

# Global Consultation on “Reaching the Unreached”

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**“Reaching the Un-reached”**

***Challenges and Opportunities***

***to***

***Ensure Equity in Achieving VISION 2020  
goals***

# Objectives of Presentation

- To outline the magnitude and distribution of the world's "unreached population"
- To describe some common features of such populations.
- To discuss some of the implications of needless blindness in these communities.
- To outline some approaches that have helped to try reach these populations
- The moral imperative for priority action in this regard.

# The Challenge of the Un-reached

## The Facts

# Background

- Vision disorders resulting in visual impairment and blindness are responsible for a great deal of suffering and disability, which prevent a large proportion of people from realizing their full capabilities and to be able to function fully in society.
- The un-reached populations of both developing as well as many developed countries of the world bear the brunt of this needless burden

# Underserved Populations

- **Persons in extreme poverty – rural as well as urban (slum dwellers)**
- **The millions of children experiencing deprived nutrition and health**
- **The elderly, and particularly women.**
- **Refugees and victims of conflict**
- **Indigenous and “tribal” populations**
- **People at the end of the track/road**

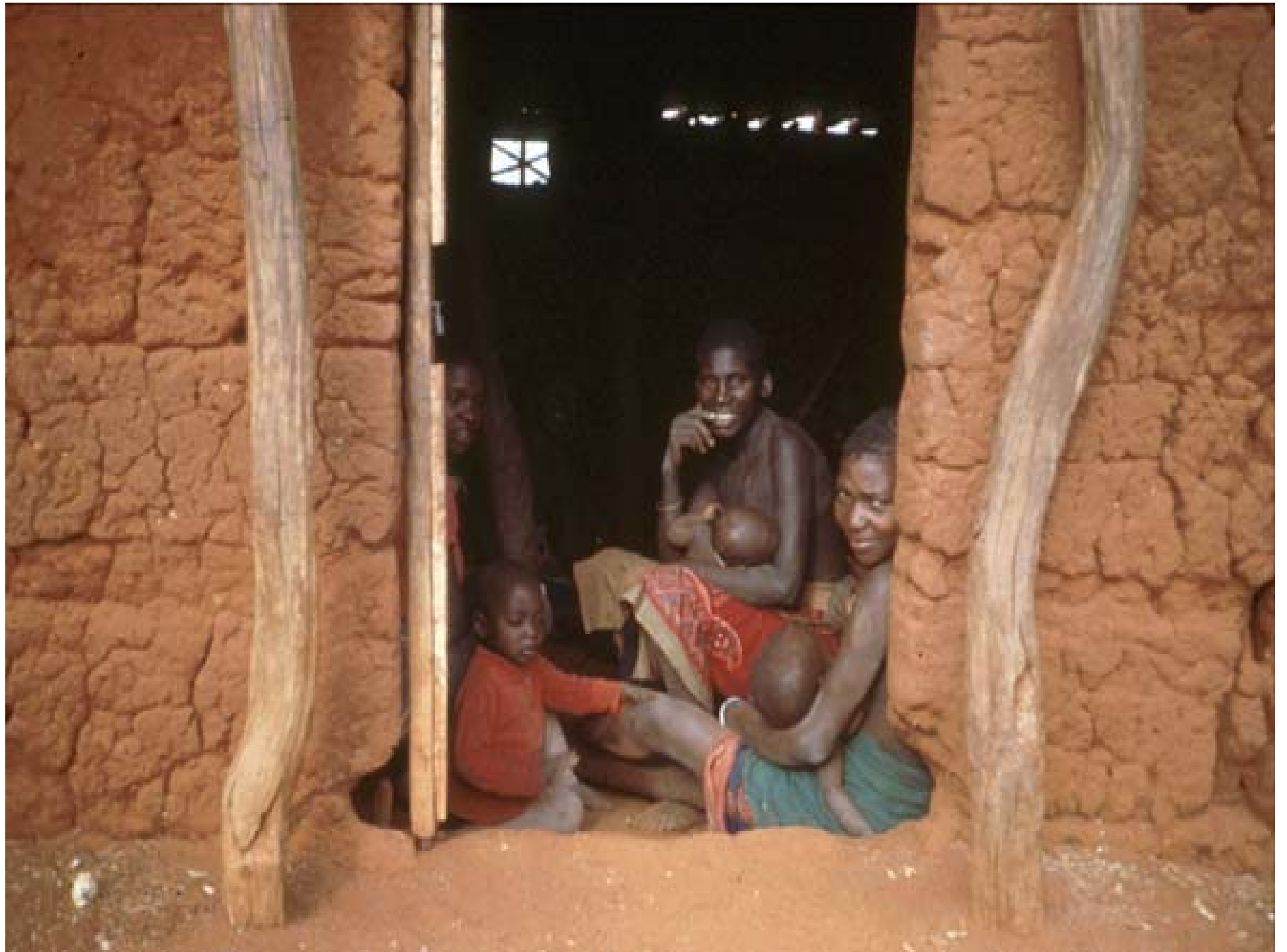


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# Disadvantaged Persons

- **These form a broad virtual “nation” of underserved people living dispersed within the many nations of the world.**
- **This includes not only the affected individual but also the family that cares for the patient, especially when the health system is unable to offer treatment and support**



