevalence of blindness, for the first time ever as 0.84%. This has decreased to 0.35% in 2010 to 0.28% in 2020. The eye care services in Nepal are being delivered by nationally distributed network of eye hospitals and eye care centers, largely based on Public-Private Partnership Model. The services are available in all 77 districts of the country.

Key Findings of RAAB Survey 2020

- The main cause of bilateral blindness in Nepal is untreated cataract (65.3%).
- Cataract is still the leading cause of severe VI (83.9%) and moderate VI (66.8%).
- Posterior segment diseases including glaucoma accounted for the second leading causes of blindness (21.1%) in Nepal.
- Corneal opacity other than trachoma is found to be another cause of blindness (5.8%).
- Uncorrected refractive error is the leading cause of mild VI (66.5%) and second leading cause of moderate VI (19.7%).
- Comparatively more women (1.23%) than men (0.87%) were affected with blindness.
- Based on the observed prevalence, an estimated 782,762 people aged 50 and older (406,236 men and 376,595 women) cannot see well in Nepal.
- A total of 40,230 people (23,360 women, 16,811 men) 50 years and above have been estimated to be bilaterally blind due to various causes.
- Prevalence of functional low vision (FLV) among 50 years and above ages is 0.5% - 1.3%.
- The main barriers to uptake cataract surgical services were Affordability, Accessibility, lack of felt need, Fear of surgery, etc.

RAAB Survey 2020 also reveals that the highest prevalence of blindness (1.75%) in Lumbini Province and lowest in Far western Province (0.60%); highest number of bilaterally blind people

50 years and above (11479) in Lumbini Province and lowest in Far Western Province (1,506) due to various causes; prevalence of refractive error is 15.7% - 25.9% among the people aged 50 and above. The unmet need for refractive error is highest in Karnali Province (70.1%) and lowest in Bagmati Province (29.3%).

Despite advancements in eye health care, the incidence of blindness and vision impairment has not decreased as anticipated. The reasons are population growth, ageing, inequitable distribution of resources, and lack of integration between levels of eye health care. The pattern of disease has shifted from acute infections to chronic conditions. Emerging diseases such as diabetic retinopathy are on increasing trend in urban areas, while cataracts and refractive errors remain the most common disorders in rural areas of Nepal.

Policy and Program on Eye Health

The United Nations (UN) in 2015 has adopted the 17 Sustainable Development Goals (SDGs), 169 targets and 247 indicators to transform the world by the year 2030 through the agenda of sustainable development focusing on strengthening universal peace, human rights, and larger freedom. All member countries including Nepal agreed to this ambitious plan for relieving poverty and reducing global inequality over a span of 15 years starting from 2016 to 2030. All the health programs including universal eye health or Vision 2020 - the elimination of avoidable blindness by 2020 were expected to thrive under the umbrella of SDGs. The three dimensions of sustainable development - economic, social, and environmental - are balanced in this new initiative. The overall effect of this initiative will be beneficial

to human beings. All efforts would be directed to review, realign, and integrate the ongoing public health activities to attain SGDs.

Nepal is one of the signatories to the global eye health resolutions at the World Health Assembly (WHA) in 2020 “Integrated People-Centered Eye Care” (IPEC) including preventable vision impairment and blindness” and the global targets on eye health for 2030- the 40% point increase effective coverage of refractive error and the 30%-point increase in effective coverage of cataract surgery.

The Nepal Health Sector Strategy 2023-2030 incorporates the WHA global target on effective coverage of cataract surgery (eCSC) to be achieved to 70% from a baseline of 35.4% by 2030. To achieve this global target, the Government health insurance scheme has included nine eye conditions including cataract surgery and refractive error corrections.

The Constitution of Nepal adopts health as fundamental rights of the people as it says- every citizen shall have the right to have free basic health services from the State, and no one shall be deprived of emergency health services. Though it doesn't have a separate clause, the public health service regulations also incorporate eye health under public health. It guarantees access to information and access to health (including eye health) services irrespective of gender, race, physical condition and disability- as it states ‘No discrimination shall be made in the application of general laws on grounds of origin, religion, race, caste, tribe, sex, physical condition, disability, condition of health, marital status, pregnancy, economic condition, language or region, ideological conviction or on similar other grounds’ .

National Health Policy 2076 and the Fifteenth Plan (2019/20- 2023/24) prioritize the basic health services established by the Constitution of Nepal as a fundamental right of citizens, while eye health services are included in Schedule 1 of the Public Health Service Regulations, 2077.

Similarly, National Health Policy 2076 provides for the development and expansion of eye care services through public-private partnerships in all three tiers of government: federal, provincial, and local; the integration of primary eye care with primary health care; and the coordination of eye care programs by a dedicated eye-unit at the federal ministry of health. Health Policy mainly includes the following:

- The policy aims to develop and expand oral, eye, ENT, and specialized health services to all levels.
- To achieve this, the government has planned to integrate primary eye care into the basic government healthcare system.
- Eye care services to be further developed and expanded as per the public private partnership policy.
- The eye health unit will be established at the Federal Ministry of Health to coordinate, cooperate, and regulate the present eye care program in the country.

In the field of eye health, eye health services have been developing and expanding through public-private partnerships and multi-regional coordination. As a result, remarkable success has been achieved in the elimination of blinding trachoma as a public health problem.

Although there has been significant progress in the expansion of high and medium level eye care services, there has still been relatively little progress in the field of primary eye care services. Blindness caused by non-communicable diseases such as diabetes, high blood pressure, cataracts and retinal problems are on the continuous rise and a special strategy needs to be adopted. Advances in eye health care and widely distributed access will help achieve the Sustainable Development Goals.

Though eye health has been incorporated into Health Policy in 2019, Nepal Government has formulated National Eye Health Strategy in 2023. This strategy has been developed in line with the WHO standards and incorporates the WHA endorsed IPEC and International Agency for Prevention of Blindness (IAPB) sectoral strategy of 2030 In Sight. This strategy mainly focuses on including eye health into essential health care, developing eye care services in collaboration with federal and provincial government, establishing quality assurance mechanism in eye health, broaden the partnership with private, non-state actors and other development sectors on eye health, include eye health into school health program, focus on elderly, vulnerable, marginalized and disabled people, and increase priority on eye care awareness campaign and programs, etc.

The Public Health Insurance (PHI) scheme in Nepal was launched in 2016-17 and has since been expanded to cover all 77 districts, reaching 746 municipalities. The scheme aims to provide financial protection and promote pre-payment, co-payment, and risk pooling in the health sector for the Nepalese population. Any Nepalese family paying the premium amount of 3,500 NPR per

annum set by the Health Insurance Board can get the benefits of the package irrespective of their employment status. The benefits cover outpatient eye care, emergency hospital care, ophthalmic investigation, minor and major surgeries, and ocular medicines. These services can be availed of in public and private hospitals recognized by the Health Insurance Board of Nepal.

Human Resource in Eye Care

Compared to early 1980s, human resources in eye health have been significantly increased in early 2020s. At present there are more than 482 Ophthalmologist, more than 1300 Optometrist and approximately 2700 Ophthalmic Assistants in the country providing services to more than 4 million people including 350,000 cataract surgeries annually. However, inequity and differences of HR distribution in provinces turns to be a problem. Moreover, lack of trained personnel is a big limitation of the primary health care programs with respect to eye care.

Eye Health Infrastructure and Technology

Eye health services are primarily delivered by non-government and private sectors in Nepal. The infrastructure for eye care, encompassing eye centers, surgical facilities, eye departments, and specialized eye hospitals (ranging from secondary and tertiary to centers of excellence), has grown substantially. From just five facilities in 1981, the number expanded to over 200 by 2020. By the end of 2023, there were 48 eye hospitals and over 190 eye care centers established.

As a result of these advancements, the prevalence of national blindness decreased significantly, from 0.84% in 1981 to 0.35% in 2010, marking a 60% reduction. Moreover, with the launch of Vision

2020, coverage of eye care services in Nepal has significantly improved, with the establishment of additional eye hospitals and primary eye care centers.

However, in many places in the country the infrastructure is inadequate, with no or limited access to dedicated eye care facilities. Most of the eye care facilities cover too large an area and need refurbishing and updating. The availability of infrastructure has improved to a significant extent but is still inadequate to achieve the national target of Government.

So, at the community level, there is a great potential for training primary health care workers and female community health volunteers to promote eye health through early case detection and referral advice. This can help in the prevention of corneal blindness, and control of eye diseases due to nutritional deficiency.

Constitution of Nepal provides the greater responsibility to Province and Local Governments for the planning, management, and delivery of health services. Devolution of health services to sub-national governments is an important step towards improving the delivery of health services and addressing health disparities. However, limited resources, inadequate infrastructures, shortages of skilled health workers and geographical barriers are key challenges the sub-national government faces. Though they have the legislative power to develop the necessary laws and policies in line with federal laws, only a few [province] governments developed the health policies. However, they are collaborating with other service providing institutions including NNJS through limited budget allocation, capacity building and support in equipment and infrastructures.

Knowledge, Attitude and Practice (KAP) in Eye Health (Comparison)

In 2017, NNJS conducted a nationwide population-based survey designed to encompass all five development regions and three ecological regions of Nepal. The survey aimed to evaluate the evolving demand for eye care services and assess the knowledge, attitudes, and practices (KAP) of communities regarding eye health which showed that only 78% of the people had basic knowledge about common ocular diseases. There was a general lack of awareness about eye health and common eye conditions in Nepal. Many people don't know the causes or symptoms of common eye conditions such as cataracts and glaucoma. Some have misconceptions that wearing glasses weakens the eyes or that eye problems are caused by 'evil spirits'. However, most people have a positive attitude towards seeking eye care as they are willing to seek treatment for eye problems and they prioritize eye health as an important aspect of overall health and well-being. There are still some cultural barriers to seeking eye care, such as reluctance to undergo surgery or a preference for traditional healers over medical doctors. Access to eye care services is still a major issue in the country, especially in rural areas where there are few ophthalmologists or eye care facilities. Still many people don't seek eye care until their condition has become severe which can limit the effectiveness of treatment. Some people also face financial barriers to accessing eye care as treatment for certain conditions such as cataracts can be expensive.

In a nutshell, despite having a positive attitude towards eye health, there is a need for increased awareness and improved access to eye care services.

Problems, challenges and opportunities

Lack of access to eye care services in most of the remote areas, expansion of hospitals that treat only specialized eye health care services such as cataract centers and vision defects, non-equal distribution of available eye health manpower according to needs, less use of research findings in policy and planning, non-inclusion of information related to eye health care in the integrated health management information system are the existing problems.

It is a challenge now to ensure customer-friendly quality services, increase government investment in eye health services and carry out the effective regulation of services across the country. There

are challenges such as developing appropriate mechanisms for the effective implementation of the concept of public-private partnership in eye health services, strengthening the monitoring system for quality improvement in eye health services, and ensuring access to community-based vision rehabilitation services for low vision and blind people.

As the Public Health Service Regulations, 2077 has included eye health services in the list of basic health services, it is possible to expand the network of eye health services to the ward level by mainstreaming eye health services through coordination and cooperation between the federal, provincial, local levels and all the stakeholders.

References: RAAB Survey 2020, World Report on Vision, National Health Policy, National Eye Health Strategy

Nepalese Journal of Ophthalmology: An Account of Its History



BP Badhu, MD

Editor Emeritus, NepJOph &
Professor of Ophthalmology,
Kathmandu University, Birat Medical College
Morang, Nepal



Background

The Nepalese Journal of Ophthalmology (NepJOph) was launched in January 2009 with an expectation that it would remove some of the hurdles the ophthalmic community had been facing in the dissemination of clinical and scientific achievements in the region and beyond. The first generation of our academically-motivated ophthalmic pioneers of Nepal had often expressed the absolute necessity of such a national journal. I therefore cannot begin this short history of our journal without expressing my gratitude to them all when they asked me to take the initiative and entrusted me with the responsibility as the founding Editor-in-Chief of our journal.

The final green light for me to take this initiative was, what appears to be, a reply that I had received from Prof MP Upadhyay after my SMS asking him for his opinion on publishing our journal of ophthalmology in Nepal. He immediately responded with "Excellent idea. Go ahead!" The encouraging, prompt advice ensured that all my seniors and all our colleagues thought that this was indeed a good idea! I started to discuss our road ahead with very many senior members

of our Nepal Ophthalmic Society, particularly with the then Immediate Past President Prof S Ruit, President Prof DN Shah, Prof JK Shrestha, Prof OK Malla and Prof DB Karki. I would like to acknowledge the generous support that I received from them and from other colleagues, especially from Prof Ananda Kumar Sharma in the capacity of the then General Secretary of the Nepal Ophthalmic Society. Our journey for the journal had begun! The first call for articles was circulated in the annual meeting of the Nepal Ophthalmic Society, on 29 July 2008.

Objective and scope

The objective of this publication was to provide the opportunity of sharing knowledge and experience amongst the ophthalmic professionals as well as to help them disseminate the findings of their research and the clinical approaches developed in ophthalmology at home and abroad.

The first editorial board was formed with the patronage of the then Immediate Past President Dr Sanduk Ruit and Chairpersonship of the then President of the Nepal Ophthalmic Society Dr DN Shah. Several eminent ophthalmic scientists of Nepal and abroad readily accepted to be in the advisory board.

Two of our colleagues, namely Prof Tulsi Kadel, MD, M.Sc. and Prof Rajendra Raj Wagle, MD, PhD from the Institute of Medicine, TU, voluntarily contributed in the capacity of linguistic expert and Clinical Epidemiologist respectively. Prof Kadel gave his full time in editing the language of the accepted articles, helping to improve them and make them internationally acceptable. On behalf of the entire Editorial Board and the Society, I wish to express our gratitude to these two friends of our Society.

We believe that the *sine qua non* for the success of any endeavor is the team work and collective intelligence. While working in a team, we at times feel that some have to put in more time and efforts than the others have. A supportive and encouraging attitude to each other is the key to a fruitful, team-work achievement. The best help is a constructive suggestion, not a ridiculously irrelevant comment.

Peer-review system

We decided to adopt the double anonymous peer-review system. Peer-reviewers are usually people identified by the editors as subject experts not from the same institute where the paper is submitted from. This is emphasized to avoid bias due to professional rivalry or conflict of interest. Though this is a very time-consuming process, if used properly, it can accelerate the quality of published articles. It is the mainstay of quality publication to maintain the credibility of the publications and to evaluate the validity, relevance, and significance of research before publication. We should strive for creating a more effective peer-review system.

Referencing system

There had been a discussion on which referencing system to follow, particularly between the Harvard or the Vancouver systems. An e-mail survey to

collect opinion on the same was in favor of the Harvard system.

Considering the following advantages, we decided to adopt the Harvard system (Ref: https://clas.ucdenver.edu/writing-center/sites/default/files/attached-files/cse_style.docx.pdf).

1. It is easier to add and delete references from the manuscript since doing so does not necessitate any renumbering of the list, as would be the case in the citation-sequence system;
2. This system also recognizes the authors in the text without referral to the end references;
3. The date provided with the author name in the text may provide useful information to the reader; and
4. Because the reference list is arranged alphabetically by author, it is easy to locate works by specific authors as works by the same first author are grouped together.

Website

We started receiving articles online and tried to develop a manuscript tracking system for authors and reviewers through the URL: <http://www.nepjoph.org.np>. This was partially successful, but when the INASP offered us the website “<https://nepjol.info/index.php/NEPJOPH>”, we started using this system.

Dissemination

The website and the hard copies of the journal were sent to many ophthalmic institutions at home and abroad with the objective of receiving more quality articles. After having the journal Medline-indexed, we started receiving manuscripts from international authors.

Early experiences

Editing the Nepalese Journal of Ophthalmology: a voyage of five years

B Badhu & T Kadel

*Published in Nepal J Ophthalmol 2013;
5(10):143-144*

The voyage of the first five years of editing and publishing the journal of ophthalmology in Nepal had had its ups and downs, but, as a whole, was a challenging and educational opportunity.

However, we had been once in a while encountering some unacceptable behavior on the part of some potential authors of papers submitted to us. They were, particularly, plagiarism and duplicate submissions. These significantly disrupted the overall publication work, made it difficult to bring out the journal on time and present the Editorial Board with unnecessary frustrations. We were very much aware of these and had been making every effort to detect them by using the available software programs. But software programs are not omnipotent. We plead to the sense of honesty of all the authors to together develop our journal as the product of fully honest academic and scientific endeavors.

Some very good articles, material-wise, may not be accepted or be delayed in getting accepted if they are not linguistically satisfactory or do not strictly adhere to the prescribed house-style of the journal. We advise our potential authors to take this matter into account before submitting their work to the journal.

The authors should take the full responsibility for the articles submitted by them. We wish to receive manuscripts that are easy to read, easy to edit and that would draw the attention of the international scientific community.

Some members of the Society tried to influence the decision making process of the editorial board. They were, of course, discouraged to the extent that they never tried to do so again. In addition to that, some others tried to tease us with their facial expressions, body language, and disheartening verbal comments!

All these experiences stimulated us to be all the more immune to such unacceptable activities. We learnt by doing that the editorial board should always remain alert to safeguard its responsibilities. We are always fully aware that we should try to uplift the scientific merit of the journal with our expertise and to attract high-quality manuscripts from both the national and international authors.

Indexing

The Nepalese Journal of Ophthalmology is indexed in NepMed, Directory of Open Access Journals (DOAJ) and MEDLINE/PUBMED.



NepMed

<http://nepmed.nhrc.gov.np>

NepMed - Nepal Health Research Council

Nepalese Journal of Ophthalmology ... The Nepalese Journal of Ophthalmology was launched in January 2009. It is free-access semi-annual peer-reviewed academic...



Directory of Open Access Journals

<http://doaj.org> > toc

Nepalese Journal of Ophthalmology NEPJOPH

A peer-reviewed, open access journal in ophthalmology & eye diseases.

Indexing in MEDLINE/PubMed

We received the following e-mail from the National Library of Medicine, regarding the acceptance of our journal for indexing and inclusion in MEDLINE and which is now a historical document of the development of our Society as a whole.

November 5, 2010

Badri Prasad Badhu, MD

Editor-In-Chief,

Nepalese Journal of Ophthalmology

Department of Ophthalmology

B P Koirala Institute of Health Sciences

Dharan-18, Sunsari, Nepal

Dear Dr Badhu,

As you know, the National Library of Medicine uses an advisory committee, the Literature Selection Technical Review Committee, comprising authorities knowledgeable in the field of biomedicine, to recommend the journal titles NLM should index. The Committee recently completed a review of journals for possible inclusion in the National Library of Medicine's MEDLINE database. I am pleased to inform you that the Nepalese Journal of Ophthalmology has been selected to be indexed and included in MEDLINE. Citations from the articles indexed, the indexing terms, and the English abstract printed in the journal will be included and searchable using PubMed.

In addition to informing you that your journal has been accepted for inclusion in MEDLINE, I would like to bring three issues to your attention.

It would speed the public availability of the citation and abstract considerably if the data for your journal were transmitted electronically to the Library in its required XML-tagged format. (Since NLM is indexing from a journal's online version with greater frequency, acceptable XML-tagged citation and abstract data must be received by staff within two years following the date of inclusion in MEDLINE.)

Please refer to NLM's Web site: <http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=helppubmed.chapter.publisherhelp> for information for publishers including the requirements for our XML-tagged format. Communications about

submission of citation and abstract data electronically to NLM should be sent to publisher@ncbi.nlm.nih.gov.

Since this title will be indexed in MEDLINE and thus available to health professionals for many, many years, I hope that you will ensure that the editorial content is printed on acid-free paper so that the pages in the journal will last as long as health professionals may need the information printed on them. During the past few years the Library has observed many journals changing from acid-based to acid-free paper. We applaud that change and if your journal is not already printed on acid-free paper, we encourage you to consider this change. It is helpful to libraries to have the acid-free status printed in the journal. NLM strongly encourages journals to archive their articles in PubMed Central (or another readily accessible archive) and to let libraries know the details of their archiving policies.

Many editors request that the back issues of their journal be indexed in MEDLINE. If your journal is in its third volume or less, when selected, the Library will index the articles in volumes one through three. If your journal has a Web version that contains all of the journal's content and you can send NLM acceptable electronic citation and abstract data, we will index from this version. Therefore, there is no need to send back issues in print. If your journal is in its fourth year or more, the Library will begin indexing with the current year, also from the Web version.

