Advocacy
enabling effective eye care

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Advocacy

- Advocacy in eye care, is about creating an enabling environment so that service can reach the people, all the people

Purpose

- In this context an important question that we seek to answer is
- What are the factors limiting eye care actually reaching the people?
- How can we work together synergistically to address the myriad issues in the “Advocacy” framework?

Case Study - 1: Rwanda
Cataract Surgery per million/yr: 225 (should be 2,000)

- Population: 11 Million
- Density: 350 per sq. km
- Centre Hospitalier Universitaire De Kigali
  - 3 Eye surgeons
  - Total support staff - 5 nurses
  - 24 eye beds & Operating Room with 2 tables
  - Basic equipment & Instruments (OP & OR)
  - 2 Cataract units

Reasons for low CSR

- Patients don’t come
- Supplies not available
- No food provided in the hospital (instance of patient fainting on the OR table)
- Access - System requires that the patient passes through each stage of the referral chain to be eligible for insurance rates (10% of the rate)
- Inadequate support staff
- Operational management??
- Level of staff motivation
- Mindset
Factors influencing productivity of trained cataract surgeons in Africa

- Governance
- Support systems
- Policies

Table 1. Predictability by Environmental Factors in India:

<table>
<thead>
<tr>
<th>Predictor</th>
<th>Surgeon No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Hospital</td>
<td>20</td>
</tr>
<tr>
<td>Patient's Income</td>
<td>10</td>
</tr>
<tr>
<td>Experience</td>
<td>5</td>
</tr>
<tr>
<td>Education</td>
<td>10</td>
</tr>
<tr>
<td>Equipment</td>
<td>5</td>
</tr>
<tr>
<td>Support System</td>
<td>10</td>
</tr>
<tr>
<td>Policies</td>
<td>20</td>
</tr>
</tbody>
</table>

Average Predictability per Tier (0-100)

Case Study: India

Output in a Government/NGO Hospital

A Govt. ophthalmologist in Orissa performs 15 surgeries a month at the government facility while the same surgeon performs 150 surgeries a month at a NGO hospital.

What are the reasons for this?

- Conditions:
  - System to get patients
  - Consumers
  - Availability of equipment in working condition
  - Availability of support staff on all working days
  - Accountability towards work
  - Enabling policies and processes

India – as a case study...

Cataract Surgeries: 1985-2005

- Quality: 5% with IOL in 1993 increased to 90% in 2005

Case Study: Cataract Surgery in India

- Massive Skills upgrade program:
  - Training of Trainers
  - Training District Ophthalmic Surgeons

- Infrastructure:
  - Equipping the District Hospitals for IOL surgery
  - Equipping the Teaching Hospitals for Training in IOL surgery

- Supplies:
  - Free Supply of IOL's or subsidy to NGO's

Case Study: Cataract Surgery in India

Facilitation by the Government of India:

- Duty free imports of IOLs
- Duty free import of Microscopes, Scans, Slitlamps, Lasers, etc.
- Reducing/eliminating sales tax on IOL's
- Mass communication (Radio/TV Spots) on the benefits of IOL's
**Case Study: Cataract Surgery in India**

Facilitation by the Government of India:
- Strong Public-Private Partnership at all stages - Planning, Design & Implementation
- Subsidy to non-govt. Organizations for free cataract surgeries done
- Decentralized management of the program

**Causes of Blindness**

<table>
<thead>
<tr>
<th>Cause</th>
<th>1995-96</th>
<th>2005-06</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Blindness Prevalence</td>
<td>1.6%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Cataract</td>
<td>80.10%</td>
<td>62.40%</td>
</tr>
<tr>
<td>Refractive Errors</td>
<td>7.35%</td>
<td>19.05%</td>
</tr>
<tr>
<td>Glaucoma</td>
<td>1.70%</td>
<td>5.83%</td>
</tr>
<tr>
<td>Surgical Complications</td>
<td>4.69%</td>
<td>1.15%</td>
</tr>
<tr>
<td>Corneal Opacity</td>
<td>1.91%</td>
<td>0.89%</td>
</tr>
<tr>
<td>Others</td>
<td>4.25%</td>
<td>10.08%</td>
</tr>
</tbody>
</table>

The concerted effort against Cataract Blindness including the World Bank loan has paid off.

**What was the real intervention?**

- Essentially it wasn’t “Ophthalmology”
  - Supply of IOLs
  - Equipping the Hospitals
  - Duty free imports
  - Decentralized management of the program
  - Subsidy for free surgeries
- Skills development
- Stimulating the local industry
- Political Will

**Real Issues in Eye Care - Provider**

**Real Issues in Eye Care - Community**

**Advocacy**

- **Two Dimensions**
  - Strategic or Enabling Issues
  - Operational or Delivery Issues
"Intelligence & Capabilities are not enough. There must be the joy of doing something beautiful."
Dr. V

Thank you