# Major challenge: How to close the increasing gap?

Africa



Durban - South Africa

China



Shanghai

Brazil



Sao Paulo



Sangha - Mali



Rural China

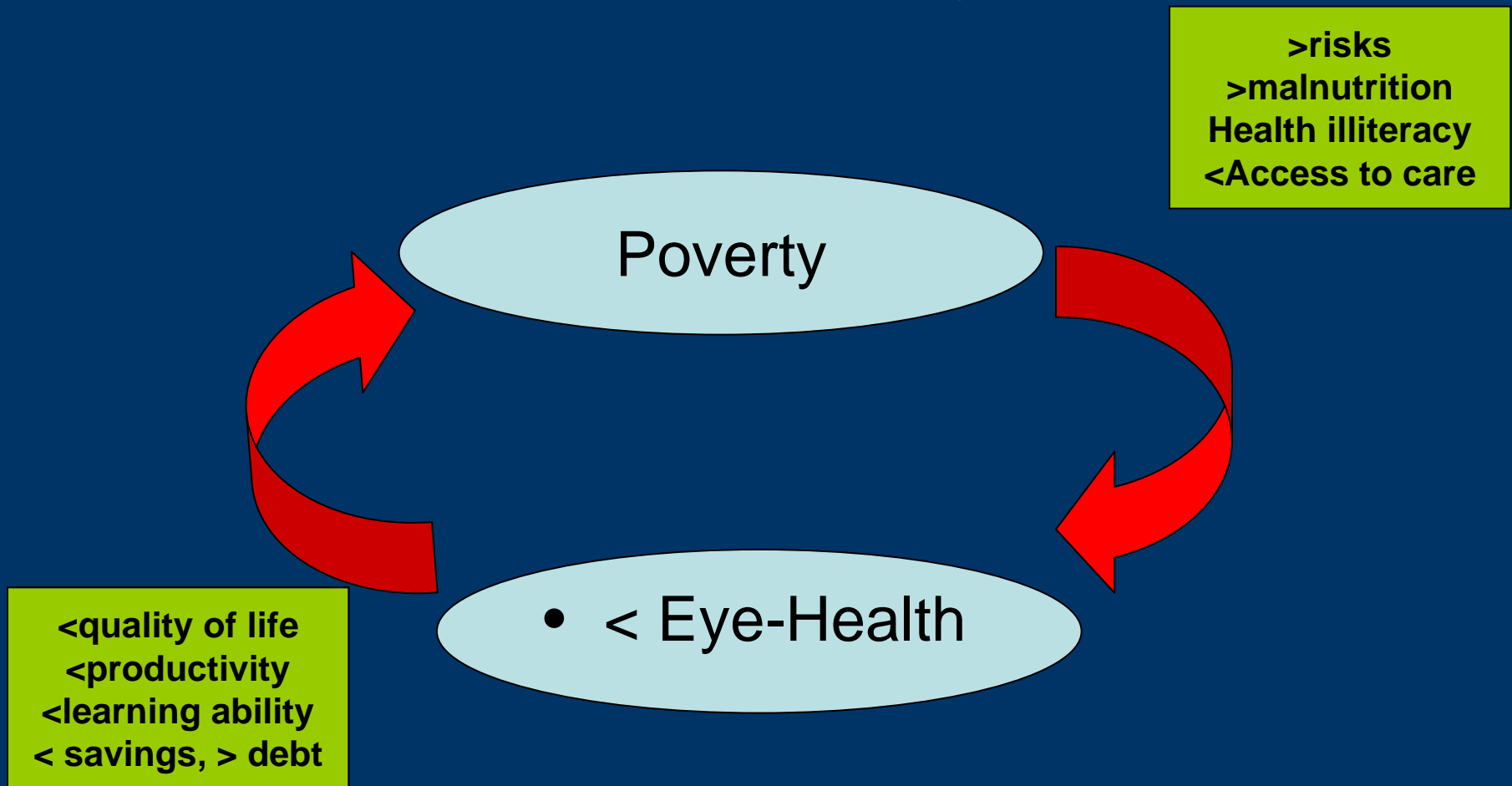


Sao Paulo

Courtesy: Resnikoff

# Poverty and Poor Eye Health

## The Vicious Cycle



# Complacency due to Averages

- Measures of the average levels of health in National and Global statistics, masks the existence of large pockets of populations (the un-reached, the underserved, the poor) whose levels of health, including eye health, are dismally low.
- We need to map these areas and analyze their situation to first understand the problem



# Under 5 Mortality

- 9.7 million children globally under the age of 5 died in 2006 ( according to UNICEF )
- This is considered a record low compared to 13 million in 1990.
- **What it does not tell us is how these deaths were distributed by region or country or state or better still, district wise**

# Relevance to Childhood Blindness

The Under 5 mortality rate is used as a proxy indicator of the prevalence of Childhood blindness, and particularly those conditions that are poverty related and can be prevented through primary health care