Please CANCEL any complimentary subscription being sent to my office. NLM no longer requests that you send complimentary copies of any journals accepted for indexing to the Serial Records Section.

Sincerely,

- RB/for SK

Sheldon Kotzin

Associate Director

Library Operations

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As we know, the US National Library of Medicine (NLM), which was initially known as Index Medicus, started computerizing the indexing work, i.e., providing an index so that the items are easier to retrieve, by creating a retrieval system that was known as Medical Literature Analysis and Retrieval System (MEDLARS). When this was made widely available online, it was re-named Medline. The Medline database is accessed through PubMed. (Ref: S Natarajan. Indian J Ophthalmol. 2016 May; 64(5): 331. doi: 10.4103/0301-4738.185583)

The Medline is the largest database in the world. We know that the researchers search for

published scientific literature primarily through the PubMed. Indexed journals are supposed to have better scientific quality and credibility. Therefore, getting the NepJOph indexed in Medline was an achievement that gave a great deal of satisfaction to us.

But we soon realized that the content of the published material had to be submitted electronically in *XML-tagged format*. This was something that we were not fully familiar with. Dr Damodar Sharma (currently a faculty member of Clinical Pharmacology, Manipal Medical College,

Pokhara) rescued us from this difficulty and submitted the material in the required format and he has been doing this so for us since then. We all are infinitely grateful to him for his dedication commitment to the development of the Nep J Oph.

There should be no conflict amongst the owner, publisher and the editorial board of a journal. By and large, we have not faced significant problem in this regard. However, it is worth defining the roles of each of them. The owner of our journal is the Nepal Ophthalmic Society. It forms the editorial board and provides logistic support. It does not interfere in the editorial job and the decision making process of the editorial board. The Society itself is the publisher in our context. However, many international journals involve a publisher to assist the editorial board. We held discussions on this issue several times and ultimately came to the conclusion that we cannot afford the service of international publishers and there is no medical journal publisher in the country at present.

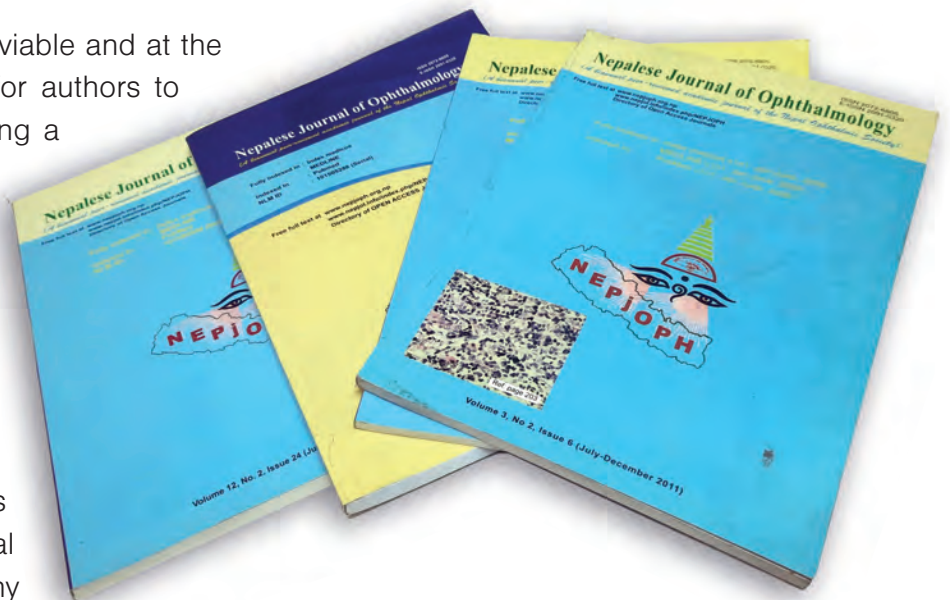
Any journal must be financially viable and at the same time must be attractive for authors to submit their manuscripts. Striking a balance between these two important aspects, the Nep J Oph has started charging a reasonable amount for the manuscript submissions for its sustainability.

The current Editor-in-Chief of the Nep J Oph Dr Eli Pradhan has been taking care of the journal as the Editor-in-Chief since many years ago and the job she has

done is worthy of high praise. The editorial board is better organized and structured and the peer-review system is now more efficient.

The initiative Dr Eli recently took to organize a workshop on Sep 2, 2023 with the theme “Nepalese Journal of Ophthalmology: Journey so far and the way forward” involving the editors of other journals together with us was timely and commendable. It allowed us to discuss the strengths, weaknesses, opportunities and threats that the Nep J Oph needs to cope with to ensure that this journal continues to strengthen its scientific merit.

I also take this opportunity to thank all of you who have helped in the job of the editorial board so far. Bringing out a journal, like most fruitful endeavors, is a team work. Let us all pledge to make the years ahead in the life of our journal more robust than in the past.



नेपाल आँखा बैंक



डा. रिता गुरुङ्ग/शंख त्वायना

एक जना दृष्टिविहिन व्यक्तिले फेरि संसार देख्न पाउनु, फेरि जीवनका सबै रंगीन आयामहरूमा खेल्न पाउनु जीवनको सर्वाधिक महत्वको विषय हो । त्यसमा पनि हामीहरूमध्ये जो कोही पनि त्यस्को मुख्य कारण बन्न पाउनु साच्चिकै उच्चतम मानवीय सेवा र पुण्य कार्य हो । यस्तै एउटा महादान र पुण्य कार्य हो आँखादान ।

आँखादान आँखाको डल्लो नै निकालेर दिनुपर्ने दान होइन । यो त आँखाको नानी जसले आँखाको अघिल्लो भागलाई ढाकेको हुन्छ त्यो मात्रै मृतक शरीरबाट निकालेर लैजाने हो । वास्तवमा नानी हाम्रो आँखाको सबैभन्दा अगाडी रहने एउटा ढोका जस्तै हो जहाँबाट प्रकाश प्रवेश गरी पर्दामा पुगेपछि हामी सबै वस्तुलाई देख्न सक्षम हुन्छौं । मानव आँखा विभिन्न भागहरूमध्ये आँखाको नानी देखिने सेतो भाग कअभिचब को विच मा सबैभन्दा अगाडी को पारदर्शीभाग नै नानी हो अर्थात अग्रेजीमा यसलाई Cornea भनिन्छ । यहि Cornea लाई आफू जीवित हुदै अरुले केही अर्को मानवको हितको लागि प्रदान गर्ने निर्णय गरी आँखा बैंकमा आफ्नो त्यो स्वघोषणा लेखाउने कार्यलाई चलनचल्तीको भाषामा आँखादान हो । अतः आँखादान भनेको सिंगो आँखाको दान होइन, यो त केवल आफू जिवित हुदै गरिने इच्छा पत्र हो जुन आफू मृत्यु पश्चात कार्यान्वयन हुन्छ । जसबाट आफू मृत्यु पश्चात हुने दृष्टि विहिनले पुनः आफ्नो देख्ने क्षमता प्राप्त गर्न सक्छ । एकजना मानिसको आँखादान बाट २ जना मानिसले पुनः आँखा देख्न सक्दछन् ।

एक चोटी हामी सबैले स्वास्थ्य प्रविधिको विकासलाई धन्यवाद भन्ने पर्छ । स्वास्थ्य प्रविधि आविस्कारक र सम्पूर्ण स्वास्थ्यकर्मी समूदायलाई धन्यवाद र कृतज्ञता दिनै पर्दछ किनकी जसले गर्दा आज आँखादान जस्तो पुण्य कार्य सम्भव गर्ने कार्य भएको छ । एकजना व्यक्तिले मृत्यु पर्यन्त पनि मानव समाजलाई योगदान गर्न सम्भव भएको छ, यो मानव जीवनमा जे जति पूण्य कमाइएको छ त्यसको माथि एउटा अर्को थप महान मानवीय दान र पुण्य गर्न पाइएको छ ।

प्रस्तुत लेखमा नेपालमा आँखादान को सुविधामा के कस्तो छ भन्ने बारेमा छोटो चर्चा गर्न उपयुक्त होला ।

नेपाल आँखा कार्यक्रम तिलगंगा आँखा प्रतिष्ठान अन्तर्गत सन १९९४ मा नेपाल आँखा बैंक तिलगंगामा स्थापना भएको थियो । नेपाल आँखा बैंकले हालसम्म बीस हजार भन्दा बढी आँखाको नानी संकलन गरी १७ हजार भन्दा बढी व्यक्तिलाई उक्त नानीहरू प्रत्यारोपण गर्न उपलब्ध गराई सकेको छ । आफ्नो स्थापना कालदेखि नै आँखा बैंकले आँखाको नानीको कारण हुने अन्धोपन निवारणमा राष्ट्रिय तथा अन्तराष्ट्रिय रूपमा नै योगदान गर्दै आएको छ । तिलगंगामा आजभन्दा २८ वर्ष अगाडी स्थापना भएको नेपाल आँखा बैंकले नियमित रूपमा आँखाको नानी प्राप्ति गर्ने, प्रोसेसीङ्ग गर्ने सुरक्षित भण्डारण गर्ने, माग बमोजिम शल्य चिकित्सक हरूलाई उपलब्ध गराउने कार्य गर्दै आएको छ । वरिष्ठ आँखा नानी विशेषज्ञको नेतृत्वमा रहेको आँखा बैंकको दैनिक कार्य सञ्चालन

वरिष्ठ व्यवस्थापन र अन्य विज्ञ कर्मचारीहरू, मनोविमर्श कर्ताबाट भै रहेको छ । आँखा दान जस्तो महान कार्यलाई जनस्तरमा प्रचार प्रसार गर्न आँखादानलाई प्रोत्साहन गर्न र दाता परिवार, मृतक परिवारको महान मानवीय कार्यलाई सम्मान गर्नको लागि जनस्तरमा एउटा नेपाल आँखा दान समाज” स्थापना भएको छ । यो समाजले आँखादान बारे जनचेतना जगाउने, समाजमा आँखादान बारेमा विद्यमान रहेका कुरीति र गलत विश्वासहरूलाई हटाउने र मानवीय कार्यमा सबैलाई प्रेरित गर्ने विविध क्रियाकलापहरू नियमित रूपमा गर्दै आएको छ । नेपाल आँखा बैंकले उक्त समाजसँग विभिन्न सहकार्य गर्दै आएको छ ।

आँखा बैंकका कार्यहरू

- १) आँखादान सम्बन्धी जन सचेतना र शिक्षा जागरण गर्ने ।
- २) मरणोपरान्त दान गरेको र गर्ने आँखाको नानीहरू आँखा दाताहरूबाट सम्बन्धित ठाउँहरूमा संकलन गर्ने ।
- ३) दाताको मृत्युपछिको सूचना पाई सो को आँखाको नानी दान गर्न सक्ने आधारहरू छुटेयाई दाताको परिवारबाट आँखाको नानी दान लिन र दिनको लागि स्वीकृति प्राप्त गर्ने ।
- ४) मृत्युपर्यन्त कसैले आँखाको नानीदान गर्ने इच्छा गरेर बोलाएमा सम्बन्धित ठाउँमै गएर आँखाको नानी संकलन गर्ने ।
- ५) आँखाको नानी दाताबाट प्राप्त आँखाको नानीहरूलाई आँखा बैंकमा आवश्यक संरक्षण, परिक्षण र सम्बर्द्धन गरी प्रत्यारोपण योग्य बनाउने ।
- ६) दाताबाट प्राप्त आँखाको नानीसँगै रगतको नमुना प्राप्तगरी आवश्यक रक्त परिक्षण पनि गर्ने
- ७) दाताबाट प्राप्त आँखाको नानीहरू प्रत्यारोपण प्रयोजनको लागि विभिन्न आँखा अस्पतालहरूका सम्बन्धित आँखा नानी प्रत्यारोपण विशेषज्ञहरूलाई उपलब्ध गराउने ।
- ८) सम्बन्धित सबै राष्ट्रिय तथा अन्तराष्ट्रिय संघ संस्थाहरूसँग आवश्यक समन्वय गर्ने ।
- ९) आँखा बैंकलाई अन्तराष्ट्रिय गुणस्तरको मापदण्डमा पुऱ्याउने ।
- १०) आँखाको नानी प्रत्यारोपणले पनि दृष्टि फर्काउन नसक्ने फुलो परेको आँखाको नानीलाई उचित रंग पोतेर व्यक्तिहरूको सौन्दर्यता कायम गर्ने गराउने ।
- ११) आँखा दान गर्न इच्छाएका, मृत्युपछि आँखाको नानीदान गरेका र आँखाको नानी प्रत्यारोपण गर्नुपर्ने विरामी वा दृष्टि विहिनहरूको विवरण अद्यावधिक गर्ने ।
- १२) आँखाको नानी प्रत्यारोपण गर्न र गराउनको लागि प्रतिक्षारत विरामीहरूको व्यवस्थापन गरी तालिका बनाउने ।
- १३) आँखा बैंकसँग सम्बन्धित विषयहरूमा देश तथा विदेशका विभिन्न प्राविधिक, प्राविधिज्ञ र चिकित्सकहरूलाई तालिम, गोष्ठी र कार्यशालाहरूमा सहभागिता गर्ने गराउने ।
- १४) अमेरिका, भारत लगायत सम्बन्धित आँखाबैंकहरूले संघ र संस्थाहरूले प्रतिपादन गरेको अद्यावधिक सिद्धान्त तथा नविनतम प्रविधिहरूलाई आत्मसात गर्ने गराउने ।
- १५) आँखा बैंकको कार्यक्रमहरू सम्बन्धमा नीति, कार्ययोजना तथा भावी आधारशिलाहरू नेपाल आँखा बैंकको सल्लाहकार समितिमार्फत छलफल गरी कार्यान्वयनमा ल्याउने ।
- १६) आँखा बैंक र आँखानानी प्रत्यारोपण सम्बन्धमा अध्ययन अनुसन्धान गर्ने ।
- १७) आँखा बैंकको अनुभव, नविनतम अध्याय र सफलताको उपलब्धिलाई आँखा विज्ञान सम्बन्धी विभिन्न सञ्जालमा प्रस्तुत गर्ने ।
- १८) आँखा बैंकको दिगो विकास र वृद्धिको लागि सञ्जालहरू खडा गर्ने र विस्तार गर्ने ।

मृत्युपर्यन्त आँखाको नानी दान कसरी गर्न सकिन्छ ?

मरणोपरान्त आँखाको नानीको दान कुनै पनि व्यक्ति जसको आँखाको नानी स्वस्थ छ उसले गर्न सक्दछ । यसमा खास उमेर, आँखाको चस्माको पावर र रोगहरूले बाधा गर्दैन । यसको लागि जिउदैमा साथीभाई आफन्त र परिवारमा उचित सल्लाह गरी आँखादान इच्छापत्र दुई जना साक्षी सहित राखी आँखा बैंक व सम्बन्धित संस्थाहरूमा बुझाई आँखा दान इच्छाएको परिपय पत्र लिन सकिन्छ र तिलगंगा आँखा प्रतिष्ठानको वेवसाइटम गएर आँखादान इच्छापत्र पनि भर्न सकिन्छ ।

यसबाहेक कोही कसैको वा आफन्तको मृत्यु पश्चात जसले इच्छापत्र भरिसकेका वा इच्छापत्र नभरेकाको भए

पनि जति सकिन्छ त्यति छिटो नेपाल आँखा बैंक वा सम्बन्धित संस्थाहरूमा खबर गरी स्विकृति दिइसकेपछि आँखाको नानीदान गर्न वा गराउन सकिन्छ । हाललाई नेपाल आँखा बैंक, तिलगंगा आँखा प्रतिष्ठान, वीर अस्पताल, पाटन अस्पताल, त्रि. वि. शिक्षण अस्पताल, गंगालाल मुटु अस्पताल, पशूपति शवदाह गृह लगायत पशूपति घाटहरूको केन्द्रमा सम्पर्क गर्न सकिन्छ । उपत्यका बाहिरको सन्दर्भमा नजिकको आँखा अस्पतालहरू जस्तै मेची आँखा अस्पताल, बिराटनगर आँखा अस्पताल, लहान आँखा अस्पताल, भरतपुर आँखा अस्पताल हिमालय आँखा अस्ताल र गेटा आँखा अस्पतालमा पनि यस सेवा र सुविधाको लागि सम्पर्क गर्न सक्दछ । आँखा दान गर्न गराउन र परामर्शको लागि निम्न फोन नं. मा सम्पर्क गर्न सकिन्छ ।

९८५१०२०९३३	नेपाल आँखा बैंक
९८५११४६८२५	पशूपति शवदाह गृह र घाटहरू
९८५११४६८२६	त्रि.वि शिक्षण अस्पताल
९८५११४६८२७	वी. पी.नेत्र अध्ययन केन्द्र
९८६१९११८०१	वीर अस्पताल
९८६४५९६५६	गंगालाल मुटु अस्पताल

Hospital Cornea Retrieval Program (Turning the tide of Corneal Blindness)



Prof. Dr. Meenu Chaudhary
Prof. Sanduk Ruit
Dr. Reeta Gurung

Dr. Leena Bajracharya
Mr. Shankha Twayna

*"There is no lovelier way to thank God for your sight than by giving a helping hand to those in the dark." - **Helen Keller***

Corneal blindness is estimated to be the second most prevalent cause of blindness in many less developed countries, but epidemiological data is limited and complicated, encompassing a wide variety of infectious and inflammatory diseases. Globally, bilateral corneal blindness is estimated to be 4.9 million persons or 12% of 39 million blind, utilizing WHO 2010 global blindness data and WHO 2002 sub-region causes (updated by 2010 data) to define regional prevalence. Studies in India and Africa indicate a much greater corneal causation of blindness, 14.6–15.4% and 11–30% of total blindness, than is captured in the WHO categories of “corneal opacities” and “trachoma”. The global breakdown illustrates the particularly heavy burden of corneal blindness on emerging and developing countries, with 98% of bilateral corneal blindness existing outside of developed countries.

Unilateral corneal blindness is not captured in WHO data, but is estimated to occur in 23 million globally. More startling is the rate of new unilateral corneal blindness cases, with one prospective study in Nepal indicating an annual incidence of corneal ulceration to be 799 per 100,000 people, primarily unilateral ulcerations.

Corneal transplantation remains the primary sight restoring procedure for corneal blindness. While 82% of overall blindness worldwide is found in those aged 50 years or older, corneal blindness in developing countries affects a significantly younger population than other forms of blindness. Corneal transplants therefore have the potential to provide a higher social return than cataract surgery. This helps to justify the increased costs and risks of the procedure.

These corneal transplants can only be done if there is good eye bank. With effect to this dire need of corneal tissue B.P.Koirala Lions Center for Ophthalmic Studies started Hospital Cornea retrieval program (HCRP) on March 12th, 2010 to curb corneal blindness. HCRPs stress the need for a proactive approach to securing donations within the hospital. HCRP concentrates on deaths that occur at Teaching Hospital and encourages eye donations using a combined method of motivation and grief counseling. Availability of medical history, availability of tissues from younger individuals, reduction in time interval between death and corneal excision and cost effectiveness are major advantages of HCRP. The program at present has 3 eye donation counselors, one eye bank technician and 1 corneal surgeon. The grief counselor is a vital link between the family, the hospital and the HCRP.

HCRP works in conjunction with Nepal eye bank. At present Hospital cornea retrieval Programme in conjunction with Nepal Eye bank also runs at Sahid Gangalal heart Hospital and Bir hospital.

This year HCRP has been able to collect 467 corneas in one year which were utilized for corneal transplantation and sent to other corneal surgeons in Nepal.

There is no dearth of knowledge, skills and resources to create a world-class eye banking

and corneal transplantation network. What seems to be missing, however, is a proactive national movement to transplant concepts and plans into time-bound action. Public awareness and legislative pitfalls need to be addressed.