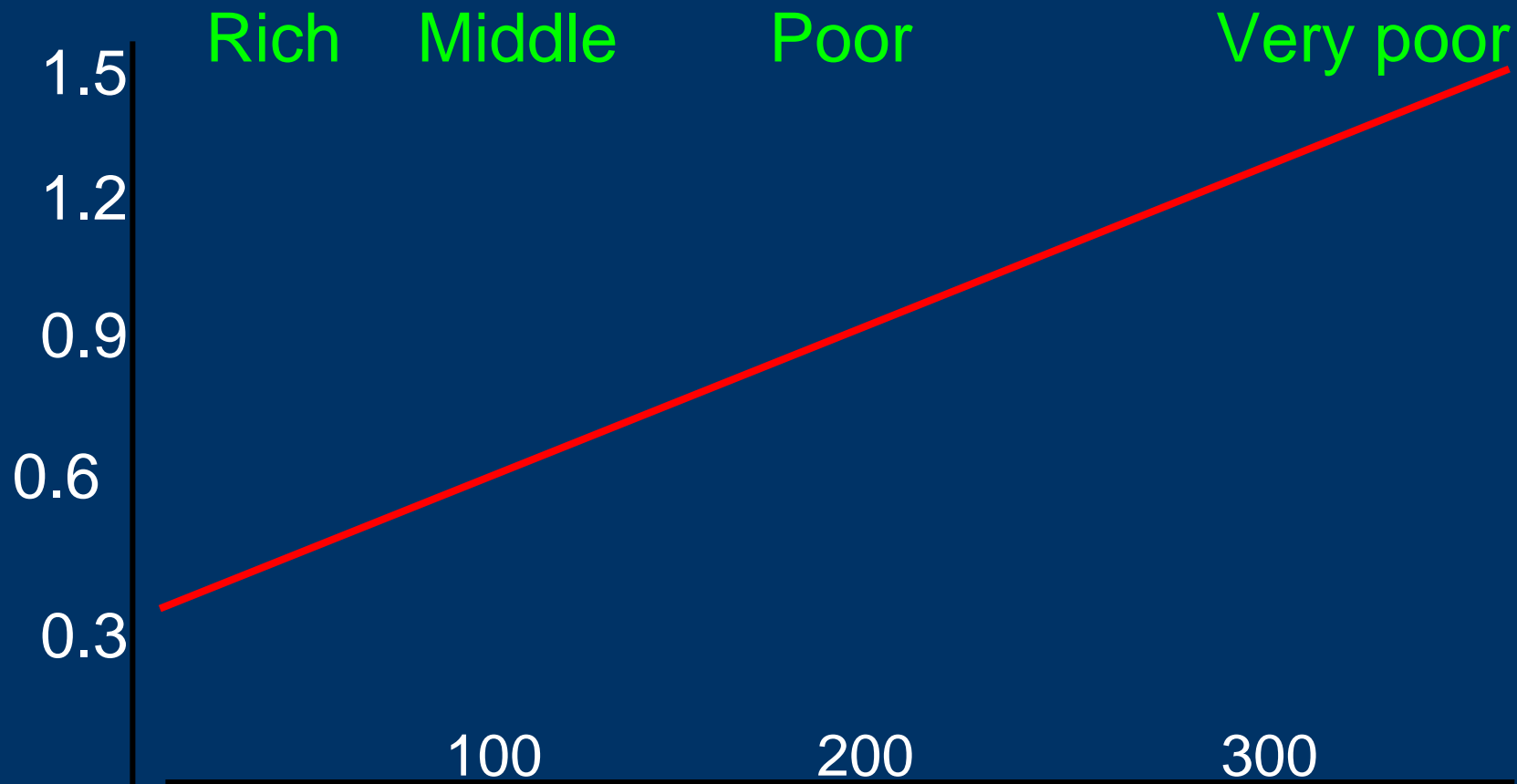


**Credit Aman Khan**

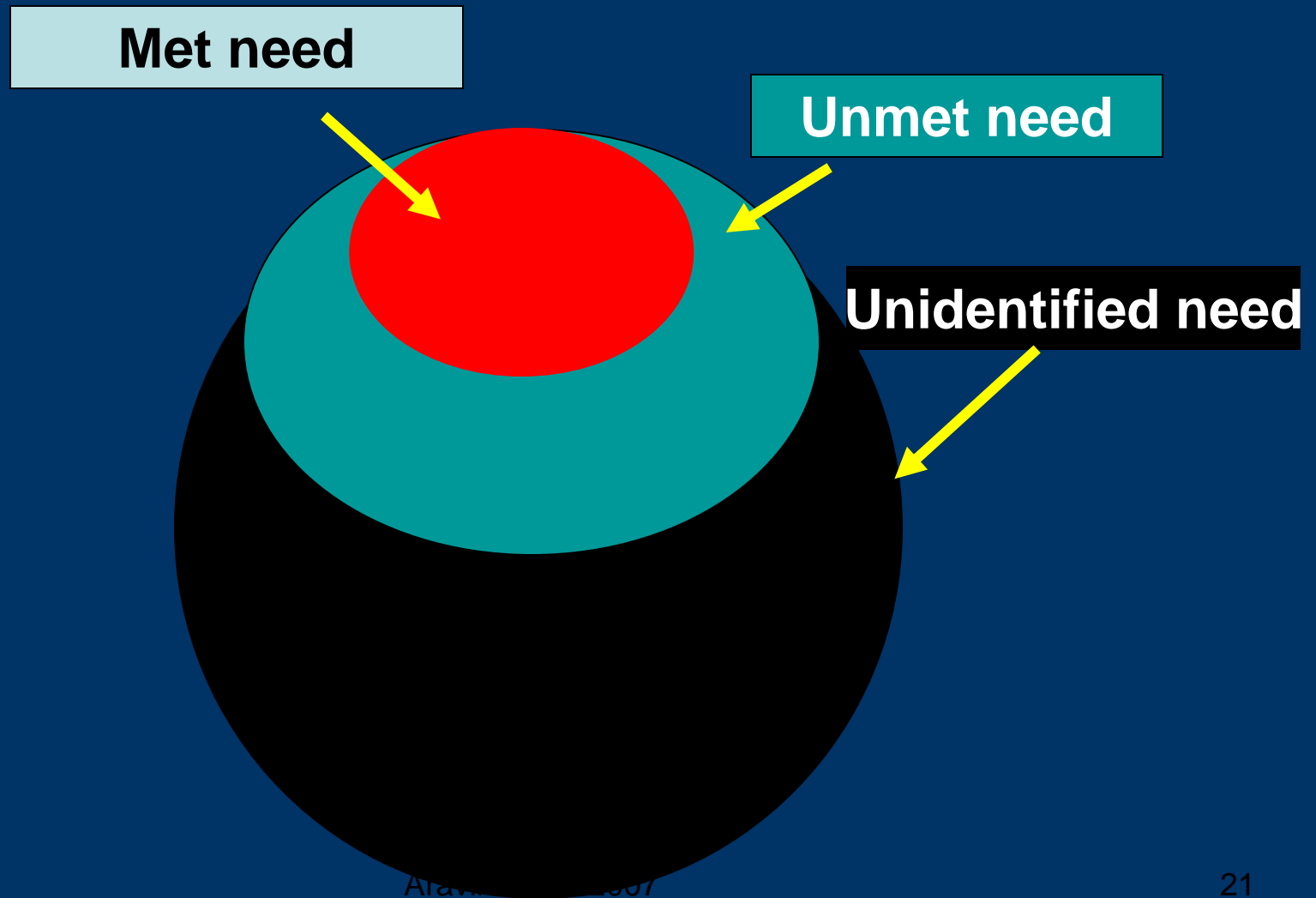


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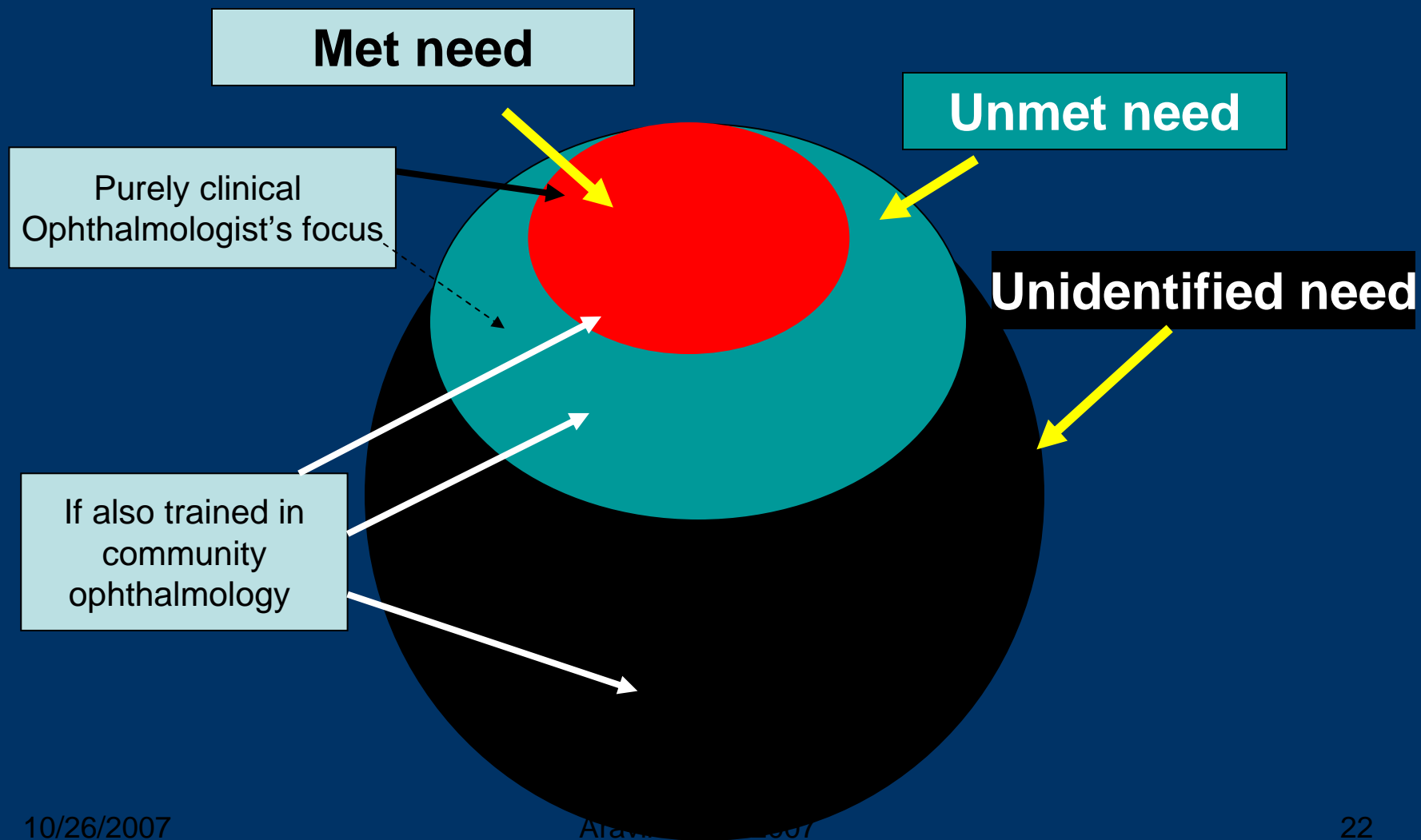
# Prevalence of childhood blindness and under 5 mortality rates



- **NEED FOR DIS-AGGREGATED DATA TO ENSURE EQUITY**



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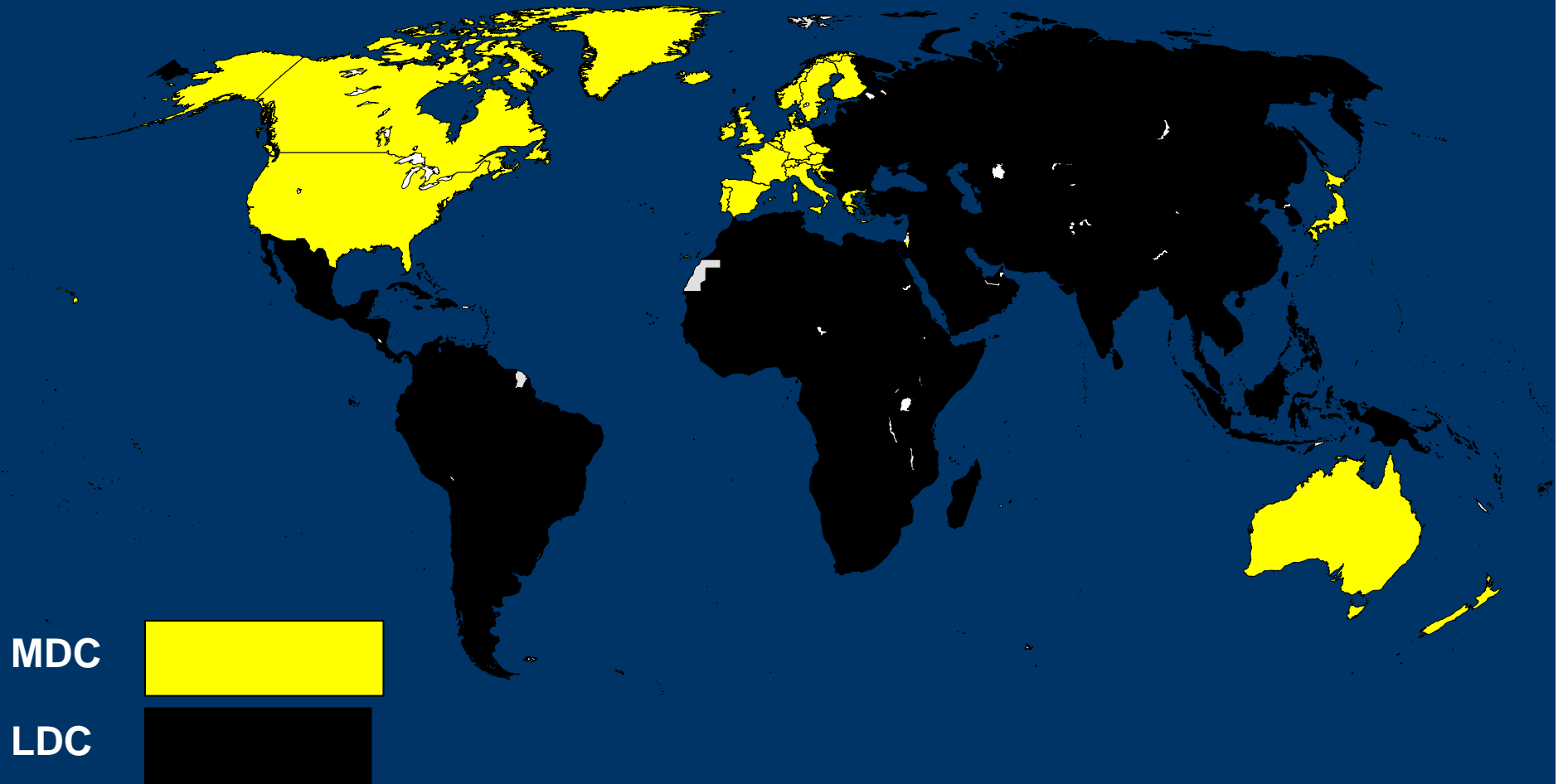
## **Resultant Burden to the Family and Community**