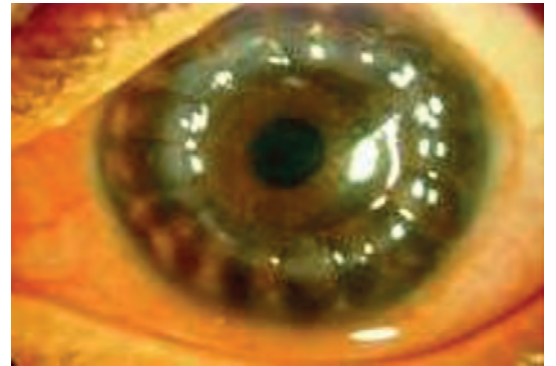
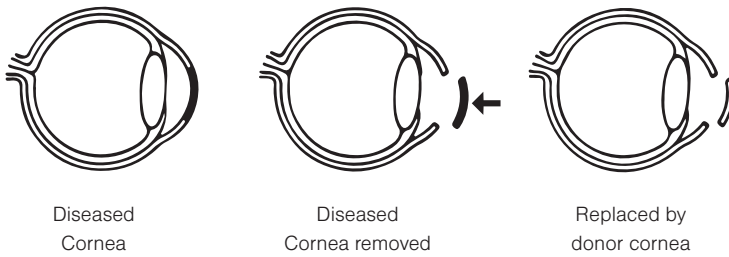
HCRP is involved in awareness activities at different levels, teaching learning and research .

Frequently asked questions



What is corneal blindness?

As long as the cornea remains transparent, light can pass through it and the person can see. Sometimes the cornea becomes opaque or cloudy (when it is damaged) or loses its transparency following trauma, infection or other diseases. A person with an opaque cornea cannot see; this condition is known as corneal blindness.



What is corneal transplantation?

A corneal blind person can see again through a surgical procedure known as corneal transplantation wherein the damaged cornea is replaced with a healthy cornea from a deceased donor.

How is the tissue harvested from a donor?

The Eye Bank technician uses a simple procedure known as in situ corneal excision. This involves removing only the cornea from the eye of the donor. The excised cornea is kept in a preservative called the M K medium and stored in the refrigerator until it is used for surgery.



Cornea Retrieval by Technician



Cornea Preservation in MK medium

The value of anything is realized only when it is lost or is not available. Thousands of People, majority of them young adults realize the value of sight because they do not have it. Fortunately their eye sight can be restored. The sight lost due to opaque cornea can be restored by replacing

the opaque cornea with clear cornea and the eye donation movement and eye banking (HCRP) at B.P.Koirala Lions Center for Ophthalmic Studies are striving to bridge the gap between availability and requirement. Hence, do not let the story end, but

**DUMP YOUR” I “
BUT DON’T DUMP YOUR
“EYE”
DONATE IT.**



To donate, Please contact:

B.P.Koirala Lions Center for Ophthalmic Studies, TUTH Complex

4720668/4720694-695; Eye ward: 4412505/ 4412303

Eye Bank Technician: 9841447215, 985114627

Eye donation counselors: 9851146826, 9851146825, 9851146827

Nepalese Society for Oculoplastic Surgeons (NESOS)



Dr. Rohit Saiju MD



The field of oculoplastic surgery, also known as ophthalmic plastic and reconstructive surgery, focuses on the medical and surgical management of deformities and abnormalities of the eyelids, tear system, orbit, and adjacent facial structures. The Oculoplastic Society plays a crucial role in advancing this specialized field, promoting education, research, and the quality of clinical practice. This writing aims to explore the establishment, objectives, and activities of the Nepalese Society for oculoplastic surgeons, highlighting its contributions to the field of oculoplastic surgery as well as ophthalmic practice for the country.

Establishment of the NESOS

Nepalese Society for Oculoplastic Surgeons NESOS was formed in June 2014 with a small number of Oculoplastic surgeons working in Nepal. The society was founded by ophthalmologists who have had training or fellowship and experience in this highly specialized field of Orbit and Oculoplastic surgery led by the founding president Dr. Rohit Saiju.

It is a professional organization dedicated to oculoplastic surgeons and those interested in the field. Its formation was driven by the need for a specialized society that could provide a platform for collaboration, knowledge sharing, and professional development. The society's founding members recognized the unique challenges and complexities of oculoplastic surgery and sought to create a community that could address these issues effectively.

Objectives of the Society

The Oculoplastic Society has set forth several key objectives to guide its activities and initiatives. These objectives include:

1. **Advancing Education:** One of the primary objectives of the Society is to promote education in the field of oculoplastic science. The society organizes conferences, workshops, and training programs to enhance the knowledge and skills of its members. These educational initiatives cover a wide range of topics, including surgical techniques, emerging technologies, and advancements in the field.

2. **Facilitating Research:** The society encourages and supports research endeavors in oculoplastic surgery. It looks after possibilities for grants, scholarships, and research funding opportunities to its members, enabling them to conduct innovative studies and contribute to the scientific knowledge base.
3. **Enhancing Clinical Practice:** The society aims to improve the quality of clinical practice in oculoplastic surgery. It aims to develop guidelines and standards of care, ensuring that practitioners adhere to the highest ethical and professional standards. The society also facilitates the exchange of best practices and case discussions among its members, promoting continuous learning and improvement in clinical outcomes.
4. **Promoting Collaboration and Networking:** Collaboration and networking are essential for the growth and development of any professional field. The society provides a platform for oculoplastic surgeons to connect, share knowledge, and collaborate on research projects and clinical initiatives. The society organizes regular meetings, conferences, and online forums where members can interact and exchange ideas.

Activities of the NESOS

The Society undertakes various activities to fulfill its objectives and serve its members. These activities include:

Annual Conferences:

The society organizes an annual conference that brings together oculoplastic surgeons, researchers, and industry professionals from around the world. The conference features keynote lectures, panel discussions, and scientific presentations, providing a platform for

the dissemination of cutting-edge research and advancements in the field.

1. First National Oculoplastic Conference Nepal: 28-29th October 2010 Kathmandu. This conference was held before the establishment of NESOS, under the aegis Nepal Ophthalmic Society where about a dozen of international speakers with many national well-known figures talked at the event, and forced the concerned surgeons to conceptualize to form a national-level society to fulfill its objectives.
2. Second National Oculoplastic Conference Nepal: 18-19 October 2014 Kathmandu, where 14 international and 12 national speakers presented their scientific talks.
3. Oculoplastic Symposium Nepal 4th September 2015, Kathmandu.
4. First National Cadaveric dissection course on Endoscopic DCR workshop 12-13 December 2015 at Tilganga eye center and Nepal medical college, Kathmandu with expert support from Bumrungrad International Hospital, Bangkok where 12 Oculoplastic and Maxillofacial surgeons benefited with hands-on training from the Thai experts.

Further two conferences were held successfully with mega participation by oculoplastic and general ophthalmologists.

5. Third National Oculoplastic Society Conference: 27-28 October 2017 Kathmandu.
6. Fourth National Oculoplastic Conference Nepal: 21-22 October 2022 Kathmandu.

Online Resources and Publications

The Oculoplastic Society maintains an online platform that provides access to a wealth of



educational resources, including articles, case studies, and surgical videos. The society has started an e-Magazine in regular intervals. These resources serve as valuable references for oculoplastic surgeons and researchers worldwide.

Collaborative Projects and Partnerships: The Oculoplastic Society actively seeks collaborations and partnerships with other professional organizations, research institutions, and industry stakeholders. NESOS with its members had participated in an earthquake relief camp in association with Dhulikhel Hospital and Bumrungrad International Hospital, Bangkok to distribute tents and other resource materials to one of the remote areas of Kavrepalanchowk district in Nepal in May 2015.

In summary, The Oculoplastic Society plays a vital role in advancing the field of oculoplastic surgery. Through its establishment, objectives, and activities, the society promotes education, research, and the quality of clinical practice. By providing a platform for collaboration, knowledge sharing, and professional development, the society empowers oculoplastic surgeons to enhance their skills, contribute to scientific knowledge, and deliver the highest quality care to their patients. As the field continues to evolve, the dynamic and young energetic team members in society will remain at the forefront, driving innovation, fostering collaboration, and shaping the future of oculoplastic service for the country and the region of the world.

Nepal Vitreo Retina Society (NVRS)



Dr. Sanyam Bajimaya



Nepal Vitreo Retina Society (NVRS) is an official body for the ophthalmologists who are trained in Vitreo retina and it was founded in 2016 by a group of Vitreo-Retina specialists with a purpose to develop and expand health service related to retina through engagement and enhancement

of retina specialists, following a number of initial meetings.

The founding team was instrumental in sustaining the society along with first CME being conducted in few months.

Founder Members of the society were,

Founder President	: Prof. OK Malla
Founder Vice-President	: Prof. JK Shrestha
Founder Secretary General	: Dr. Eli Pradhan
Founder Secretary	: Dr. Sanyam Bajimaya
Founder Treasurer	: Dr. Raba Thapa
Founder Joint Treasurer	: Dr. Chunu Shrestha
Founder Members	: Prof. DB Karki
	: Dr. Pratap Karki
	: Dr. Gyanendra
	Dr. Lalit Agrawal

The Executive Committee for initial 4 years (2017–2021) is as below:

Patron	: Prof Dr. OK Malla
President	: Dr. Eli Pradhan
Vice- president	: Dr. Sagun Joshi
Treasurer	: Dr. Raba Thapa
Joint Treasurer	: Dr. Chunu Shrestha
Secretary General	: Dr. Sanyam Bajimaya
Secretary	: Dr. Kiran Shakya
Members	: Dr. Irina Kansakar
	Dr. Purushottam Joshi
	Dr. Gyanendra Lamichhane
	Dr. Lalit Agrawal
	Dr. Pratap Karki

The Present Executive committee comprises of,



Prof Dr. OK Malla
Patron



Dr. Eli Pradhan
Immediate Past President



Dr. Sanyam Bajimaya
President



Dr. Raba Thapa
Vice-President



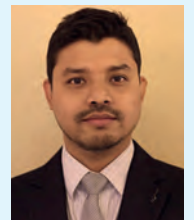
Dr. Pratap Karki
General Secretary



Dr. Irina Kansakar
Treasurer



Dr. Lalit Agrawal
Joint Secretary



Dr. Simanta Khadka
Joint Treasurer



Dr. Sagun Joshi
Member



Dr. Purushottam Joshi
Member



Dr. Kiran Shakya
Member



Dr. Nitin Tulsian
Member



Dr. Subash Pokharel
Member

The objectives of the society are as below,

1. Promotion, protection and expansion of professional rights and concern of the members making them honest, moral, efficient and skillful in their field of Eye health service and maintaining high professionalism and quality service of Eye and Retinal disease treatment.
2. To make continuous effort to guarantee professional safety and security making professional liberty more strong and to achieve and apply new alternatives for the professional development of the members, conducting research, diagnosis in over all area of the retinal health treatment.
3. To enhance skill and efficiency of members to conduct, operate and manage workshop,

seminar, scientific discussion, training in local, national and international level.

4. To make, develop, publish and broadcast informative or skill oriented various articles, documentaries video books, magazines, scientific journals etc. relating to Vitreo Retinal disease treatment.
5. Making in mind that no body should go blind due to ignorance of eye safety. Organization will work on the field of eye protection, conducting and managing free eye treatment and consultation camp in different part of the country.
6. To conduct research and investigation in the field of eye science specially on Vitreo Retinal problems and to assist and promote higher education, research oriented works and training on the newer updates of eye health and retinal diseases in the society.
7. To protect doctor's or professional's rights or concerns working in this field, organization may make required affiliation, coordination, conduct joint works, mutual assistance, friendship visit with and among the active organizations with same objectives working on retinal or eye disease treatment at national or international level.

Activities

The society has been growing since the beginning and now has over 50 members and has been active in many academic activities till now. Besides, the society has official newsletter and has published 3 issues till now.

The society has been instrumental in providing Guidelines for Retinal Vein Occlusion and Retinopathy of prematurity along with National and international experts in the field.

NVRS has conducted many conferences since its formation from 2016.

1. First Retina CME: 2016, Kathmandu
2. NVRS 1st Annual Meeting & Conference: 13-14 Oct 2017 at Radisson Hotel, Kathmandu.
3. NVRS 2nd Annual Meeting & Conference: 8-9 Feb 2019 at Kathmandu University Auditorium, Dhulikhel.
4. NVRS 3rd Annual Meeting & Conference: 25-26 sept 2020 at hotel Yak and Yeti, Kathmandu.
5. NVRS 4th Annual Meeting& Conference: 13th March 2021, at Hotel Himalaya, Kathmandu.
6. NVRS 5th Annual Meeting & Conference: 3rd December 2021, at Hotel Crowne Imperial, Kathmandu.
7. NVRS 6th Annual Meeting& Conference: 17th December 2022, at Park Village Resort, Kathmandu.
8. NVRS 7th Annual Meeting & Conference: 16-18th Nov 2023, at Hotel Everest, Kathmandu.

We aim to attract more members so that we can share knowledge, expertise and experiences through academic activities and also increase national and international networking for the benefit of the society as well as for the medical fraternity.



Nepal Cornea, Cataract and Refractive Surgery Society (NCCRS)



Dr. Meenu Chaudhary



The Nepal Cornea, Cataract and Refractive Surgery Society (NCCRS) is a specialized professional organization dedicated to the advancement of corneal, cataract, and refractive surgery specialties in Nepal. As a sub-specialty society, NCCRS concept was first proposed in 2018 and it finally got registered in Kathmandu Municipal Corporation on 29th November 2020. At present we have 35 life members. General ophthalmologists and cataract surgeons have also become members of NCCRS.

This sub-specialty society focuses on enhancing the quality of eye care in these specific areas through education, research, and clinical practice improvements.

Objectives and Mission

NCCRS aims to promote excellence in the field of ophthalmology with a particular emphasis on corneal health, cataract management, and refractive surgery.

The society's mission includes:

1. Education and Training: Providing continuing medical education and training for ophthalmologists to keep them updated with the latest advancements and techniques in cornea, cataract, and refractive surgeries.
2. Research and Innovation: Encouraging and facilitating research to develop new

treatment modalities, surgical techniques, and technologies that can improve patient outcomes.

3. Clinical Practice Standards: Establishing and promoting high standards of clinical practice to ensure quality and safety in surgical procedures related to cornea, cataract, and refractive errors.
4. Eye Banking: Nepal has one eye bank which collects cornea through several Hospital Cornea Retrieval Centers which help in collection of good quality corneas for corneal transplant which are either used for full thickness or lamellar keratoplasty. Nepal eye bank also collects from one major site that is Pashupati Crematorium.
5. Public Awareness: Raising awareness about eye donation, corneal transplant, prevention and treatment of corneal diseases, cataracts, and refractive errors among the public.

Activities and Initiatives

NCCRS engages in various activities and initiatives to fulfill its objectives:

- Conferences and Workshops: Organizing national and international conferences, workshops, and seminars where experts can share knowledge, present research findings, and discuss the latest developments in the field.

- 1st NCCRS conference was conducted 3rd June 2023 in Kathmandu, Nepal.
- NOSCON 2024 annual conference held in Biratnagar also included sub-specialty session for NCCRS.
- Training Programs: Conducting hands-on training sessions and to enhance surgical skills and clinical knowledge on lamellar keratoplasty and Eye banking.
- Public Outreach: Implementing community outreach programs to educate the public about eye donation.

Future Directions

Looking ahead, NCCRS plans to expand its efforts in several key areas:

- Improved Surgical Outcomes: By standardizing surgical techniques and providing advanced training, NCCRS can help improve the outcomes of corneal transplants, cataract surgeries, and

refractive procedures in the country.

- Professional Development: NCCRS will play a crucial role in the professional development of ophthalmologists in Nepal who want to become cornea, cataract and refractive surgery specialists, ensuring they are well-equipped with the latest knowledge and skills.
- Global Collaboration: Strengthening partnerships with international ophthalmology societies and institutions to facilitate knowledge exchange and global best practices.

In summary, the Nepal Cornea, Cataract and Refractive Surgery Society (NCCRS) is a vital organization dedicated to advancing eye care in Nepal through education, research, and clinical excellence in one of the most important human organ, cornea and lens which are the most important structures for vision.

Executive Committee



Dr. Reeta Gurung
President



Prof. Dr. Sanduk Ruit
Immediate Past President



Prof. Dr. Sanjay K Singh
Vice-President



Prof. Dr. Meenu Chaudhary
General Secretary



Dr. Leena Bajracharya
Treasurer



Dr. Kishore R Pradhan
Member



Dr. Reena Yadav
Member



Dr. Bhairaja Shrestha
Member



Dr. Pushpa Giri
Member



Dr. Sanjita Sitaula
Member



Dr. Anil Gurung
Member



NEPAL CORNEA CATARACT AND REFRACTIVE SURGERY SOCIETY

NCCRS CONFERENCE

in collaboration with
NEPAL OPHTHALMIC SOCIETY

Registration Fee :
Rs 3000 for Ophthalmologists
Rs 1500 for Residents and Optometrists

3rd June 2023
Time : 8:30 am to 5 pm
Venue : Darbar Hall (1st Floor)
Shankar Hotel
Lazimpat , Kathmandu
NEPAL

(Meeting is accredited 3 CPD points from Nepal Medical Council)

Bank Details
A/C holders: Nepal Cornea Cataract and Refractive Surgery Society
A/C number: 0010152639500013
Prabhu bank, Main Branch

Sponsored by
Vaishno Medisales




List of Life Members of NCCRS

- | | | |
|--------------------------|------------------------------|----------------------------|
| 1. Dr Abhishek Suwal | 13. Dr Kishore Raj Pradhan | 25. Dr Purusottam Joshi |
| 2. Dr Anil Gurung | 14. Dr Krishna Gurung | 26. Dr Puspa Giri Shrestha |
| 3. Dr Anima Deshar | 15. Dr Leena Bajracharya | 27. Dr Rachana Singh Rana |
| 4. Dr Anju Gurung | 16. Dr Leesha Shrestha Joshi | 28. Dr Rajashee Shrestha |
| 5. Dr Babita Sunu Gurung | 17. Dr Maheshwor Chaudhary | 29. Dr Reeta Gurung |
| 6. Dr Bandana Khanal | 18. Dr Manish Pandey | 30. Dr Sanduk Ruit |
| 7. Dr Bhairaja Shrestha | 19. Dr Manita Sunam Godar | 31. Dr Sanjay Singh |
| 8. Dr Deepika Malhotra | 20. Dr Meenu Chaudhary | 32. Dr Sanjeeta Sitaula |
| 9. Dr Dikchhya Sharma | 21. Dr Narayani Bhattarai | 33. Dr Sanyam Bajimaya |
| 10. Dr Isha Bista | 22. Dr Poonam Lavaju | 34. Dr Sushila Patel |
| 11. Dr Jenu Sainju | 23. Dr Poonam Shrestha | 35. Dr Vijay Gautam |
| 12. Dr Jyoti Sapkota | 24. Dr Pragya Luitel | |

Glaucoma Society of Nepal



Dr. Indira Paudyal



The Glaucoma Society of Nepal (GSN) is a dedicated organization aimed at combating and managing glaucoma, a leading cause of irreversible blindness worldwide. GSN was established in 2019 AD under the lead of Dr. Suman Shumshere Thapa, when the country had less than 10 glaucoma specialists. Now, the society now boasts more than 40 members.

GSN aims to address the specific challenges

posed by glaucoma in Nepal by raising awareness, providing education, and ensuring access to effective treatment for patients across the country. GSN also promotes research initiatives to improve understanding and treatment outcomes of glaucoma in Nepal. The society has been collaborating with national and international organizations, eye hospitals, and government bodies to strengthen its efforts in combating glaucoma.

Present Executive Body of Glaucoma Society of Nepal (2023-2025)



Dr. Indira Paudyal

President



Dr. Suman S Thapa

Immediate Past President



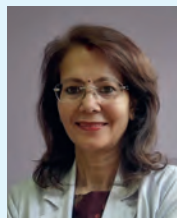
Dr. Nanda Gurung

Vice-President



Prof. Dr. Dakki Sherpa

General Secretary



Dr. Madhu Thapa

Treasurer



Dr. Anil Parajuli

Joint Secretary



Dr. Neyaz K Mickarani

Joint Treasurer



Dr. Bibek Bista

Member



Dr. Chandni Pradhan

Member



Dr. Pranisha Singh

Member



Dr. Ranjeet K Shah

Member



Dr. Ravidhar Bhandari

Member

Young Ophthalmologist Nepal



Dr. Kaushal Pokhrel



YO and its history

YO, the Young Ophthalmologist society, is an international platform of ophthalmologists of 40 years and younger that priorities on connecting, collaborating and facilitating the young professionals during their early career development. The first YO was established from Denmark in 1981 which slowly gained traction globally and now there are YOs in many countries. Apart from national YOs, there are regional YOs like APAO-YO (Asia Pacific Academy of Ophthalmology-YO) of which Nepal is a proud member. YOSI, the YO society of India which helped Nepal during the establishment, is the largest YO in the world and one of the closest friends.

The global YO has been organizing activities targeting the youths of ophthalmology including organizing events and conferences, providing fellowship opportunities, providing travel and research grants, organizing social and cultural events, and many more. YO also focuses on leadership development to create future leaders in this field. Thus, YO has established itself as a bridge connecting youth with the senior specialists and also amongst themselves with globe as its boundary.

YO in Nepal

YO in Nepal had an unconventional start. Unlike others, it was started as a movement which then got organized, legalized and institutionalized into a society. This story dates back to COVID-19 pandemic. Nationwide lockdown led to sharp fall in number of patients and the most eye hospitals were struggling to keep up with their finances. Almost all of them had to reduce salary by as high as 50% with a few hospitals even terminating staffs and doctors. The recent ophthalmic graduates and the junior consultants were the most hard-hit group; salary cuts were higher for them; some were forced to stay months on non-paying leaves while others were fired. But most ophthalmologists were unaware about this injustice. To increase the awareness amongst ophthalmologists, and to raise the voice, a few young consultants took the lead on social media and started vocalizing about injustice and the need to protect the helpless young doctors. This led to a movement which drew attention of the whole ophthalmic fraternity. To formally inform the Nepal Ophthalmic Society (NOS), a small number of doctors stood up and started a group. This group of out-spoken young doctors got enlarged and organized into a youth group of young Ophthalmologists. During the NOS executive committee 2020-2022 under the

presidency of Prof. Dr. Rohit Saiju, the group got a legal status as a chapter of NOS called YO Nepal. With continued support and encouragement from NOS, YO started its activities targeting the youth. YO started growing and proposed to expand its reach and activities by getting registered as a society in the Office of the Company Registrar under the ministry of Industry, Commerce & Supplies, Government of Nepal. This idea was immediately praised and approved by the NOS executive committee 2022-24 under the presidency of Prof. Dr. Meenu Chaudhary.

The concept and the need to have a YO-group, like that of other countries, was realized a few years before this. There had been Nepal representatives in APAO-YO forums before official YO got its shape. The credit goes to Dr. Bhaskar Jha, Dr. Shyam Vyas and Dr. Anadi Khatri. Dr. Jha, through his connections with YOSI was able to represent Nepal in APAO-YO forums before 2020. Dr. Vyas, after his visit to Taiwan, was able to bring in the concept and need to establish YO as a formal society in Nepal. And, Dr. Khatri who was nominated by the then NOS committee 2018-2020 to represent YO in APAO-YO forum, declined this offer in favor of establishing a society rather than single person being nominated in this manner.

After the concept of a separate body of YO in Nepal and the recent impact targeting the young consultants during COVID, the works of establishing the YO got its momentum. The movement that started with the telephonic conversation between Dr. Anadi Khatri KC, Dr. Rabindra Singh Thakuri, Dr. Shyam Vyas and Dr. Kaushal Pokhrel, who were actively vocal about the unjust related to the recent graduates in the

closed-group social media platform, started to gather attention of senior ophthalmologists who were unaware about the situation. This led to wider support and soon the group started to expand with other like-minded youth. Dr. Amit Kumar Yadav, Dr. Roshija Khanal and Dr. Tejsu Singh Malla, who joined this revolution. Together, this group of dynamic people did a survey and created the list of issues that ophthalmologists were facing and found that most of them were faced either by the recent graduates or the junior-most consultants. During the webinar organized by the Eastern Chapter of NOS, they took the stage to present the “problems faced by young ophthalmologists”. The youth-group then formally informed the NOS executive committee 2018-2020, the executive period of which was only a few months before the next NOS election. The committee praised the movement but was unable to formulate any plans as its term was ending. This led to youth taking the lead and for the first time in the history of Nepal Ophthalmic Society, youth did not just take part in the NOS election but even won the posts of Joint Secretary (Dr. Kaushal) and 4 executive members (Dr. Anadi, Dr. Rabindra, Dr. Roshija and Dr. Tejsu). This new youth-force in the NOS with the robust support of Dr. Eli Pradhan and Dr. Purusottam Joshi, on the first executive committee meeting proposed YO Nepal as a chapter of NOS which the president (Prof. Dr. Rohit Saiju) approved happily. YO Nepal was then formally announced from Kalapattar, the lap of Mt. Everest on the first day of 2020 i.e. January 1. The new committee was soon recognized by APAO YO and even featured on the social media platform which gathered wishes and blessings from global YO-members.

Founding YO Committee



Dr. Kaushal Pokhrel
President



Dr. Rabindra S Thakuri
Vice-President



Dr. Amit K Yadav
General Secretary



Dr. Tejsu S Malla
Treasurer



Dr. Anadi Khatri KC
Member



Dr. Shyam Vyas
Member



Dr. Roshija Khanal
Member



Dr. Eli Pradhan
Mentor

Despite the changes in executive faces in NOS, it has always been the major supporter of YO and its activities. Other subspecialty societies also have shown soft side and love to YO by providing space, priority and time during their conferences and seminars. With growing group and increasing activities, YO executive committee decided to register it as a separate society under Ministry of Nepal.

The C.O.R.E of YO!Nepal

The main focus of activities of YO or its core activities are C.O.R.E

C

Connect (residents, fellows and young consultants amongst themselves and with international YOs)

O

Offer assistance and help in activities like academics, publications, fellowships, etc.

R

Role of a leader and recreational activities like hikes, health promotional activities, leadership development trainings, etc.

E

Excel together like thesis assistance, reading materials, online classes, online grand-rounds, etc.

Activities done so far

It's said that starting something is the biggest step; setting the base and building a society from the ground up is the main work done by the founding team. Apart from this, YO!Nepal has been able to do small activities like hiking program to promote health of doctors with the theme of "You come first". Most of the major conferences including annual NOS conference (Kathmandu, Chitwan and Biratnagar), first NCCRS (Nepal Cornea Cataract and Refractive Society) conference, NVRS (Nepal Vitreo Retina Society) conference, etc. have allotted YO sessions where YO have organized programs like quiz contest for residents, gift programs, cultural programs, etc. Delegates from YO have represented Nepal during APAO YO in Malaysia 2023, YOSI (YO society of India) conference in New Delhi, Joint Singapore-Malaysia and Global YO conference in Singapore 2024 and soon in the APAO YO in Indonesia 2024. These activities are just the beginning and

a lot of youth targeted activities are only a matter of determination and creative thoughts which will unfold with passing time.

Immediate Future Plan

YO!Nepal is finally establishing as a separate society and will formally start its border activities

- It will start membership program where ophthalmic residents, fellows and young consultants who are 40 years or younger will be eligible to apply
- It will start its own bank account and will keep all its transactions under its clear supervision and will ease up its utilization for activities
- It will organize first election coinciding with the election of NOS and establish a new committee for 2 years which will formulate and accomplish its activities for YO

Nepal Pediatric Ophthalmology and Strabismus Society (NPOSS)



Dr Srijana Adhikari



The National Pediatric Ophthalmology and Strabismus Conference took place in Bhairahawa on May 26, 2018, organized by Lumbini Eye Institute (LEI). The conference saw the participation of twelve Pediatric Ophthalmologists from across Nepal. Prof. Dr. Salma KC, who also served as the Chief Medical Director of LEI, chaired the Organizing Committee, while Dr. Kabindra Bajracharya served as the Organizing Secretary. During the meeting, there was a recognized need for the establishment of a Pediatric Ophthalmology Society in Nepal. Acting under the guidance of Prof. Dr. Ananda Kumar Sharma, an eleven-member Ad-hoc committee was formed following a session held at Hotel Bodhi Red Sun in Bhairahawa.

On December 13, 2020, the Nepal Pediatric Ophthalmology and Strabismus Society (NPOSS) was officially registered as a company. The executive committee for the term 2020-2022 was duly established.

Advisor: Dr. Narayani Shrestha

Prof. Dr. Ananda Kumar Sharma

President: Prof. Dr. Salma KC

Vice-president: Dr. Srijana Adhikari

General Secretary: Dr. Kabindra Bajracharya

Treasurer: Dr. Saraswati Pandey

Joint Secretary: Dr. Purshottam Joshi

Joint Treasurer: Dr. Pawan Shrestha

Members: Prof. Dr. Sabina Shrestha

Dr. Ujjwala Devi Shrestha

Dr. Jyoti Baba Shrestha

Dr. Sangeeta Shrestha

Dr. Sanjay Kumar Singh

Prof. Dr. Chandra Maya Gurung

Dr. Namrata Gupta

NPOSS successfully organized a Continuing Medical Education (CME) and Annual General

Meeting (AGM) on March 17, 2023, during which the second executive committee for the term 2023-2025 was constituted. The executive committee members are as follows:

Executive Committee (2022-2024)



On August 17, 2023, a Virtual CME event focused on Pediatric Ophthalmology & Strabismus took place. The event was led by Prof. Dr. Ananda Kumar Sharma as the chair and Dr. Srijana Adhikari as the co-chair, while Dr. Manisha Shrestha fulfilled the role of the moderator. The CME featured presentations on six different topics.

The Pediatric Ophthalmology and Strabismus CME was hosted by the Tilganga Institute of Ophthalmology on February 18-19, 2024. Renowned pediatric ophthalmologists, including Dr. M. Edward Wilson, Dr. Sumita Agarkar, Dr. Srijana Adhikari, Dr. Ramesh Kekkunya, and Dr. Neelam Thakur, presented at the event. Live surgery and hands-on training took place on February 19 at the TIO's operating room and auditorium.

Nepal currently boasts a total of thirty-seven Pediatric Ophthalmologists. Dr. Narayani Shrestha holds the distinction of being the first Pediatric Ophthalmologist in the country. Unfortunately, one of the esteemed Pediatric Ophthalmologists, Dr. Samten Tenzing, passed in 2014 A.D.

The initiation of the Pediatric Ophthalmology fellowship in Nepal occurred at Lumbini Eye Institute in 2012 A.D. Presently, Lumbini Eye Institute & Research Center, Tilganga Institute of Ophthalmology, and Sagarmatha Chaudhary Eye Hospital are actively providing fellowships in Pediatric Ophthalmology and Strabismus in Nepal.

Uveitis Service in Nepal



Prof. Dr. DN Shah
Dr. Anu Manandhar

What is this eye disease called 'uveitis'? It is the inflammation of the uvea (or uveal tissue). Uvea is the middle layer of the eyeball, made up of blood vessels and connective tissues. It has three parts: Iris, ciliary body and choroid. Iris is the anterior most part and the only part that is visible. It is seen as the brown layer behind the transparent cornea in most Asian eyes. Based on the inflammation of the front, middle or back part of the uveal layer, following names are given: anterior, intermediate and posterior uveitis respectively. If the whole layer is inflamed, the condition is called diffused or pan uveitis. Now one can understand that uveitis can be a vision threatening condition. The damage to the vision could be irreversible if not treated on time or with appropriate medications. Uveitis patients lose sight from scars in the retina, eye nerve damage from glaucoma, swelling at the central part of retina (macular edema), or from cataract or detachment of retina or from the shrinkage of the eyeball (hypotony) due to lack of formation of fluid circulating inside the eye.

Causes of uveitis could be rheumatological diseases like ankylosing spondylitis in particular

or systemic/local infections from various bacteria, virus, fungus, worms like tuberculosis, toxoplasmosis, cysticercosis, leprosy, herpes zoster ophthalmicus, herpes simplex infection, typhoid, dengue etc or sexually transmitted diseases like Syphilis, HIV etc or systemic disease/ syndromes like sarcoidosis, VKH (Vogts Koyanagi Harada) syndrome, behcet's disease or trauma to eye. Uveitis can be caused by various insects like moths, caterpillars and tarantula spiders. SHAPU is a unique kind of blinding uveitis affecting Nepalese children predominantly, caused by a kind of white moth leading to severe diffused intraocular bacterial infection. So, in most of the cases (if not all), uveitis is the reflection of ongoing infection or inflammation happening in other body parts. However, only in half to two third of the uveitis cases underlying cause can be identified even with advanced investigations.

Symptoms of anterior uveitis are redness, pain, light sensitivity, normal or decreased vision. Symptoms of intermediate uveitis are floaters, decreased vision and those of posterior uveitis are decreased vision, black patches in the visual field

and floaters. Pan uveitis will have a combination of symptoms of all three kinds of uveitis.

Uveitis is basically a medical disease, of which the mainstay of treatment is anti-inflammatory agent called steroid in various forms. Beside steroids, infectious uveitis are treated with antimicrobial agents like antibacterial/antibiotic, antiprotozoal, antiviral, antifungal or antihelminthic agents based on what the cause is. For noninfectious uveitis like VKH syndrome, sarcoidosis or behcet's disease, immunomodulators are needed. Rarely, cases who do not respond to maximum medical treatment will require surgical treatment called pars plana vitrectomy to clean the cloudy vitreous content. Other than that, patients will need surgical treatment when they develop complications of uveitis like cataract or glaucoma or retinal detachment.

Since many uveitis patients have systemic problems, they need care of other specialists depending upon the condition they are suffering from. Some need care of rheumatologists, others of lung specialist, others of skin- venereology specialist. It is the uveitis specialist's duty to identify the need and to refer patients to other specialists on time.

Unlike diseases like cataract, glaucoma or corneal ulcer, the uveitis is one the entities, for which there is no separate definitive terminology in Nepali. Because of this, there was no knowledge about uveitis in the Nepalese community. It is a challenge even to make the patients pronounce the word 'uveitis'. I break it down as follows: U-V-I-Tis. I prefer to tell my patients that they have a disease called 'uveitis' which means they have

inflammation of the uveal tissue of the eye which is the middle layers of the wall of the eyeball, which leads to the turbidity of the liquids inside the eyeball. They understand better when they are told that just like when a body part called appendix is inflamed the term appendicitis is used, similarly when the uvea is inflamed, you call it uveitis. After overcoming the challenge of introducing the term 'uveitis', another challenge is to paint the mental picture of what uveitis is. This challenge is faced by all uveitis specialists around the globe. Unlike other ocular diseases like cataract, glaucoma or retinal diseases which can be explained to patients with the help of clinical photos or diagrams, uveitis is different. Except for the posterior uveitis or panuveitis involving retina and/or choroid, patients find rest of the types of uveitis to be very imaginary since it is not possible for them to see the microscopic changes happening inside their eyes.

Uveitis service in Nepal was started historically in BP Koirala Lions Center for Ophthalmic studies at Tribhuvan University Teaching hospital by the first uveitis specialist of Nepal Prof Dev Narayan Shah in September 1992. For more than 2 decades, Prof DN Shah was alone taking care of the uveitis patients until I established a uveitis clinic at Tilganga Institute of Ophthalmology (TIO) in 2004 after the completion of my fellowship from the USA. By now, there is a turnover of around 40-60 uveitis cases in every working day in a tertiary eye care center like TIO.

By 2023 there are a total 7 uveitis specialists serving in Nepal. They are Prof DN Shah, Dr Smita Shrestha, Dr Shanti Gurung, Dr Angira Shrestha, Dr Ranju Kharel Sitaula, Dr Pragya Jha

and myself. Unfortunately, one uveitis specialist Dr Pujoyashree Karki lost her life to COVID during COVID pandemic. There are 7 combined uveitis and retina specialists, namely Dr Gynendra Lamichhane, Dr Priyanka Shrestha, Dr Samyukta Bista, Dr Priya Bajgai, Dr Meena Kunwar, Dr Kumudini Subedi, Dr Jyoti Bastola. The number is still small to meet the needs of the country.

Management of uveitis cases in Nepal is challenging. This is mainly due to lack of awareness, low socioeconomic status of the patients, and the difficult geographic terrain of the country. Treatment is difficult on many occasions due to the unavailability of medications, lack of affordability of the patients, and difficulty in follow-up of the patients. Although the mainstay of diagnosis of uveitic condition is thorough clinical examination, an advanced method of diagnosing uveitis called molecular diagnostics is required in some cases. But it is still very expensive and not all are available in Nepal. For the treatment of noninfectious uveitis medications that modulate the immune system are required most of the time for not less than a year. It is another hurdle to convince patients to start on these immunomodulators. Since some of these can have harmful effects on the fetus, patients cannot have children during and till a few months after treatment. The advanced immunomodulators called biological agents are very expensive and only few are available in Nepal. This is another challenge in uveitis management. Despite all of these difficulties, the best part about uveitis in Nepal is that the majority of the cases is infectious and for which the treatment is available and affordable (except in the case of antiviral drugs).

To overcome many of these obstacles, formation of uveitis society will play a positive role. This is an ideal time to form a uveitis society in Nepal. The formation of the society will help to update the knowledge of uveitis in the members, to bring uniformity in the treatment protocol. Periodic workshops on uveitis conducted by the future uveitis society will help to inspire young ophthalmologists to be interested in doing fellowship in uveitis and to general Ophthalmologists to be updated in uveitis cases management. The first national uveitis conference was held in 1999 in Pokhara and the 2nd one was held in 2013 in Kathmandu.

The eye hospitals/institutions in Nepal are still not keen on having a uveitis department. In general, in most of the institutions, anterior uveitis cases are being managed by cornea specialists and intermediate and posterior uveitis cases are being handled by retina specialists, justifying why there is no need of spending money in developing the uveitis department. This will cause improper/incomplete management of uveitis patients. The root cause of disease is rarely treated; the systemic conditions are not identified and treated. This way, many of the uveitis patients' intraocular inflammation might be somehow managed, but they might suffer from preventable crippling conditions due joint problems or have debilitating lung conditions from Sarcoidosis. Uveitis subspecialty is neglected most of the time since volume of the uveitis patients is not large and it does not help earn profit for the organization. When studied ten years back in 2014 at Tilganga Institute of ophthalmology, it was found out that for every 200 new patients coming to the hospital

every day, there was one uveitis patient. But one uveitis case will need at least 3 visits to the hospital if the condition heals by one to one and a half month of treatment. And they have to be treated on every episode of recurrence which usually occurs once a year. Those patients who are suffering from the chronic uveitic conditions will need at least six visits per year and they have to be treated for at least a few years until the remission of the disease. Some might need to be seen for decades.

Besides this, it is usually forgotten that nearly $\frac{1}{2}$ of the uveitis patient population is between the age of 20-39 years, and $\frac{3}{4}$ th of them are between the age of 10-59 years. Blindness/visual impairment from uveitis in the younger population will have a very negative impact in the economy of the country. Due to the recurrent and chronic nature of most of the uveitis conditions, patients will have to stay away from work and classes repeatedly. The cost of the treatment is also very high. All of these factors will affect their personal growth, their studies and earnings, which will have a direct impact on their mental health.

In the existing uveitis workforce of the country, slightly more than 50% (3 uveitis specialists and 5 uveitis and medical retina specialists) got fellowship training at TIO. The rest of the specialists had fellowship training outside Nepal.

However, the uveitis service is still capital-centric. So far, there is only one uveitis and one uveitis & medical retina specialist serving outside Kathmandu. We still need more and more dedicated ophthalmologists in this workforce so that uveitis service can be established across the country, not just in the capital, so that uveitis patients will get easy access to quality treatment, will be able to save money spent on travel, and will not have to stay away from work/classes more. Female patients of Nepal will benefit more from this, since they are facing more difficulties than male patients due to the obstacles they face in traveling far (many bound to household chores and/or need accompanying male members of the family to travel) and due to their financial dependency.

In summary, uveitis is one of the potentially blinding eye diseases most of the time associated with various serious systemic diseases, affecting a younger population, which is very less known to the Nepalese community and is a neglected field in the Ophthalmology fraternity. Formation of uveitis society can address these issues and overcome various obstacles towards management of uveitis patients. Motivation to the young ophthalmologists for uveitis fellowship is a scope to expand the uveitis workforce of the country.