- **Reduced productivity**
- **Emotional and quality of life implications**
- **Financial costs**
- **Costs of treatment and rehabilitation**
- **( when available)**
- **The perpetuation of poverty**
- **The hidden societal burden of a disability**

# The Poverty Gap

- Today our world faces major challenges;
- One of the most important is the increasing gap, more correctly a chasm, between the "haves" and the "have-nots".
- This has far reaching consequences for mankind as a whole, as we have already begun to witness.

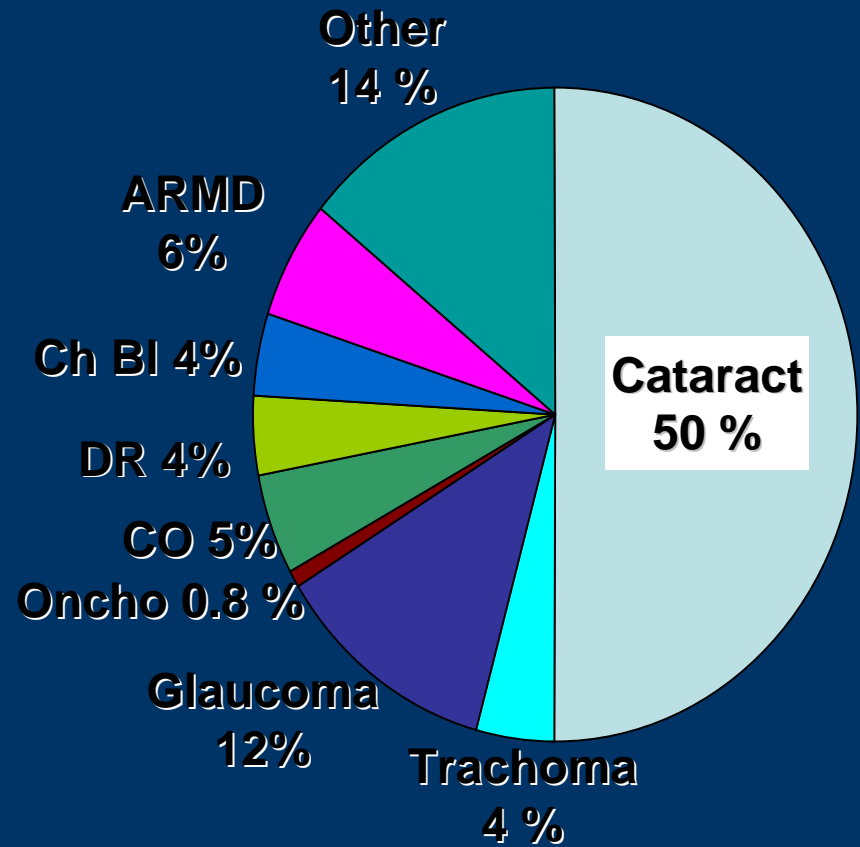
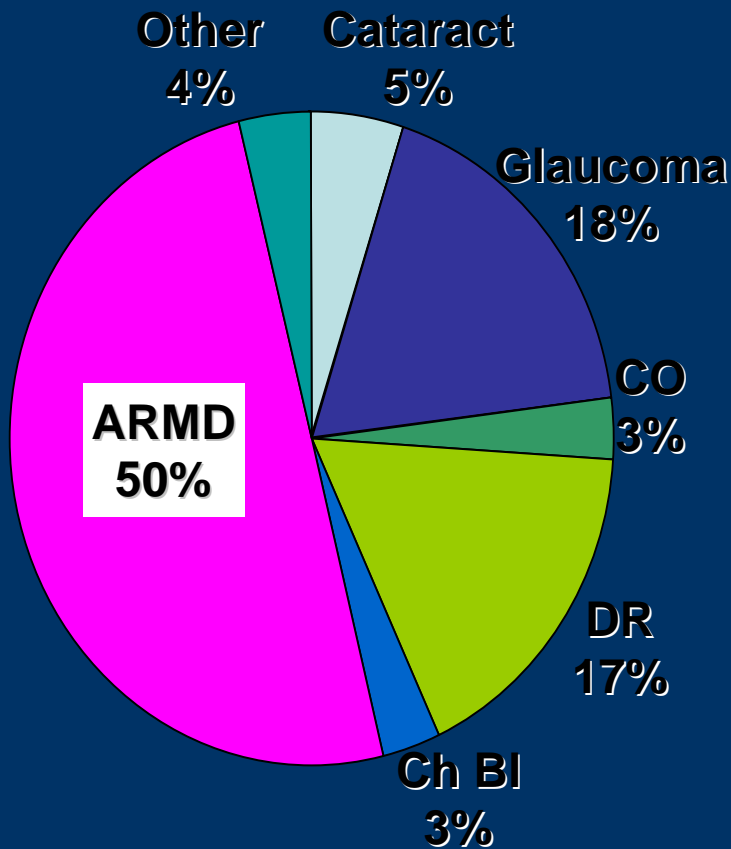
# More Developed Countries and Less Developed Countries