Neuro-ophthalmology in Nepal



Prof. Dr. Ananda Kumar Sharma
Dr. Bhagwat Prasad Nepal
Dr. Sanjeeta Sitaula

The need for neuro-ophthalmology services in Nepal was realized early on as the concept of specialization gained interest in the ophthalmic fraternity. Neuro-ophthalmology services was started in Nepal in 1992 at Nepal Eye Hospital after Prof. Bhagwat Nepal joined the hospital after completing his fellowship in Neuro-ophthalmology. The need for multi-specialty consultation for patients with neuro-ophthalmological ailments led to the concept of collaborative clinic between neurophysicians and ophthalmologist to facilitate diagnosis and treatment which was first started at B. P. Koirala Li-ons Centre for Ophthalmic Studies in January 1998 under the leadership of Dr Suraj Shakya (Oph-thalmologist) and Prof J. P. Agrawal (Neurologist). This clinic became a successful example of inter-departmental association and

patients form across the nation seeked services at this clinic. The clinic was later run by Prof. Ananda K. Sharma for several years and he was later joined by Dr. Sanjeeta Sitaula. The Neuro-ophthalmology department was established at Tilganga Institute of Ophthalmology on 2011 by Dr Keepa Vaidya and currently she is joined by Dr Kripa Joshi. Other neuro-ophthalmologists like Dr Bikram Thapa (Nepalgunj), Dr Shiwa Upadhyay(Kathmandu) and a few others are providing their expert services. There is still a scarcity of neuro-ophthalmologists in Nepal. Fellowship training program in Neuro-ophthalmology is being run in Tilganga Institute of Ophthalmology and is under planning at B. P. Koirala Lions Centre for Ophthalmic Studies.

Women in Ophthalmology in Nepal



Dr. Eli Pradhan

Worldwide, the medical profession is witnessing an increase in the proportion of women joining the field which is also referred as “the feminization of medicine” (Austin and Philips, 2009). In Nepal females pursuing medical education have also increased significantly. As per data of Nepal Medical Council, 33% of registered medical doctors were female in 2019.

Ophthalmology is encountering a similar increase in the number of female practitioners. According to the latest data from 2024, there are 483 registered ophthalmologists in Nepal, out of which more than 50% are female. This is a huge jump compared with the proportion of female Ophthalmologists in the past. The first Nepali woman to take specialized training in ophthalmology was Dr. Narayani Shrestha in

1978. In 2008, 26% of the Ophthalmologists were female (Upadhaya et al, 2010). In the last 11 years, 138 women Ophthalmologists joined the Ophthalmic workforce of the country.

Although we move from minority to majority group of female ophthalmologists in Nepal, we still lag behind in the proper leadership role although many of us are in the top management posts, academicians, researcher, and we still feel there is persistent disparity due to gender.

Hence, to bridge this gap, there was a common voice from the women team to formulate the Women Ophthalmologists in Nepal which would cater for the welfare, further career development as well as the suggestions for ways towards balancing work and the life.





Although, we are yet to make a proper society, we feel honored to be under the umbrella of Nepal ophthalmic society and we have been conducting programs in National conferences since few years as Women Ophthalmology sessions.

Women Ophthalmology Worldwide (WOW) Nepal chapter

It has been an incredible and wonderful journey as a founder member of Women Ophthalmologists Worldwide (WOW) and I am indebted to WOW team, for selecting me. There have been numerous interactions, online and in person of WOW creating a strong bonding with like-minded people around the globe.

As a part of expansion of our group, it was decided to build chapters in different regions to enhance more networking, connections and increase academic and research activities in spite of diversity in social and cultural aspects.

However, it was only possible with the support from current President of Nepal Ophthalmic

Society (NOS), Dr Meenu Chaudhary, who has always been encouraging us to work for women ophthalmologists of our region. Therefore, with suggestions from Dr Indira Paudyal, founding member of WOW, Dr Meenu Chaudhary, President (NOS), Dr Rakshya Pant, Organizing Chair and Dr Purushottam Joshi, General secretary (NOS) along with support from Dr Mohita Sharma and Dr Femida Kherani from WOW, we decided to launch Nepal Chapter of WOW and it was finally inaugurated in Biratnagar, Nepal during Annual Conference of NOS on 14th October 2023.

We conducted first session of WOW Nepal chapter during the annual conference of NOS in 2024 in Biratnagar with huge success with many active participants. There was enrolment of many women ophthalmologists of Nepal as WOW member and all of them were very enthusiastic regarding active involvement in various activities of WOW. We would like to inspire people for more chapters in other regions so that there will be strong connections in every aspect of life of Women Ophthalmologists.

Sustainable Development Goal and Eye Health: Its Importance and Challenges



Dr. Raba Thapa

The United Nations Sustainable Development Goal (SDG) consist of global agendas with the aim to achieve decent lives for all on a healthy planet by 2030. The SDG are the universal call for action to build a healthier world for the global population and environment by 2030. It comprises of 17 major goals in various diverse disciplines to achieve these agendas. These include serially, no poverty, zero hunger, good health and wellbeing, quality education, gender equality, clean water and sanitation, affordable and clean energy, decent work and economic growth, industry, innovations and infrastructure, reduced inequalities, sustainable cities and communities, responsible consumption and production, climate action, life below water, life on land, peace, justice and strong institutions, and partnership for the goals. Each goal is interlinked with others. If one sector is underperformed, it affects then achievement of other goals.

Among the 17 goals, the third goal is good health and wellbeing. The limited funding in health care in comparison to the growing population could possibly hinder the achievement of this

goal globally. Special focus has been given to maternal health, especially during pregnancy. Inadequate access to quality reproductive healthcare including modern contraception and medically safe abortion leads to high unwanted pregnancy rates and preventable maternal deaths. On the other hand, high population densities are responsible for transmission of disease and serious effects in public health, especially in areas where health services are already overburdened. Investing in quality and accessible health care for all will definitely help slow population growth and improve lives. Vision of people plays a crucial role in the good health and wellbeing of people in their life. Poor vision directly affects children from getting proper education, adults lose their ongoing jobs and fail to earn adequate money and elderly struggle to stay connected with economic and social aspect in the community. Low vision and blindness affects achievement of all 17 goals of SDGs. High income countries are at the optimum level of eye care in control of avoidable blindness and good rehabilitation for unavoidable blindness. However, the low middle income countries are still struggling with the avoidable blindness and

limited access to eye care. More than 80% of avoidable blindness is from developing countries. Besides this, there is unequal distribution of eye health service with limited access to the remote areas and marginalized population. Lack of awareness on important blinding diseases is another issue in the developing countries for the timely disease detection and treatment to avoid the blindness. Eye care service is mostly urban centered. To achieve the global goals of SDG, the focus of all the stakeholders should be on eye health providing the adequate resources, enhancing awareness and interdepartmental and inter-institutional collaborations and resource

mobilizations. World Health Organization (WHO) has also emphasized vision as an important contributing factor to achieve the goals of SDG through the “World Report on Vision”.

Nepal Ophthalmic Society, an umbrella organization of all the sub-specialties ophthalmic societies of ophthalmologists had a great responsibility in development of trained ophthalmic human resources, advocacy and stakeholder collaboration in enhancing quality and accessible eye care services in the country and in supporting the achievement of SDG goal in Nepal.



Eastern Regional Ophthalmic Conference (EROPHCON): Its Historical Background and Current Status



BP Badhu, MD

Professor of Ophthalmology

Kathmandu University Birat Medical College, Biratnagar, Nepal

Background

At the outset, I would like to express my gratitude to the current authorities of the Nepal Ophthalmic Society for asking me to write a brief historical account of the EROPHCON.

I had a privilege of attending one of the All India Ophthalmological Conferences in the beginning of this century. There I met with Dr A Hennig from SCEH, Lahan, Nepal. I spoke to him if we could initiate some academic events in the form of a conference in the eastern region of Nepal. Initially he showed some concern whether this would isolate us from the main ophthalmic stream of the country. After some discussion, he soon

realized that that was not going to be a political event, but an academic one. It was important to have Dr A Hennig involved for the successful outcome of this plan because he was the most senior ophthalmologist in the region and had been heading one of the largest eye hospitals in terms of surgical volume since many years ago.

He agreed to hold the first academic event involving the ophthalmic institutions and ophthalmologists of the eastern region of Nepal

Dr Hennig's historically important e-mail response of Feb 5, 2004 is given below for information to the ophthalmic community of Nepal.

Dr A Hennig <ahennig@mos.com.np> wrote:

Dear Dr Badhu,

Thank you very much for your email of 31.01.2004. I very much appreciate your efforts in mobilizing the ophthalmologists outside KTM. I fully agree that we could achieve much more if we would really work together. The problem is that each project is busy with its own work, and relationships between institutions depend very much on the personality of the heads of the departments.

We could set an example in the eastern region, finding ways to work together, benefiting from exchange of knowledge, experience, staff etc. There is already good cooperation between BPKIHS Dharan and Lahan, and there is a very good link between Mechi and Lahan. This just needs to be intensified and Golcha Eye Hospital included.

With kind regards, Yours,
Albrecht Hennig



Ophthalmic institutions of the region

There were three eye hospitals until then in this region namely Sagarmatha Chaudhary Eye Hospital, RL Golchha Eye Hospital and Mechi Eye Hospital; and a Department of Ophthalmology at the BP Koirala Institute of Health Sciences at Dharan, where MD level education had been initiated in 1999 in addition to the UG MBBS program since 1993. It gives us a great deal of satisfaction that the BPKIHS graduates are serving in very many ophthalmic institutions of the region and of the nation as a whole. Production of committed, compassionate and skilled health workforce can offer quality eye health services in the country thereby benefitting the people and the nation – a common agenda of all of us. Dr. Purushottam Joshi, General Secretary of Nepal Ophthalmic Society has been the President of Nepal Ophthalmic Society – Eastern Chapter since 2018.

The combined and well-coordinated efforts and contributions of all the institutions and the stakeholders of this region resulted in the regularity of the EROPHCON.

Conferences

The Nepal Ophthalmic Society had had experiences of successfully organizing conferences of international level in Kathmandu. The APAO Congress in March 1997 and SAARC Ophthalmic Conference in 1999 are some examples. Seminars and symposia were held quite often in Kathmandu. We have to accept that the ophthalmologists engaged in eye care services in the periphery away from the capital were naturally

deprived of the academic opportunities. That was an area for further improvement.

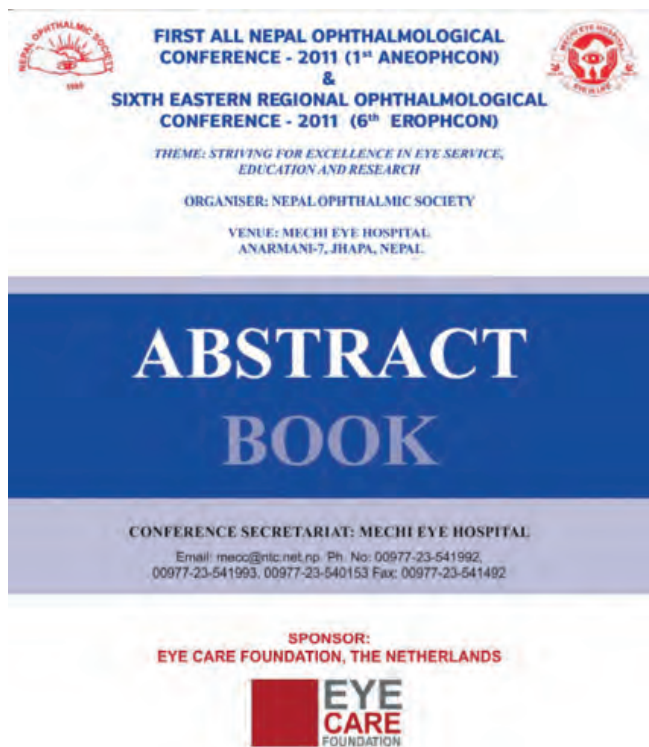
Dr A Hennig organized a one-day scientific meeting on 2004 that we considered as the First EROPHCON 2004.

That was a small beginning, but the participants were very happy and enthusiastic to have such an event annually. This gave us an opportunity to share the experiences of different eye hospitals and the departments of academic institutions. The services available in each of them were presented in such meetings that facilitated inter-hospital referrals for better patient care and exchange of residents making maximal use of the available resources. In addition to that, we got opportunities to learn from each other.

The second EROPHCON took place at the BPKIHS in 2005, the third at the MEH (August 11 – 12, 2006), the fourth at the RLGEH (Nov 2009). There had been a break of three years due to the socio-political unrest in the country before the fourth event at RLGEH.



4th Eastern Regional Ophthalmic Conference



First All Nepal Ophthalmological Conference-2011



VIII EROPHCON - 2013



VIII EROPHCON - 2013

V EROPHCON, Sagarmatha Chowdhary Eye Hospital, Lahan, 2010

VI EROPHCON Mechi Eye Hospital Feb 17th and 18th, 2011

VII EROPHCON SCEH, Lahan, 31st March and 1st April 2012

VIII EROPHCON BPKIHS April 20, 2013

International speakers Dr John Sandford-Smith and Dr Andrew Richards had attended the event.

IX EROPHCON, 13 September 2014, Birat Eye Hospital, Biratnagar



X EROPHCON, Biratnagar Eye Hospital, March 19-20, 2016

XI EROPHCON, Mechi Eye Hospital, Jhapa 07th February 2017

XII EROPHCON SCEH, Lahan 21st -22nd December 2018

This conference held on 21st -22nd December 2018 was a great success particularly because we officially formed the Eastern Chapter of the Nepal Ophthalmic Society with Dr Purushottam Joshi being the founding Chapter President.

XIII EROPHCON, Kedia Eye Hospital, Birgunj Oct 18-19, 2019

From this conference onwards the ophthalmic institutions of Provinces no. 1 and 2 were included.

XIV EROPHCON, Birat Medical College & Teaching Hospital, Biratnagar, Jan 9, 2019

XIV Eastern Regional Ophthalmic Conference (EROPHCON 2021): the first hybrid conference which was attended by national and international delegates. This EROPHCON was a hybrid conference with physical and virtual participation and was held at Birat Medical College and Teaching Hospital, Biratnagar. The organizing chair was Dr Purushottam Joshi and organizing Secretary was Dr Anadi KC. The theme of the conference was proposed by Prof MP Upadhyay: "Taking Nepal's Eye Health to higher heights".



The XXV EROPHCON October 13-14, 2023, Biratnagar



The EROPHCON has taken its momentum and has been a popular event amongst the Nepalese ophthalmologists. The XXV EROPHCON is being held in conjunction with the Nepal Ophthalmic Society Annual Conference at the Biratnagar from Oct 13-14, 2023.

I believe that we are firmly committed to the continuation of the EROPHCON as a common platform for sharing knowledge and experiences among the ophthalmologists of Nepal and that it will never lose its relevance.

May everybody witness the fruitful results!!

सर्वे भवन्तु सुखिनः सर्वे सन्तु निरामयाः,
सर्वे भद्राणि पश्यन्तु मा कश्चिद् दुःख भाग्भवेत् ।

Western Regional Ophthalmic Conference (WESROPHCON)



Dr Kabindra Bajrachaya

WESROPHCON I

The First Western Regional Ophthalmic Conference (WESROPHCON I), organized by Lumbini Eye Institute (LEI) under the aegis of Nepal Ophthalmic Society, took place on April 23, 2015. The conference, themed "Healthy Eyes for Quality Life," was hosted at the Redsun Resort in Bhairahawa.

In the esteemed presence of the Chief Guest, Dr. Chet Raj Pant, Vice-President of Nepal Netra Jyoti Sangh, along with dignitaries such as Dr. Sanjay Kumar Singh, President of Nepal Ophthalmic Society, Dr. Lila Raj Puri, Secretary of Nepal Ophthalmic Society, Mr. Sagar Pratap Rana, Chairman of Lumbini Eye Institute, Dr. Salma KC Rai, Chief Medical Director, and Chairperson of the Organizing Committee, chaired the inaugural session and extended a welcoming address.

Distinguished Consultant Ophthalmologists Dr. Sudarsan Prasad Dhital and Dr. Basu Prasad Adhikari were recognized and bestowed with the Lifetime Achievement Award during the conference. The event saw the active participation of 46 ophthalmologists from various eye hospitals. Dr. Gyanendra Lamichhane, the Secretary-General of the organizing committee, emphasized the conference theme. The proceedings were moderated by Dr. Kabindra Bajracharya and Dr. Saraswati Pandey.

Ten scientific papers, from five hospitals, were presented during the conference. Dr. Meenu Chaudhary from TUTH delivered a captivating guest lecture on "Dry Eyes in Women." Furthermore, a poster presentation competition involving five hospitals took place, with LEI earning recognition for the best poster presentation.



WESROPHCON II

The Second Western Regional Ophthalmic Conference (WESROPHCON II) coincided with the XXI Nepal Ophthalmic Society Conference (NOSCON), both hosted by the Lumbini Eye Institute & Research Center (LEIRC). The joint event took place at Hotel Bodhi Red Sun on the 27th and 28th of September, centered around the theme "Quality Vision for Quality Living."

Dr. Nanda Kumari Gurung served as the Organizing Chairperson, Dr. Gyanendra Lamichhane as the Vice-chair, while Dr. Kabindra Bajracharya took on the role of Organizing Secretary. Dr. Sushila Patel served as the Scientific Chair. The conference witnessed a substantial turnout, with a total of 246 registered participants, including

over 126 ophthalmologists actively engaging in the event. The seventy-eight oral presentations were skillfully delivered, covering various sub-specialties. The conference featured a total of 12 poster presentations. The top three presenters of the poster session were awarded.

During the conference, the prestigious Lifetime Achievement Award was conferred upon Prof. Dr. O.K. Malla, Prof. Dr. D.B. Karki, and Dr. Sanat Kumar Shrestha. The inauguration ceremony featured notable figures such as Prof. Dr. Badri P. Badhu, President of Nepal Ophthalmic Society, Mr. Sagar Pratap Rana, Chairman of LEIRC, Mr. Hari Prasad Adhikari, Mayor of Siddhartha Municipality, and the Keynote Speaker, Dr. Chundak Tenzing, Medical Director of Seva International.



WESROPHCON II



The Lumbini Eye Institute Conference (LEICON)



Dr Kabindra Bajrachaya

LEICON I 2023

The Lumbini Eye Institute Conference (LEICON) was held on 1st July 2023 supported by the SEVA foundation. The conference was organised for a day. Sixty-nine participants benefited from the conference, including more than forty ophthalmologists.

The inauguration session was chaired by Mr Sagar Pratap Rana, Chairperson of HMC NNJS. The chief guest was the President of Nepal Ophthalmic Society, Prof Dr Meenu Chaudhary, guest were Dr Binita Sharma from Seva, Dr Purshottam Joshi, General Secretary Nepal ophthalmic society,

Mr Kamal Raj Joshi, President NNJS Rupandehi, Dr Sushila Patel, Dr Sanat Kumar Shrestha were guest. Former ophthalmologist Dr Basant Raj Sharma, who worked for 14 years in LEI from 1997-2011, was conferred “LEI distinguished service award”.

A total of 16 papers on different subspecialties of ophthalmology were presented at the conference. Participation of ophthalmologists, residents, fellows from LEI, secondary hospital Butwal Lions Eye Hospital, Palpa Lions Lacoul Eye Hospital and ophthalmologists working in private eye centers participated as well.



LEICON II 2024

The one-day Lumbini Eye Institute and Research Center Conference (LEICON II) was held on June 8, 2024, at Bhairahawa Garden Resort.

The inauguration session of the conference was chaired by Prof. Dr. Gyanendra Lamichhane, with Prof. Dr. Chet Raj Pant, Chairman of the Central Nepal Netra Jyoti Sangh (CNNJS), serving as the chief guest. Other distinguished guests included Mr. Sagar Pratap Rana, Chairman of HMC LEIRC, Prof. Dr. Meenu Chaudhary, President of the Nepal Ophthalmic Society (NOS), Dr. Binita Sharma, Program Director of SEVA Nepal, Prof. Dr. Sabina Shrestha, Board member of CNNJS, and Dr. Purshottam Joshi, General Secretary of NOS.

The welcome address was delivered by Dr. Sushila Patel, Chair of the Scientific Committee. Dr. Kabindra Bajracharya, Organizing Committee Secretary, then highlighted the conference objectives and the theme, "Quality Eye Care

Delivered with Joy." In the conference Dr. Anil Sherchan, who worked for 17 years in LEIRC in the past was honoured with "LEIRC Ophthalmologist Distinguished Service Award". Dr. Roosen KC, Dr. Toshika Dahal, and Dr. Prakriti Pradhan were awarded fellowship certificate in Viteo-retina, Pediatric Ophthalmology & Strabismus and Cornea respectively.

Fifteen scientific papers were presented at the conference by ophthalmologists and two optometrists. The guest lecture, delivered by Cornea Consultant Prof. Dr. Meenu Chaudhary, focused on "Corneal Ulcer."

Ophthalmologists from Bhairahawa, Butwal, Palpa, and LEIRC's network, as well as private eye care centers, participated in the event. Eighty-one registered participants attended, including staff from LEIRC and it's network, as well as ophthalmologists from outside the network. The evening session featured meditation and a cultural program.



LEICON II 2024





Dr. Ram Prasad Pokharel
(1987-1990)

MOST MEMORABLE

After a meeting with the renowned ophthalmologists from all over the world regarding the eye care situation in Nepal, we were able to fund and perform the historic Nepal Blindness Survey.

REMARKABLE ACHIEVEMENT

After the results of Nepal Blindness Survey, Nepal Netra Jyoti Sangh was established to reduce the prevalence of blindness; and through NNJS with the help from different donor countries we were able to establish dedicated eye hospitals in each zone and eye care centres in each municipalities.

There were very few ophthalmologists – 18 in number and the training of the ophthalmic paramedics – Ophthalmic Assistants (OA) to assist ophthalmologists was started, considered the backbone in the success story of Eye Care Service in Nepal. This also opened a door to train doctors in Ophthalmology. It is because of these initiatives that eye patients from India come to us for treatment and the reverse is true in other medical fields.

WAY FORWARD

Most of the ophthalmologists are concentrated in the city centres. Conducive environment should be created to give service to the downtrodden marginalized population **REACH THE UNREACHED**



Dr. OK Malla
(1994-1997)

Eye care service scenario in Nepal in seventies was with seven ophthalmologists providing service with no ophthalmic paramedics, but around eight hundred cataract surgeries were performed every year. The waiting period for surgery was one year. The first eye hospital of Nepal, Nepal Eye Hospital was started in 1973.

In eighties, there were only ten ophthalmologists, two optometrists and forty ophthalmic assistants. Even the cataract surgeries per year reached two thousand. According to Nepal blindness survey in 1981, visual impairment was 2.7% and cataract was the leading cause of blindness.

Nepal Ophthalmic Society was established in the year 1985 with the first president being Dr. N. C. Rai.

I, Prof. Om Krishna Malla was the President of Nepal ophthalmic Society from 1994-1997. During my

tenure First SAARC Ophthalmology conference was held in Kathmandu under my leadership. I also served as the council member from Nepal 2006 to 2014. I served as the President of SAARC Academy of Ophthalmology from 2018-2022.

The remarkable achievement during my tenure was that Fifteenth Congress of Asia Pacific Academy of Ophthalmology (APAO) was held in Birendra International Convention Centre, Kathmandu from 2nd to 6th March 1997 with approximately six hundred participants, mostly from SAARC countries. I was the organizing chair of the conference. The fund collected after the conference was utilized for the purchase of the building of Nepal Ophthalmic Society. Regarding the clinical aspect, the seasonal endophthalmitis, now so called SHAPU – Seasonal Hyper Acute Pan Uveitis, an endophthamitis endemic in Nepal was brought to the notice of both National and

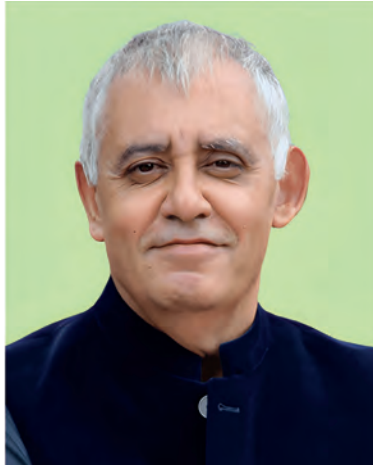


XVI Congress of Asia Pacific Academy of Ophthalmology - March 2-6, 1997, Kathmandu

International Ophthalmologists and stakeholders by me.

Nepal Ophthalmic Society in future should promote academic and research activities. Quality research is the lacking part among us. Apart from that, we have to work for the new challenges in ophthalmology like refractive error, diabetic retinopathy, glaucoma, age related macular degeneration and low vision services.

Similarly, based on the need assessment, priority setting should be done according to the magnitude, severity, existence of cost effective intervention and feasibility. Enhancing training in sub-specialties, getting connected with other sectors - regional and international, developing team work approach, advocating eye health policy and integrating of eye care in health care system of the country is the demand of time.



Dr. Shashanka Koirala
(1998-2000)

MOST MEMORABLE MOMENT

The most memorable was when I as the President Organized the International Conference in Kathmandu, Nepal.

REMARKABLE ACHIEVEMENT

During my tenure I did place the ophthalmologic fraternity to the whole world as we got the recognition.

WAY FORWARD

The society needs to bring more specialists to this country and share together for a better world.



Dr. Banshi Krishna Malla
(2002-2004)

I, Dr. Banshi Krishna Malla soon after passing Postgraduate study in Ophthalmology from Delhi University in 1971, continued my regular services of His Majestic's Government as an Eye Surgeon and lastly joined Nepal Eye Hospital as Senior Eye Surgeon and retired as Director in 2003. During my tenure in Nepal Eye hospital, I was elected as President, Nepal Ophthalmic Society (NOS).

- As President, Nepal Ophthalmic Society (NOS), I was invited as the National Guest of Honor and attended the 71st All India Ophthalmological Conference (AIOC) held in New Delhi, India on the 17th January 2003.
- A special Scientific Symposium for Nepal Ophthalmic Society (NOS) was arranged, where Ophthalmologists from Nepal participated and presented their papers.
- A Scientific bulletin on "Eye Care Services in Nepal: Past Present and Future" published by Nepal Ophthalmic Society (NOS), were distributed during the conference.
- I attended the 72nd All India Ophthalmological Conference (AIOC) held in Varanasi, India in 2004. as a special representative from Nepal Ophthalmic Society These two mutual exchanges of scientific knowledge played significant roles in promoting close relationship and cooperation between Nepal Ophthalmic Society (NOS) and Indian Ophthalmological Society (IOS).



- Nepal adopted the global initiative of World Health Organization (WHO) and International Agency for the Prevention of Blindness (IAPB) for the elimination of the main causes of all preventable and treatable blindness as a public health issue with “Vision 2020: The Right to Sight by the year 2020. I got the opportunity to play double role as Director Nepal Eye Hospital and President, Nepal Ophthalmic Society
- Nepal Eye Hospital (NEH) took the initiative of academic activities with an aim of producing at least two qualified Ophthalmologists (MD in Ophthalmology) each year in affiliation with National Academy of Medical Sciences (NAMS)) in Bir Hospital.
- Similarly, Nepal Eye Hospital (NEH) started the academic study and training program of producing at least thirty (30) competent Ophthalmic Assistants (OA) each year. Moreover, screening for refractive errors and proper correction of school students, mobile sight restoring eye camps for cataract were intensified.



Prof. Dr. Sanduk Ruit
(2006 – 2007)

MOST MEMORABLE MOMENT

During my tenure, the Maoist insurgency was at the peak and a lot of colleagues were working under tremendous extraordinary physical and mental stress. It was very challenging for us to oversee the safety of our colleagues in different parts of the country especially in the remote areas.

REMARKABLE ACHIEVEMENT

Despite adverse situation, we were able to provide service to the needy people even in the remotest of the places. We were able to connect NOS with different international professional and academic bodies especially All India Ophthalmological Society (AIOS)

WAY FORWARD

We hope this wonderful organization “Nepal Ophthalmic Society” continues to be apolitical. Let us move forward on the issues of welfare for our colleagues and academic excellence and at the same time providing the high quality eye service around the country.



Prof. Dr. Dev Narayan Shah
(2007-2010)

I had the privilege of longest serving President of Nepal Ophthalmic Society (NOS) from mid-2007 to 2010. It was a challenging time for Nepal Ophthalmic Society with fewer members and scarce resources. Our eye hospitals were to be equipped better and people had high expectations from ophthalmic fraternity in the country. However, our executive team and members of NOS tried their best to achieve some memorable mile stones, which will be mentioned in the following section of my memoir.

The most memorable moment during my tenure:

There were few memorable moments in 3 year tenure of our team, but the most memorable one has been bringing out Nepalese Journal of Ophthalmology in January 2009. NOS was bringing out the Bulletin of Nepal Ophthalmic Society since 1994, which I had edited until our journal came out. Need of its own journal of a national ophthalmic society was always felt. I greatly admire the perseverance of Dr. Badri Prasad Badhu, who accepted the responsibility

of Chief Editor and did his best to see that the Journal is published. Hard work of Dr. Badhu, his team, and of subsequent editorial team deserves the credit for What Nepalese Journal of Ophthalmology is today.

The remarkable achievements during our tenure:

Our great emphasis was on better academic environment and activities in ophthalmic fraternity of Nepal. Our executive team organized more seminars and symposia in comparison to past

and also coming few years. Possibly 3 year duration was also a contributing factor for that large number. We encouraged regional and also institutional academic meetings with participation of speakers and delegates from all over Nepal and abroad. I am happy that such trend has advanced remarkably with the passage of time.

We encouraged starting subspecialty clinics in different eye hospitals in the country. I appreciate the premier eye hospitals, institutes and NGOs of our country to start/increase the subspecialty clinics in their facilities. Not only that, they also provided short term trainings to ophthalmologists and other vision care individuals so that subspecialty clinics could be started at other hospitals also. And, to start subspecialty clinics, newer equipment were needed, which gradually were acquired with internal resources and external help. All these improved expertise and services at different eye hospitals of Nepal. Of course, this phenomenon is an ongoing process which is continued till date.

In collaboration of WHO's Prevention of Blindness Unit at ministry of health at that time, our team tried to implement VISION 2020 program effectively in Nepal. Some surveys were also conducted to evaluate it.

We also helped in strengthening of SAARC Academy of Ophthalmology and Nepal always got a respectable representation in that body.

The way forward for the future of NOS – or anything I would have wished to be implemented:

Unity and respect for each other among the

members of NOS will make us and our society stronger. Individually too we can achieve up to a certain limit but together our achievements can be limitless. There is no individual who will not need help from his friend/colleague ever. Hence, we all should try to help unity and solidarity among NOS members.

I have a strong desire that an NOS should establish an endowment fund, which at times, can help one of our members who is in real need. I believe that if we decide about it, funds will come by.

Ethical practice is one aspect which should never be breached. I feel many of the conflicts in health sector are due to breach in ethics. Ethical practice and good counselling can save us from many unpleasant situations.

Among the medical specialties, Ophthalmology is considered to be front runner in service quality and quantity in the country. However, we need to do much more for our research and publications. I wish that this should improve in the days to come to overcome some of our own specialty related peculiar local challenges and also enhance our global recognition.

Lastly, I wish that meagre government support to ophthalmology in Nepal will improve. We should make all efforts so that various recommendations by joint meetings of Nepal government, NOS and other stakeholders in ophthalmology in Nepal will be implemented sincerely by the government. These will greatly improve vision care of the people of Nepal.



Prof. Dr. Jeevan Kumar Shrestha
(2010-2012)

MOST MEMORABLE MOMENT

Conducting All Nepal Ophthalmological Conference outside Kathmandu Valley, in Mechi Eye Hospital, Jhapa. It was named the First ANEOCON - which created a lot of discussion and numbering was done and now we are going to conduct 26th NOSCON. The first documented Nepal Ophthalmic Society annual conference was held in Mechi Eye Hospital Jhapa in 2011.

REMARKABLE ACHIEVEMENT

The remarkable achievement was one of teaching and learning. We planned for three monthly CME on current topics in different eye hospitals of Kathmandu. It was successfully conducted during my tenure rotating in between BPKLCOS, TIO and NEH. The society has been instrumental in conducting symposium on Oculoplastic, Cornea & Retina. This has helped on subsequent development of Subspecialties societies.

Way forward

Teaching and learning - the academic activities; along with safeguarding the rights and duties of the ophthalmologist must continue. We should focus on research and publication so as to showcase our work to the whole world.



Dr. Reeta Gurung
(2012-2014)

I had the privilege and honour to lead the Nepal Ophthalmic society from 2012 To 2014. I was the first female president of Nepal Ophthalmic society which gave me certain burden on my shoulders. I had to prove myself that I can lead the organisation and I was able to do it with the support of the executive members. I feel very lucky to lead the esteem bunch of Ophthalmologists of Nepal.

I had to continue the tradition set by Prof Dr Jeevan K shrestha of having CME in different institutions which was a hit during that period. My team continued this process. This had led to the creation of harmonious relationship between the institutions of the country and the young Ophthalmologists got chance to know the different institutions and the availability of different services in the country.

One high light was the NOS annual meeting in Pokhara which did not only gave us the scientific feast but the chance to create linkages between

friends and professionals. It was done with the support from the FHF, HCP and many more companies. We all have to be in one platform to give sight to the people who are less fortunate.

I was fortunate to be working with the Fred Hollows Foundation and the Himalayan cataract project during my tenure, which give me privilege to get funds to upgrade Nepal Ophthalmic Society.

We all have to be in one platform to give sight to the people who are less fortunate. And the NOS has to be able to create conducive environment for all by liasing with the government and the public.

For this opportunity I would like to thank Dr Deep B. Karki who asked me to do this job and the members of NOS to unanimously selected me to the position of president of Nepal Ophthalmic society president of NOS. I hope I did not let you down.



Nepal Ophthalmic Society Annual Conference 2013 - Pokhara



Prof. Dr. Sanjay Kumar Singh
(2014-2016)

I became president of Nepal Ophthalmic Society on 2071/4/31 (16 August 2014) for a period of two years. There was no election due to lack of opposition. Two important features of my being president were:

1. I was the first NOS president who had done MD ophthalmology from Nepal. Before me all presidents did their post graduate degrees outside Nepal.
2. I became first president who was working out of Kathmandu valley.

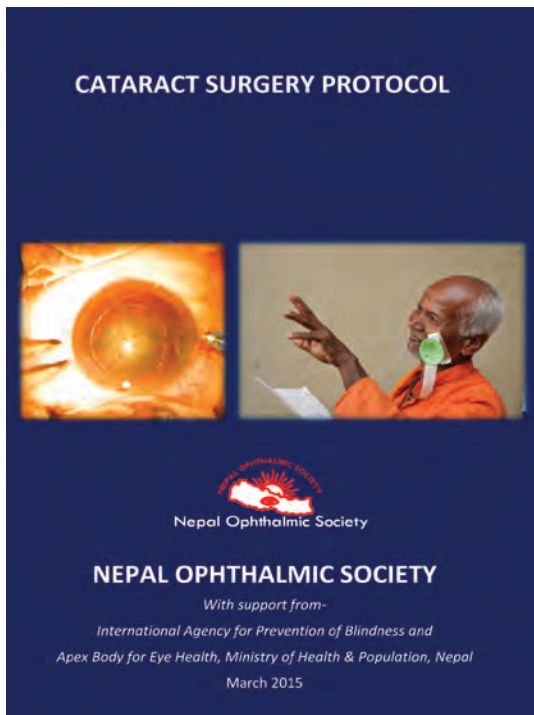
Though there are many memories but I would like to share few important ones:

Cataract Surgery Protocol

A national protocol for cataract surgery was published on March 2015. In order to develop the protocol a workshop was held under the aegis of Nepal Ophthalmic Society with the support from International Agency for Prevention of Blindness and Apex Body for Eye Health, Ministry of Health and Population, Government of Nepal. All eye hospitals representative performing more than

twenty thousand surgeries per year in Nepal were invited for the workshop. Dr R.D. Ravindran, chairman and director of Aravind Eye Hospital participated as an external expert.

The aim of this protocol was to assist ophthalmic surgeon working in different settings to minimize the intra-operative and post-operative complications related with cataract surgeries so as to improve cataract surgical outcome.



Cataract Surgery Protocol



Guidelines for Paediatric Cataract Surgery

Guidelines for Paediatric Cataract Surgery

Nepal Ophthalmic Society and Sagarmatha Choudhary Eye Hospital jointly conducted a National Paediatric Cataract Surgery Workshop at Lahan on 3-4 March 2015. Seventeen ophthalmologists from 10 eye hospitals participated. A national guideline for paediatric cataract surgery was prepared in this workshop.

1st Western Regional Ophthalmic Conference

1st Western Regional Ophthalmic Conference was organized by Nepal Ophthalmic Society with the support of Lumbini Eye Institute at Bhairahawa on 23 May 2015. This conference was well attended by ophthalmologists and ophthalmic paramedics from western region of Nepal.

Earthquake in Nepal, 25 April 2015

Nepal Ophthalmic Society had organized one day workshop of Glaucoma on 25 April 2015 and hands on training with master expert on 26 April 2015 at Biratnagar. NOS had invited Prof Dr Ravi Thomas from Australia as a master trainer. Our program was being held on the top floor (fourth floor) of Hotel Xenial. All ophthalmologists, fellows, residents working in different eye hospitals in eastern part of Nepal were invited. All participants were gradually arriving and tea was served. Suddenly we felt a big tremor at 11: 56 AM followed by aftershock after half an hour later. As the conference hall was on the fourth floor and power supply of town was interrupted and all the participants were apprehensive it was impossible to carry on program at the hotel. Our team made

an instant decision to shift the venue of workshop to the conference hall of Biratnagar Eye Hospital. Building of Biratnagar Eye Hospital was newly built and was earthquake resistant so everybody felt safe and we went ahead with the glaucoma workshop. During the three hours period of workshop we all felt tremors due to aftershock many times but the workshop was completed successfully.

On the next day we went ahead with hands on training and at around 10 AM again there was a big aftershock. It was decided to shorten the program and reschedule early flight for Dr Ravi Thomas via India to Australia as he was feeling unsafe in Nepal. After reaching to Australia Dr Ravi Thomas called me and showed his concern for the people affected by earthquake in Nepal.

Some of our ophthalmologist colleagues were affected by earthquake and Nepal Ophthalmic Society supported few of them. Similarly, we received support from Bangladesh Ophthalmic Society, Asia Pacific Academy of Ophthalmology and American Academy of Ophthalmology. AAO waived the registration fee for ophthalmologists from Nepal in that year so many ophthalmologists

could participate in AAO.

18th Nepal Ophthalmic Society Annual Conference and 10th Eastern Regional Ophthalmic Conference was successfully hosted by Eastern Regional Eye Care Program at Biratnagar Eye Hospital premises on 19-20 March 2016. A total of 180 Ophthalmologists, Ophthalmic paramedics and distinguished faculties from India and abroad participated in the conference. In the conference 46 scientific papers, case reports, posters and videos were presented. Two distinguished ophthalmologists Prof Dr Madan Prasad Upadhyay and Prof Dr Sanduk Ruit were felicitated for their contributions to the development of ophthalmic services in Nepal. Two distinguished foreign ophthalmologists Prof Dr Christian Mardin (Germany) and Prof Dr Takeshi Naito (Japan) were honoured with the life membership of Nepal Ophthalmic Society.

Despite having the major earthquake during the tenure of my team, we could contribute significantly for the upliftment of ophthalmology in Nepal. This was possible because of strong team work and strong support from senior and other colleagues.





Prof. Dr. Badri Prasad Badhu
(2018-2020)

MEMORABLE MOMENTS

The most memorable moment during my tenure was the election of the executive committee, marking a shift towards inclusive decision-making and shared leadership. While elections promote democratic principles and accountability, they can also lead to divisions or disputes among members. The COVID-19 pandemic further accentuated adaptability, necessitating the cancellation of our planned annual conference.

ACHIEVEMENTS

During my tenure, remarkable achievements included forming subgroups to streamline tasks among society members, which enhanced efficiency and collaboration. Allocating long overdue membership numbers to all members improved organizational clarity and eliminated confusion. Implementing an Online Voting System was pivotal, achieving a 96% participation rate among members, thereby increasing democratic participation and efficiency. These achievements not only strengthened internal operations but also underscored our commitment to modernizing and enhancing member participation within the society.

WAY FORWARD FOR THE FUTURE

Looking forward, the society's future lies in empowering young members through comprehensive training in professional development, emphasizing service, research, and education. This ensures a research-oriented, competent, and accountable future generation. Ultimately, by prioritizing these initiatives, Nepal Ophthalmic Society can continue to elevate standards of care, research, and education in ophthalmology, ensuring a brighter future for eye health care in Nepal.