# Existing Inequity

- **Too often services fail poor people:**
- **In access**
- **In quantity**
- **In quality**
- **Freedom from illness and freedom from illiteracy, are two of the most important ways poor people can escape poverty but these remain elusive to many.**

# Global Distribution of Blindness by Cause



**More Developed Countries**

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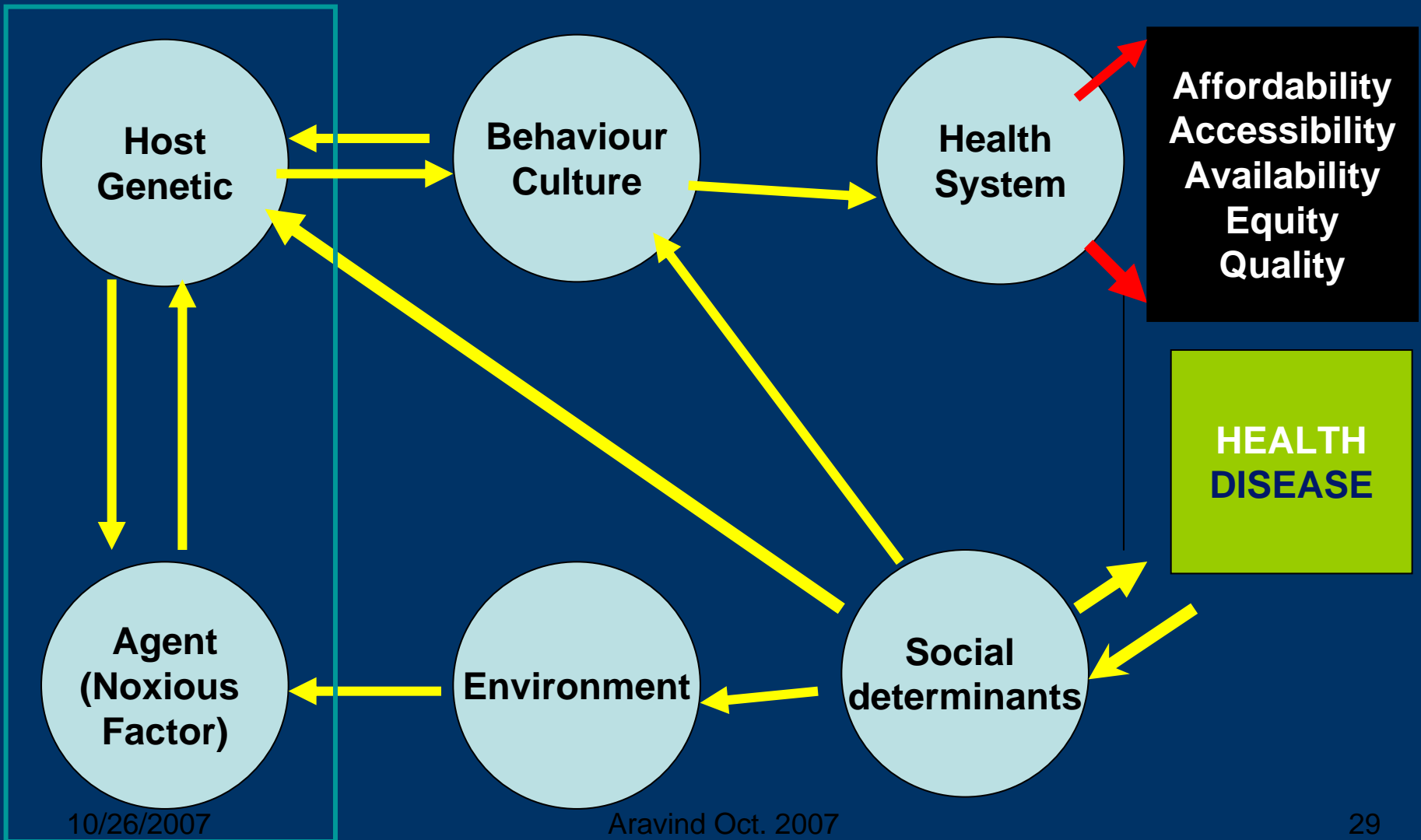
**Less Developed Countries**

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# CAUSES OF DISPARITIES

- These arise from complex interactions, often difficult to unravel between:
- Patients,
- Providers,
- Institutions and
- Health systems
- The disparities include burden of disease and disability, that can be measured.