Prof. Dr. Rohit Saiju
(2020-2022)

During my tenure as President of the Nepal Ophthalmic Society, I have been privileged to have young energetic members in the team with a great enthusiasm to create some remarkable works together and to witness some advancements and achievements in the field of professional eye health activities. We worked together in different subcommittees taking different responsibilities. From the beginning of the tenure, my team had initiated the briefing and lobbying to MOHP for Government recruitment for young ophthalmologists in government hospitals in the country and provision of basic ophthalmic set up by the hospital/ministry to newly appointed ones. We held a series of meetings with the policy and planning division head in MOHP and the National Service Commission chief in this regard and requested to agree with NGOs-run hospitals to give technical backup to government eye doctors/eye departments. In the same way, held serial meetings with NMA, NMC, NOA, and NOAS societies to strengthen the mutual respect and understanding of different issues that arose then.

My team participated in the establishment of a core team named “Nepal Eye Health Care Providers’ Coordination Committee”. In the first meeting discussed on mutual coordination in eye care provision in the Nation together and participation of this committee in annual conferences of all societies. To solve the seasonal misunderstandings and conflicts with mutual understanding of the causes with wide discussion. Where the NOS president will be the chairperson and the presidents of NOA and NOAS and secretaries of all societies will be the members

We discussed in depth the issue of Doctor Prefix use by a few optometrists unethically and illegally created public confusion about ophthalmologist services. Requested the Nepal Medical Council to handle this matter and so the NMC released a notice on DOCTOR Title eligibility after a meeting held with NMC, NMA, and NOS.

Our team had a clear concept of justice for the Entry-level MD Ophthalmologist in Level 9 in all eye NGO-run eye hospitals in Nepal and so it has been implemented in many hospitals.

Expansion of the NOS building by adding a floor on top of the building with a well-facilitated Meeting hall and guest room where NOS members from outside the valley can reside with a nominal fee. This hall has been regularly used by different sub-specialty societies since then. I would like to thank all the seniors and friends who contributed to building this hall.

A small team from NOS Excom and experts from outside, with support from the Curative Division, Department of Health MOHP, prepared a Standard Treatment protocol (STP) for ophthalmology services for government doctors which should be beneficial for medical officers, MDGP, and ophthalmologists working in different government hospitals as a reference book.

Established a best resident award in the name of Professor R P Pokharel.

Academic activities

Another hallmark of my presidency has been the emphasis on academic activities in eye health. We have initiated a series of webinars to keep in the academic network to our members. During the partial restriction of crowd gatherings due to COVID pandemic regulations the webinars became a well-established tool for virtual meetings and sharing knowledge at that time. We had webinars on the following topics,

1. Mucormycosis: A current challenge in medical practice. 12 June 2020.
2. Retina Practices: Views from pioneers, NVRS with NOS, 28 November 2020.
3. 3rd SPACE ophthalmology Symposium Webinar. Glaucoma Society with NOS, 11 December 2020
4. EROPCON, Hybrid conference, Jan 2021
5. Phaco is in the hands of Masters. 30 January 2021
6. NOS in 72nd DOS Hybrid conference. Practice to perfection, 26 September 2021.

Our team conducted well-organized successful annual conferences.

NOSCON 2021 at Hotel Hyatt Place Kathmandu

NOSCON 2022 in Bharatpur 14-15th October 2022

My team had representation in International platforms like in NOS sessions in AIOS Mumbai, SAO New Delhi, and talks in APAO by NOS members.

In conclusion, my tenure as President has been defined by a steadfast commitment to advancing eye health on multiple fronts - education, and policy planning. While challenges remain, our collective achievements reflect the dedication and collaboration of countless individuals and organizations united in the pursuit of a world where everyone enjoys the gift of sight.



Memorabilia of Prof. Meenu Chaudhary, MD

President of Nepal Ophthalmic Society (2022-2024)



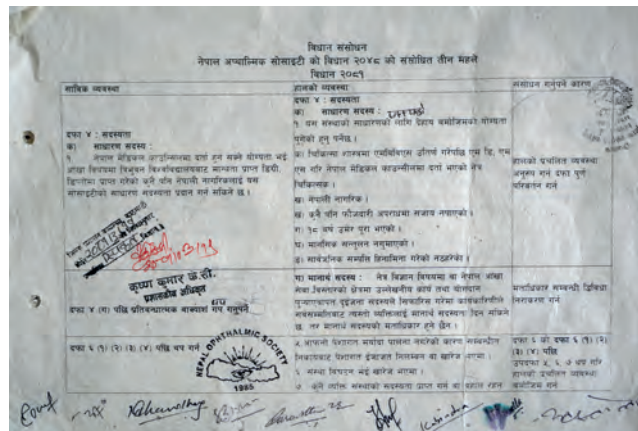
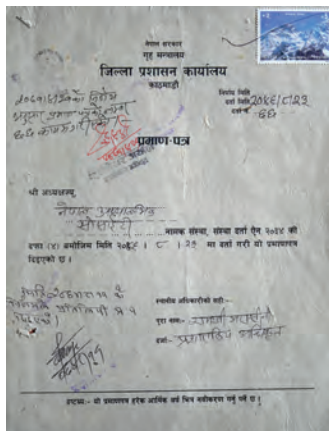
Prof Dr Meenu Chaudhary

As the present President of Nepal Ophthalmic Society (2022-2024) I would like to take the pride of being the first elected female President of NOS for a tenure of 2 years (2022-2024).

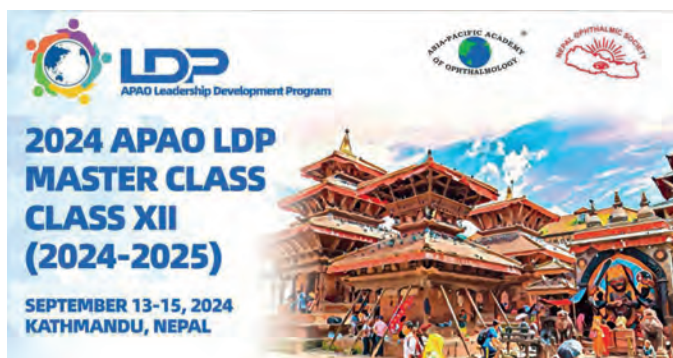
Activities done and accomplishments gained by NOS during this period are as follows:

1. Legalization & Endorsement of Nepal Ophthalmic Society in CDO office, Kathmandu in 2024.
2. Asia Pacific Academy of Ophthalmology (APAO) Leadership Development program (LDP) master class took place for the first time in Nepal for 3 days in September 2024 from 13th - 15th. Participants from 19 countries, including 10 local participants got trained by faculties from different regions globally.
3. Celebration of World Ophthalmologists Day on August 8th, 2024.
4. NOS – PG training program started with virtual webinars conducted on Cataract and Cornea till date.
5. Research Methodology workshop conducted in NOS building in collaboration with NHRC in 2023.

Memorabilia of President



Legalization & Endorsement of Nepal Ophthalmic Society in CDO office, Kathmandu in 2024.



Glimpses of Asia Pacific Academy of Ophthalmology (APAO) Leadership Development program (LDP) master class. It took place for the first time in Nepal for 3 days in September 2024 from 13th - 15th.



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Celebration of
World
Ophthalmologists Day
on August 8th, 2024.





Research
Methodology
workshop conducted
in NOS building in
collaboration with
NHRC in 2023.



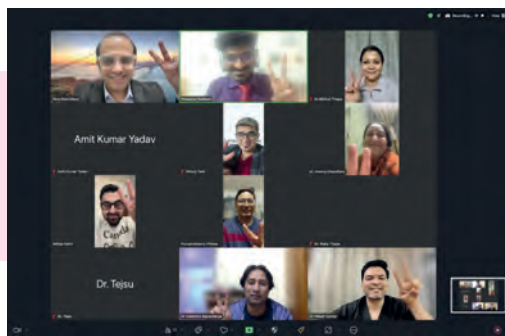
6. Associate membership for the residents started for the first time.
7. NOS building at Tripureshwar renovated and painted with NOS logo painted on the front face wall.
8. MOU signed between OSWB (Ophthalmological Society of West Bengal) & WIO (Women in Ophthalmology Society of India) in 2023 during NOSCON 2023 held in Biratnagar, Nepal.
9. Research Grant for NOS members started for the first time.
10. NOS souvenir / commemorative book published for first time
11. NOS Wall & table yearly Calendar printed.
12. Directory of Ophthalmologists.
13. Documentary of NOS.
14. Photographs of past president framed and decorated in hall in NOS building.
15. Conferences, CME & workshop conducted:
 - a. 25th NOSCON 2023, Biratnagar, Nepal
 - b. 26th NOSCON 2024, Kathmandu, Nepal
 - c. Workshop for Nepalese Journal of Ophthalmology
 - d. CME conducted in – Biratnagar (2023), Janakpur (2024), Bhairawha (2024)
16. Conferences conducted under aegis of Nepal Ophthalmic Society (NOS) in Kathmandu:
 - a. NCCRS (Nepal Cornea Cataract & Refractive Surgery Society): 1st conference.

- b. NVRS (Nepal Vitro - retina Society Conference) - Ocular Immunology Conference
- c. 5th NESOSCON (Nepalese Society of Oculoplastic Surgeons Conference)
- 17. Several meetings conducted with health secretary, health ministry -curative division, NNJS (Nepal Netra Jyoti Sangh) , NMA (Nepal Medical Association)and NMC (Nepal Medical Council) on issues related to -
 - a. Darbandi for ophthalmologists
 - b. Beema in ophthalmic services
 - c. In regard to 2year bonding period for ophthalmologists at government hospitals lacking eye equipment's
 - d. Guidelines for management of Viral conjunctivitis developed in 2023 during epidemic of viral conjunctivitis.
- 18. Applied for membership "C" category for Nepal Ophthalmic Society (NOS)



MOU signing between **OSWB** (Ophthalmological Society of West Bengal) & **WIO** (Women in Ophthalmology Society of India) in 2023 during NOSCON 2023 held in Biratnagar, Nepal.

MOU signed between **NOS & YOSI** on 26 November 2024





XXV Nepal Ophthalmic
Society Conference

NOSCON 2023

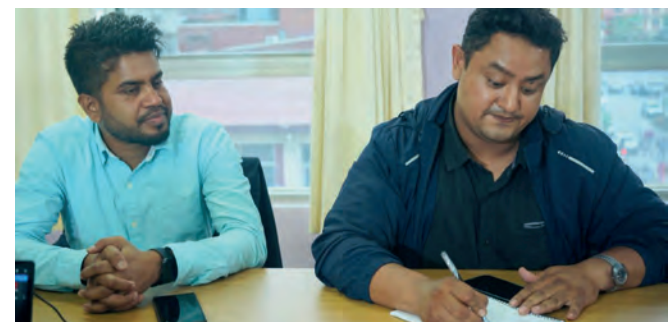
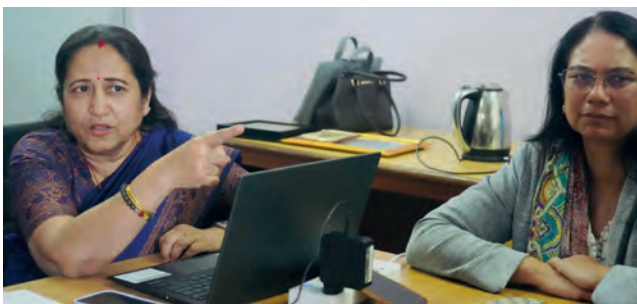
XV Eastern Regional
Ophthalmic Conference

EROPHCON 2023



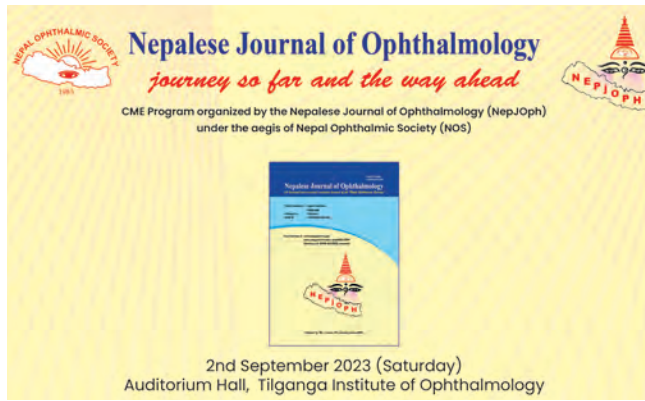


XXV Nepal
Ophthalmic
Society
Conference
NOSCON
2024
Kathmandu



Preparations of 26th Nepal Ophthalmic Society Conference NOSCON 2024, Kathmandu

Memorabilia of President



Workshop for Nepalese Journal of Ophthalmology on 2 September, 2023, Kathmandu



CME conducted in – Janakpur (2024)



Glaucoma CME



CME conducted in Patan Academy of Health Sciences





Glimpses of Nepal Vitreo Retina Society's Annual Conference (NVRS) 2023



Glimpses of Nepalese Society of Oculoplastic Surgeons (NESOSCON) 2024



Several meetings conducted with health secretary, health ministry -curative division, NNJS (Nepal Netra Jyoti Sangh) , NMA (Nepal Medical Association)and NMC (Nepal Medical Council) on issues related to – Darbandi for ophthalmologists, Beema in ophthalmic services; In regard to 2 year bonding period for ophthalmologists at government hospitals lacking eye equipment.

Memorabilia of President



Association of Community Ophthalmologists of India (ACOIN) Conference 2024 in Kathmandu, Nepal



SAARC Academy of
Ophthalmology (SAO 2018)
Kathmandu



SAARC Academy of
Ophthalmology (SAO 2024)
Bhutan



At the end I would like to say that it was a great honor to work for Nepal Ophthalmic Society as a President and I tried to take NOS to a new accomplished height with all the work which has been penned down above. More work has to done, but due restrained time period of 2 years, I wish good luck to the next executive team to carry on the future directions given by this team. Thank you all for a very Happy memorable journey 2022-2024.

PHOTO GALLERY





Photo Gallery



Photo Gallery



Photo Gallery



Photo Gallery



CME PROGRAM

AN UPDATES IN OPHTHALMOLOGY

Expert Talks

22nd July 2023, Saturday
Big Hotel, Roadside Chowk, Biratnagar
2 PM onwards

Organized by  Supported by 

Webinar on TASS

Toxic Anterior Segment Syndrome

1. TASS - Introduction and Prevention
- Dr. Purushottam Joshi, MEH
2. Differential Diagnoses of TASS
- Dr. Anu Manandhar, TIO
3. Management of TASS in high volume cataract surgical center
- Dr. Nitin Tulsyan, Kedia
4. Quality control during cataract surgery
- Dr. Samina Zamindar, Zamindar Microsurgical Eye Centre, Bangalore

Session
Chaired by Dr. Reeta Gurung
Co-chaired by Prof. Dr. Sagun N Joshi

Moderator Dr. Reeta Rajbhandari

Panelists
Prof. Dr. OK Malla
Prof. Dr. Meenu Chaudhary
Dr. Eli Pradhan
Dr. Purushottam Joshi
Dr. Sanyam Bajimaya
Prof. Dr. Gyanendra Lamichanne
Dr. Raksha Panta
Dr. Suresh Raj Pant
Dr. Sanjay Kumar Singh
Dr. Anadi KC

Organized by  Nepal Ophthalmic Society

In Association with  Nepal Vitreo Retina Society

7th January 2023
Saturday 4 pm

आँखा पाक्ने रोग संक्रमित भएमा

के हुन्छ?

- आँखा रातो हुने,
- चिलाउने, विभ्रान्ते,
- अप्ठेरो महसुस हुने,
- आँशु बग्ने,
- कचेरो आउने,
- टाँल्लिने, दुख्ने,
- ढक्की सुनिने,
- घाममा हेर्ने गाह्रो हुने

के गर्ने?

- संक्रमणबाट बच्न सरसफाइमा ध्यान दिने,
- विरामीले प्रयोग गरेका सामाग्रीहरू रुमाल, तर्किया, औषधी, चश्मा आदि प्रयोग नगर्ने,
- आँखा धुनुअघि साबुनपानीले हात धुने,
- अनावश्यक रूपमा भीडभाडमा नजाने

जनशिक्षा ज्ञान

नेपाल अन्धत्व रोग संशोधन संस्थान

8th WORLD OPHTHALMOLOGIST DAY

OPHTHALMOLOGIST!

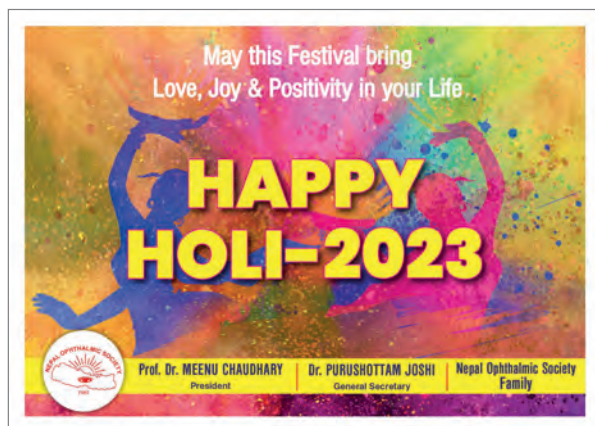
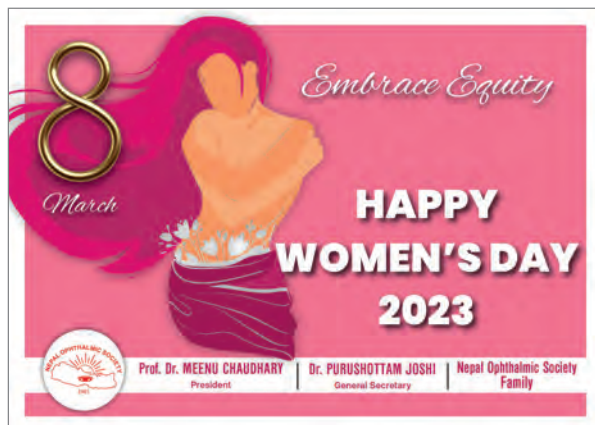
Celebrating all eye doctors & surgeons who make a visible difference to save the sight.