# Disease prevalence and causation

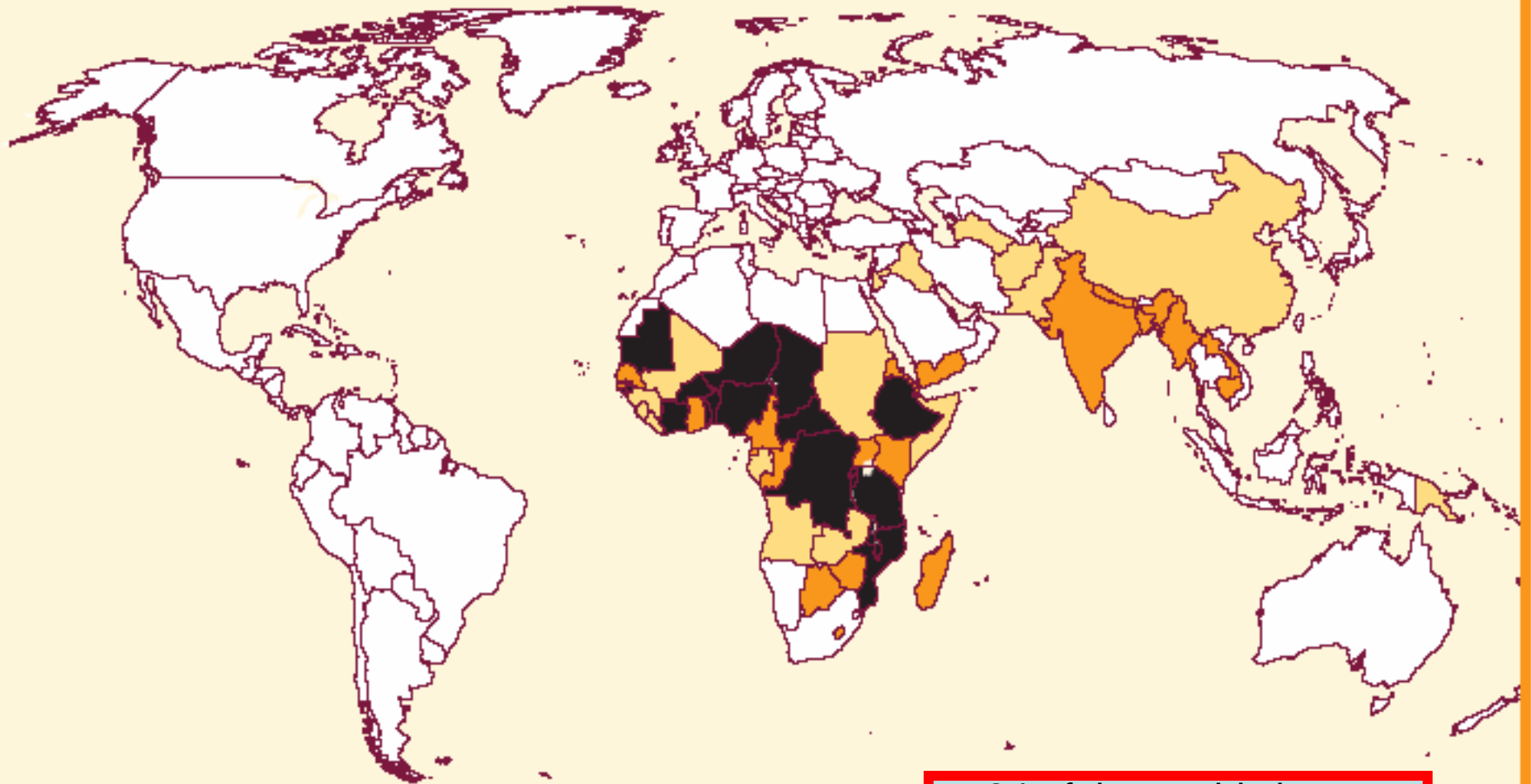




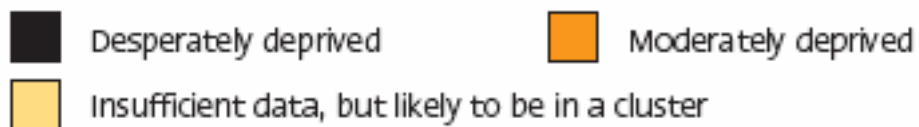
# World economic up-turn

- Despite substantial growth in the global economy over the past half century, most of Africa remains “poor”, with living conditions not conducive to good eye health of people.
- Similar situations exist in parts of Asia the Western Pacific and elsewhere.

## Where People Are Poor



### Chronic Poverty Clusters



34 of the world's least developed countries are in Africa

# Levels of poverty

- **75 million more Africans are in poverty than a decade ago, and the depth of this poverty is brutal and widespread.**
- **Thirty four of the world's least developed countries (LDC's) are in Africa.**
- **Nearly half the region's population lives on \$1 per day or less.**
- **Women are disproportionately affected**

# Who are the Disenfranchised?

- 3 Billion persons live on under 2 US\$ per day.
- 1.3 billion live on under 1 US\$ per day.
- 100 million go hungry every day.
- 150 million never have a chance to go to school

# The Poor

- **Least informed of threats to health**
- **Least informed of opportunities to improve health**
- **Most vulnerable to structural adjustments**

# POVERTY TRANSLATES TO DEPRIVATION

- DEPRIVATION OF **BASIC MINIMUM NEEDS**
- The following pictures may be distressing to view but I hope they stir your conscience.
- They were taken in this millennium – in the 21<sup>st</sup> century.