नेपाल अन्धत्व रोग संशोधन संस्थान

Nepal Ophthalmic Society

आँखा स्वास्थ्य सम्बन्धि रिक्तनिम्न कार्यविधि (डाफ्ट)

नेपाल सरकार
स्वास्थ्य तथा जनसंख्या मन्त्रालय
स्वास्थ्य सेवा विभाग
उपचारात्मक सेवा महाशाखालाई
नेपाल अन्धत्व रोग संशोधन संस्थान प्रस्तुत
सुझावहरू तथा प्रतिवेदन



List of NOS Life Member

Sn	Fullname
1	Dr. Aashish Raj Pant
2	Dr. Abhishek Suwal
3	Dr. Abinash Kumar Jha
4	Dr. Aditya Morbita
5	Dr. Aditya Prasad
6	Dr. Aditya Prasad Rijal
7	Dr. Aleena Gauchan
8	Dr. Alina Sapkota
9	Dr. Aliza Khadaka
10	Dr. Aman Kumar Gupata
11	Dr. Amar Deuja
12	Dr. Amar Keyal
13	Dr. Amit Kumar Yadav
14	Dr. Amrit Acharya
15	Dr. Amrit Banstola
16	Dr. Anadi Khatri
17	Dr. Ananda Kumar Sharma
18	Dr. Ang Jangmu lama
19	Dr. Angira Shrestha Kamarcharya
20	Dr. Anica Shah
21	Dr. Anil Gurung
22	Dr. Anil Kumar Sharma
23	Dr. Anil parajuli
24	Dr. Anil Sherchan
25	Dr. Anima Deshar
26	Dr. Anish Manandhar
27	Dr. Anjeela Pradhan

Sn	Fullname
28	Dr. Anjila Basnet
29	Dr. Anjita Hirachan
30	Dr. Anju Gurung
31	Dr. Anju Sapkota
32	Dr. Ankit Bista
33	Dr. Ankita Sharma
34	Dr. Anu Gurung
35	Dr. Anu Manandhar
36	Dr. Anup Raj Joshi
37	Dr. Anupma Amatya
38	Dr. Anusha Bajracharya Gubhaju
39	Dr. Aparna Rizyal
40	Dr. Apurva Ratna Tamrakar
41	Dr. Aradhana Pokharel
42	Dr. Araniko Pandey
43	Dr. Arati Karakheti
44	Dr. Arati Kattel
45	Dr. Archana Budhathoki
46	Dr. Archana Pokharel
47	Dr. Archana Sharma
48	Dr. Aric Vaidya
49	Dr. Arika Poudel
50	Dr. Arjana Shakya
51	Dr. Arjun Malla Bhari
52	Dr. Arjun Shrestha
53	Dr. Ashesh Koirala
54	Dr. Ashish Bohara
55	Dr. Ashish Karmacharya

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56	Dr. Ashma Manandhar
57	Dr. Ashmita Sharma
58	Dr. Ashna K.C
59	Dr. Ashwain Thakali
60	Dr. Babita Gurung
61	Dr. Babu Dhanendra Chaurasiya
62	Dr. Badri Prasad Badhu
63	Dr. Bal Kumar K.C.
64	Dr. Bandana Khanal
65	Dr. Banshi Krishna Malla
66	Dr. Barsha Suwal
67	Dr. Basanta Karki
68	Dr. Basanta Raj Sharma
69	Dr. Bashu Prasad Adhikari
70	Dr. Beena Shrestha
71	Dr. Beer Singh Thapa
72	Dr. Bel Bahadur Thapa
73	Dr. Ben Limbu
74	Dr. Benju Lamichhane
75	Dr. Bhagawat Prasad Nepal
76	Dr. Bhairaja Shrestha
77	Dr. Bhaskar Kumar Jha
78	Dr. Bibek Acharya
79	Dr. Bibek Bista
80	Dr. Bibek Upadhyay
81	Dr. Bibhuti Thapa
82	Dr. Bidhya Prasad Pant
83	Dr. Bijaya Bhusal
84	Dr. Bikky Prasad Gupta
85	Dr. Bikram Bahadur Thapa

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87	Dr. Binisha Shrestha
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89	Dr. Binita K.C
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91	Dr. Binita Thapa
92	Dr. Bipin Bista
93	Dr. Bipisha Shrestha
94	Dr. Bishal Pandey
95	Dr. Bishow Raj Timalsina
96	Dr. Bishwanath Adhikari
97	Dr. Chandan Banerjee
98	Dr. Chandni Pradhan
99	Dr. Chandra Bahadur Shrestha
100	Dr. Chandra Lekha Tuladhar
101	Dr. Chandra Maya Gurung
102	Dr. Chet Raj Pant
103	Dr. Chhabi Raman Dahal
104	Dr. Chundak Tenzing
105	Dr. Chunu Shrestha
106	Dr. Dakki Sherpa
107	Dr. Damodar Pradhan
108	Dr. Deekshya Malla
109	Dr. Deep Bahadur Karki
110	Dr. Deepak Khadka
111	Dr. Deepak shrestha
112	Dr. Deepika Malhotra
113	Dr. Deepti Pradhan
114	Dr. Dev Kumar Yadav
115	Dr. Dev Narayan Shah

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117	Dr. Dhan Bahadur Shahi
118	Dr. Dikshya Bista
119	Dr. Dikshya Bohara
120	Dr. Dikshya Sharma
121	Dr. Dipti Baral
122	Dr. Diwa Hamal
123	Dr. Diwakar Chaudhary
124	Dr. Elena Gurung
125	Dr. Eli Pradhan
126	Dr. Eliya Shrestha
127	Dr. Ganesh Agrawal
128	Dr. Ganga Sagar Shah
129	Dr. Gaurav Dhungana
130	Dr. Gokarna Dhakal
131	Dr. Gopal Prasad Pokharel
132	Dr. Govind Gurung
133	Dr. Govinda Poudyal
134	Dr. Gulshan Bahadur Shrestha
135	Dr. Gunjan Prasai
136	Dr. Gyanendra Lamichhane
137	Dr. Hara Maya Gurung
138	Dr. Hari Bikram Adhikari
139	Dr. Hari Sharma
140	Dr. Harish Chandra Jha
141	Dr. Harish Yadav
142	Dr. Harshika Rauniyar
143	Dr. Hem Chandra Jha
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145	Dr. Hom Bahadur Gurung

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147	Dr. Ichhya Joshi
148	Dr. Indira Paudyal
149	Dr. Indra Man Maharjan
150	Dr. Indra Raj Waiba
151	Dr. Indu Prasad Dhungel
152	Dr. Irina Kansakar
153	Dr. Isha Bista
154	Dr. Isha Shrestha
155	Dr. Jamuna Gurung
156	Dr. Jaya Thakur
157	Dr. jeena Gurung
158	Dr. Jeevan Kumar Shrestha
159	Dr. Jenu Sainju
160	Dr. Jitendra Kumar Jha
161	Dr. Jitendra Kumar Singh
162	Dr. Jyoti Baba Shrestha
163	Dr. Jyoti Bastola
164	Dr. Jyoti Mishra
165	Dr. Jyoti Sapkota Subedi
166	Dr. Jyotsana Sharma
167	Dr. Kabina Shrestha
168	Dr. Kabindra Bajracharya
169	Dr. Kabita Dhakhwa
170	Dr. Kalpana Singh
171	Dr. Kamal Bahadur Khadka
172	Dr. Kamala Thapa
173	Dr. Karishma Shakya
174	Dr. Kaushal Pokhrel
175	Dr. Keepa Vaidya

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177	Dr. Keshab Raj Bhattarai
178	Dr. Khagendra Basnet
179	Dr. Khagendra Upreti
180	Dr. Khem Raj Kaini
181	Dr. Khusboo Thakur
182	Dr. Khusbu Gupta
183	Dr. Kiran G.C
184	Dr. Kiran Shakya
185	Dr. Kishore Raj Pradhan
186	Dr. Koshal Shrestha
187	Dr. Krinjeela Bazgain
188	Dr. Kripa Bhattarai
189	Dr. Kripa Joshi
190	Dr. Kripa Lopchan
191	Dr. Krishana Gurung
192	Dr. Krishna Devi Shrestha
193	Dr. Krishna Kant Gupta
194	Dr. Krishna Kumar Thakur
195	Dr. Kriti Joshi
196	Dr. Kumudini Subedi
197	Dr. Lalit Agrawal
198	Dr. Laxmi Devi Manandhar
199	Dr. Lazza Singh
200	Dr. Leena Bajracharya
201	Dr. Leena Jha
202	Dr. Leesha Shrestha Joshi
203	Dr. Lila Raj Puri
204	Dr. Lily Rajbanshi
205	Dr. Linu Rayamajhi
206	Dr. Madan Prasad Upadhaya
207	Dr. Madhu Thapa

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209	Dr. Mahesh Prasad Sah
210	Dr. Mahesh Prasad Yadav
211	Dr. Maheshor Chaudhary
212	Dr. Malita Amatya
213	Dr. Man Mohan Shrestha
214	Dr. Manish Khatiwada
215	Dr. Manish Pandey
216	Dr. Manisha Shrestha
217	Dr. Manisha Thapa
218	Dr. Manita Sunam Godar
219	Dr. Manju Banjankar
220	Dr. Manju Pant
221	Dr. Manoj Kumar Sah
222	Dr. Manoj Kumar Sharma
223	Dr. Manoj Kumar Singh
224	Dr. Maria Gautam
225	Dr. Meena Kunwar Joshi
226	Dr. Meenu Chaudhary
227	Dr. Mika Shakya
228	Dr. Miraj Pokharel
229	Dr. Mohan Raj Bajracharya
230	Dr. Mohini Shrestha
231	Dr. Monica Karmarcharya
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243	Dr. Neha Chaudhary
244	Dr. Neyaz Kausar Mircrani
245	Dr. Nim Lhamu Sherpa
246	Dr. Nina Jha
247	Dr. Nirsara Shrestha
248	Dr. Nischal Ghimire
249	Dr. Nisha Agrawal
250	Dr. Nisha Manandhar
251	Dr. Nisha Shrestha
252	Dr. Nistha Kafle
253	Dr. Nistha Shrestha
254	Dr. Nita Sunam Gamal
255	Dr. Nitin Tulsyan
256	Dr. Om Krishna Malla
257	Dr. Om Prakash Pant
258	Dr. Padam Raj Bista
259	Dr. Pallavi Kharel
260	Dr. Paramagana Thebe
261	Dr. Paras Panjiyar
262	Dr. Paras Prasad Chaudhary
263	Dr. Parash Poudel
264	Dr. Partibha Lama Joshi
265	Dr. Pawan Mahat
266	Dr. Pawan Raj Patel
267	Dr. Pawan Shrestha
268	Dr. Piyush Raj Pandey
269	Dr. Polina Dahal

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271	Dr. Pooja Rai
272	Dr. Pooja Shrestha
273	Dr. Poonam Lavaju
274	Dr. Poonam Shrestha
275	Dr. Prabha Subedi Basnet
276	Dr. Prachand Gautam
277	Dr. Pradeep Bastola
278	Dr. Pragati Gautam
279	Dr. Pragya Basnet
280	Dr. Pragya Luitel
281	Dr. Prajwal Basnet
282	Dr. Prakash Bam
283	Dr. Prakash Shah
284	Dr. Prakriti Pradhan
285	Dr. Pramiti Joshi
286	Dr. Pramod Sharma Gautam
287	Dr. Pranav Shrestha
288	Dr. Pranisha Singh
289	Dr. Pranita Dhakal
290	Dr. Pratap Karki
291	Dr. Pratikshya Amatya
292	Dr. Pratistha Manandhar
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294	Dr. Preeti Agarwal
295	Dr. Prerana Kansakar
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298	Dr. Priya Bajgai
299	Dr. Priyanka Shrestha

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300	Dr. Priyanka Singh
301	Dr. Puja Lama
302	Dr. Puja Rajbhandari
303	Dr. Purna Chandra Karmacharya
304	Dr. Purnima Rajkarnikar Sthapit
305	Dr. Purushottam Joshi
306	Dr. Puspa Giri
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308	Dr. Rabindra Prasad Sah
309	Dr. Rabindra Singh Thakuri
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311	Dr. Radhakrishana Prasad Koirala
312	Dr. Raghunandan Byanju
313	Dr. Raja Husain Manasuri
314	Dr. Rajan Kumar Labh
315	Dr. Rajashee Shrestha
316	Dr. Rajesh Bhurtel
317	Dr. Rajesh Kishor Shrestha
318	Dr. Rajesh Pradhan
319	Dr. Rajshee Shrestha
320	Dr. Rajya Laxmi Gurung
321	Dr. Rakshya Pant (Sitaula)
322	Dr. Raksya Bashnet
323	Dr. Ram Prasad Pokharel
324	Dr. Ram Shrestha
325	Dr. Ramesh Bahadur Pradhan
326	Dr. Ramesh Bhandari
327	Dr. Ramesh Raj Bista
328	Dr. Ramita Gautam
329	Dr. Ramita Kharel

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331	Dr. Ranjana Thakur
332	Dr. Ranjeet Kumar Sah
333	Dr. Ranju Kharel Sitaula
334	Dr. Ravi Dhar Bhandari
335	Dr. Ravi Kumar Maharjan
336	Dr. Reema Niraula
337	Dr. Reena Yadav
338	Dr. Reeta Gurung
339	Dr. Reeta Rajbhandari
340	Dr. Renu Poudel
341	Dr. Reshma Shrestha
342	Dr. Richa Makaju Shrestha
343	Dr. Rishi Kant Adhikari
344	Dr. Ritesh Kumar Shah
345	Dr. Rohit Saiju
346	Dr. Roji Manandhar
347	Dr. Rojita Parajuli
348	Dr. Roosen K. C
349	Dr. Roshan K. Yadav
350	Dr. Roshija Khanal
351	Dr. Rosy Karki
352	Dr. Rubina Shakya
353	Dr. Ruchi Shrestha
354	Dr. Rumi Yadav
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356	Dr. Sabin Sahu
357	Dr. Sabina Parajuli
358	Dr. Sabina Shrestha
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363	Dr. Sachit Kumar Bhandari
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365	Dr. Sagar Rajkarnikar
366	Dr. Sagar Ruit
367	Dr. Sagun Malla
368	Dr. Sagun Narayan Joshi
369	Dr. Sajid Ali
370	Dr. Salma K.C
371	Dr. Saman Shrestha
372	Dr. Samata Sharma
373	Dr. Sameer Chapagain
374	Dr. Samikshya Bhattarai
375	Dr. Samyek Shakya
376	Dr. Samyukta Bista Karki
377	Dr. Sanat Shrestha
378	Dr. Sandhya shrestha
379	Dr. Sanduk Ruit
380	Dr. Sangeeta Shah
381	Dr. Sangeeta Shrestha
382	Dr. Sangita Pradhan
383	Dr. Sanjay Kumar Singh
384	Dr. Sanjay Kumar Singh
385	Dr. Sanjeeb Bhandari
386	Dr. Sanjeeb Kumar Yadav
387	Dr. Sanjeeta Sitaula
388	Dr. Sanjeevani KC
389	Dr. Sanjib Kumar Chaudhary

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391	Dr. Sanket Parajuli
392	Dr. Santosh Chaudhary
393	Dr. Santosh Kumar Sah
394	Dr. Santosh Subedi
395	Dr. Sanyam Bajimaya
396	Dr. Saraswoti Pandey
397	Dr. Sarita Manandhar
398	Dr. Sarita Tuladhar
399	Dr. Sarita Yadav
400	Dr. Saroj Prasad Nemkul
401	Dr. Satbodh Shrestha
402	Dr. Satish Dahal
403	Dr. Satish Timalsena
404	Dr. Saurav Man Shrestha
405	Dr. Saurav Piya
406	Dr. Sebanta Shrestha
407	Dr. Seema Bhandari
408	Dr. Senny Chapagain
409	Dr. Shahank Shekhar Jha
410	Dr. Shailesh Mani Pokharel
411	Dr. Shakti Prasad Subedi
412	Dr. Shambhoo Prasad Lakhey
413	Dr. Shankar Khanal
414	Dr. Shankar Thakur
415	Dr. Shanti Gurung
416	Dr. Sharad C Rai
417	Dr. Sharad Gupta
418	Dr. Shardha K.C
419	Dr. Shashanka Koirala

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420	Dr. Shashwat Dhungel
421	Dr. Shesh Kant Aryal
422	Dr. Shiwa Upadhya
423	Dr. Shreeji Shrestha
424	Dr. Shristi Shrestha
425	Dr. Shyam Shankar Yadav
426	Dr. Shyam Vyas
427	Dr. Simanta Khadka
428	Dr. Sirjana Adhikari
429	Dr. Smadh Adhikari
430	Dr. Smita Kafle
431	Dr. Smita Shrestha
432	Dr. Srijana Karmacharya
433	Dr. Srijana Thapa Godar
434	Dr. Sristi Thakur
435	Dr. Subarna Kumar Khatry
436	Dr. Subash Bhatta
437	Dr. Subash K.C
438	Dr. Subash Pokharel
439	Dr. Subodh Chandra Das
440	Dr. Subreena Dangol
441	Dr. Suchan Poon
442	Dr. Suchana Sharma
443	Dr. Sudarshan Prasad Dhital
444	Dr. Sudeep L. Rajbhandari
445	Dr. Sudesh Subedi
446	Dr. Sudha Ranabhat
447	Dr. Sudhir Gautam
448	Dr. Sudhir Ghimire
449	Dr. Suhana Shrestha

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450	Dr. Sujal Shrestha
451	Dr. Sujata Bhandari
452	Dr. Sulaxmi Katuwal
453	Dr. Suman Shamsheer Thapa
454	Dr. Sumit Kumar Mishra
455	Dr. Sumit Pandey
456	Dr. Sumit Singh Maharjan
457	Dr. Sundip Dware Chhetri
458	Dr. Sunil Thakali
459	Dr. Sunil Thapa
460	Dr. Sunita Koirala
461	Dr. Sunita Timilsina
462	Dr. Sunu Dulal
463	Dr. Suprada Pokharel (Pandey)
464	Dr. Suraj Adhikari
465	Dr. Suraj Shakya
466	Dr. Suraj SJB Rana
467	Dr. Surendra Mishra
468	Dr. Suresh BK Rasaily
469	Dr. Suresh Raj Pant
470	Dr. Sushant Adiga
471	Dr. Sushila Patel
472	Dr. Sushma Duwal
473	Dr. Sushma Subba
474	Dr. sweta shrestha
475	Dr. Sweta Singh
476	Dr. Sweta Taparia
477	Dr. Tejsu Singh Malla
478	Dr. Tina Shrestha
479	Dr. Toshika Dahal

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480	Dr. Triptesh Raj Pandey
481	Dr. Uday Chandra Prakash
482	Dr. Ujjowala Devi Shrestha
483	Dr. Ujjwol Giri
484	Dr. Umesh Yadav
485	Dr. Upama paudel
486	Dr. Upendra Dev Bhari
487	Dr. Vandana Keyal
488	Dr. Varun Shrestha
489	Dr. Vidisha Gupta
490	Dr. Vijay Gautam
491	Dr. Vikas Khetan
492	Dr. Vinayak Regmi
493	Dr. Vivek Kumar Jha
494	Dr. Yadav Bhakta Joshi

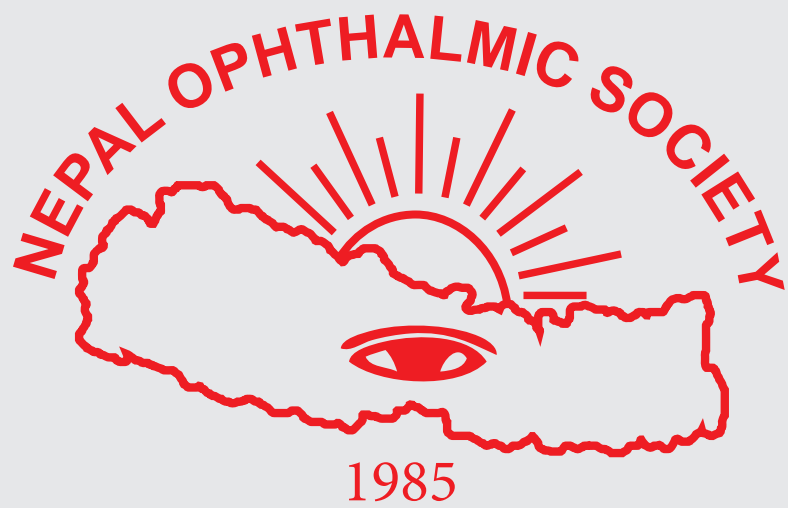
Sn	Fullname
495	Dr. Yogita Rajbhandari
496	Dr. Yugantika Khatri
497	Dr. Zahir Anasari
498	Late Dr. Bhuwan Govinda Shrestha
499	Late Dr. Chhabindra Lal Pradhananga
500	Late Dr. I.C. Biswas
501	Late Dr. K.J.D. Karki
502	Late Dr. Kaiser Singh Malla
503	Late Dr. Khadga Bahadur Khadka
504	Late Dr. Laxmi Naryan Prasad
505	Late Dr. Nabin Chandra Rai
506	Late Dr. Poojyashree Karki
507	Late Dr. Rudra Raj Timilshina
507	Late Dr. Samten Tenzing
508	Late Dr. Yanta Mani Pradhan



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7	Dr. Buddhi ManTamang
8	Dr. Chandra Shekhar Sharma
9	Dr. Damodar Pudasaini
10	Dr. Dichen Meghna Lama
11	Dr. Divya Shah
12	Dr. Himang Man Singh Maskey
13	Dr. Hitesh Kumar Pandit
14	Dr. Jitendra Kumar Singh
15	Dr. Kamal Pandit
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17	Dr. Nabin Shrestha
18	Dr. Neha Das

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22	Dr. Prasanna Raj Poudel
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24	Dr. Richa Mandal
25	Dr. Rima Shah
26	Dr. Samiksha Baral
27	Dr. Samundra Kumar Shrestha
28	Dr. Satenla Ruit
29	Dr. Shailiya Malla
30	Dr. Shilpa Khanal
31	Dr. Shradha Tiwari
32	Dr. Shubhani Sharma
33	Dr. Smriti Pokharel
34	Dr. Umang Manandhar
35	Dr. Yuliya Shrestha



NOS Executive 2022-2024



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