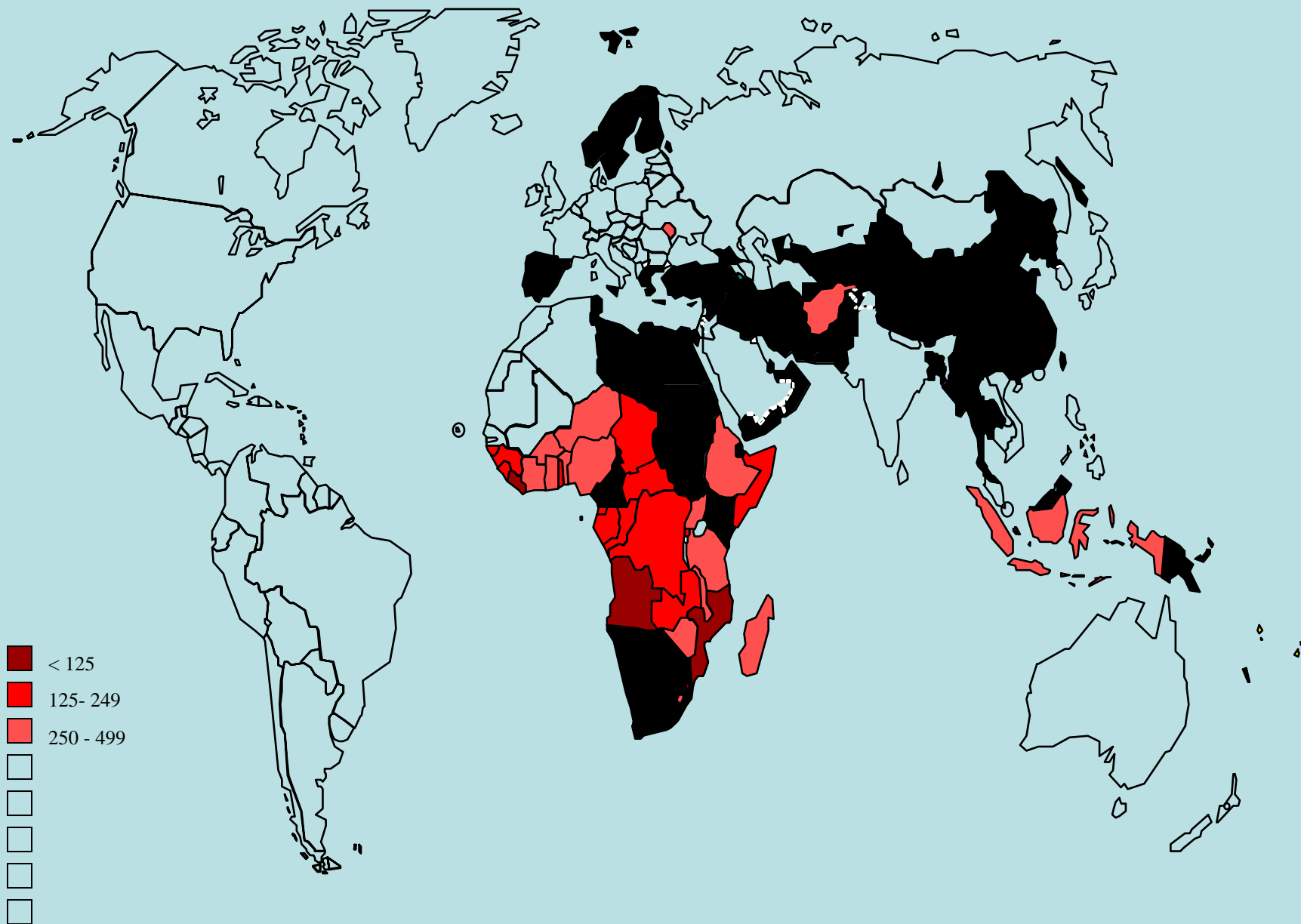
# The Challenges

# INEQUITY BETWEEN REGIONS

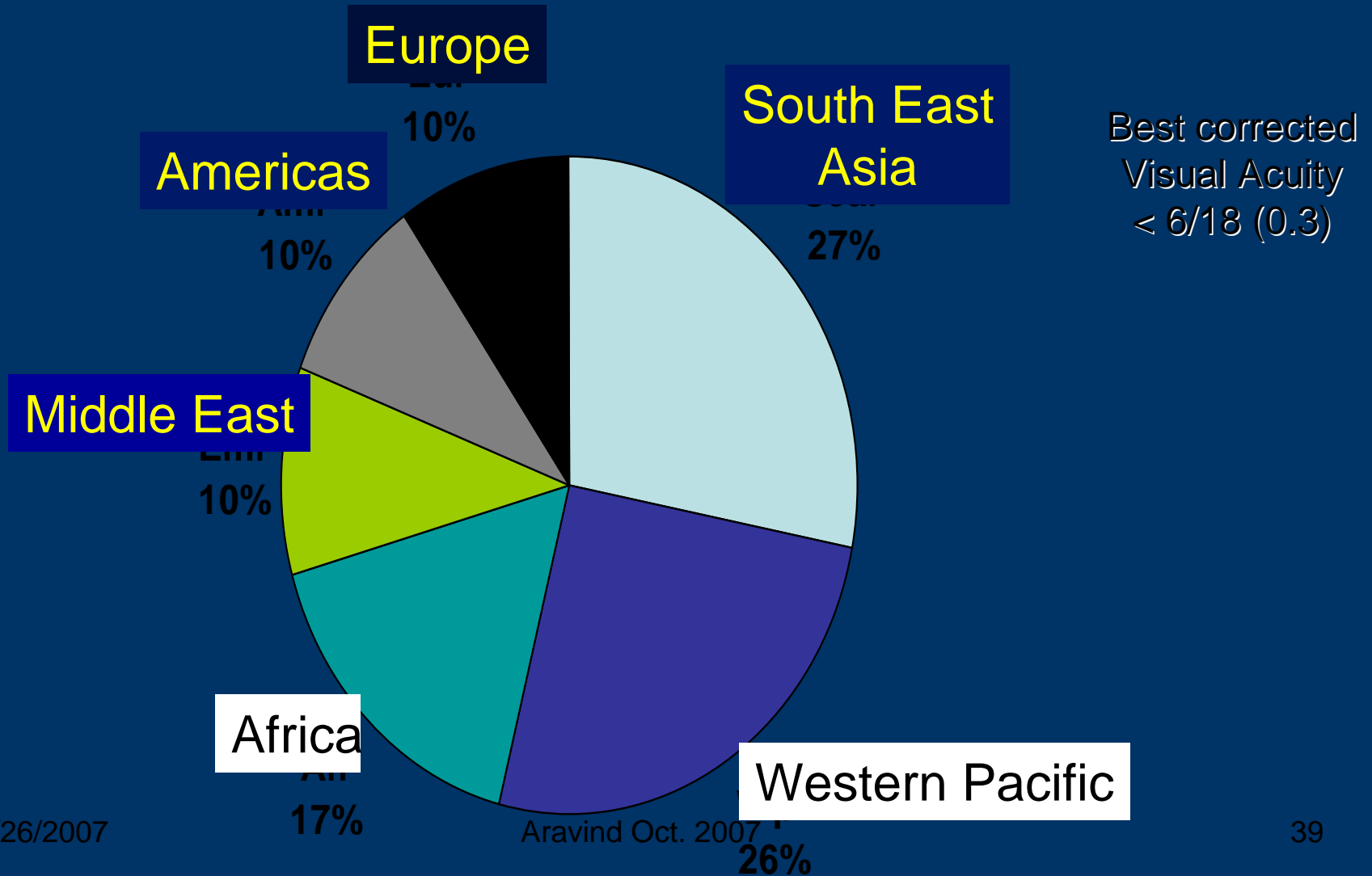


# Cataract Surgical Rate < 500

Update 23 Dec 04

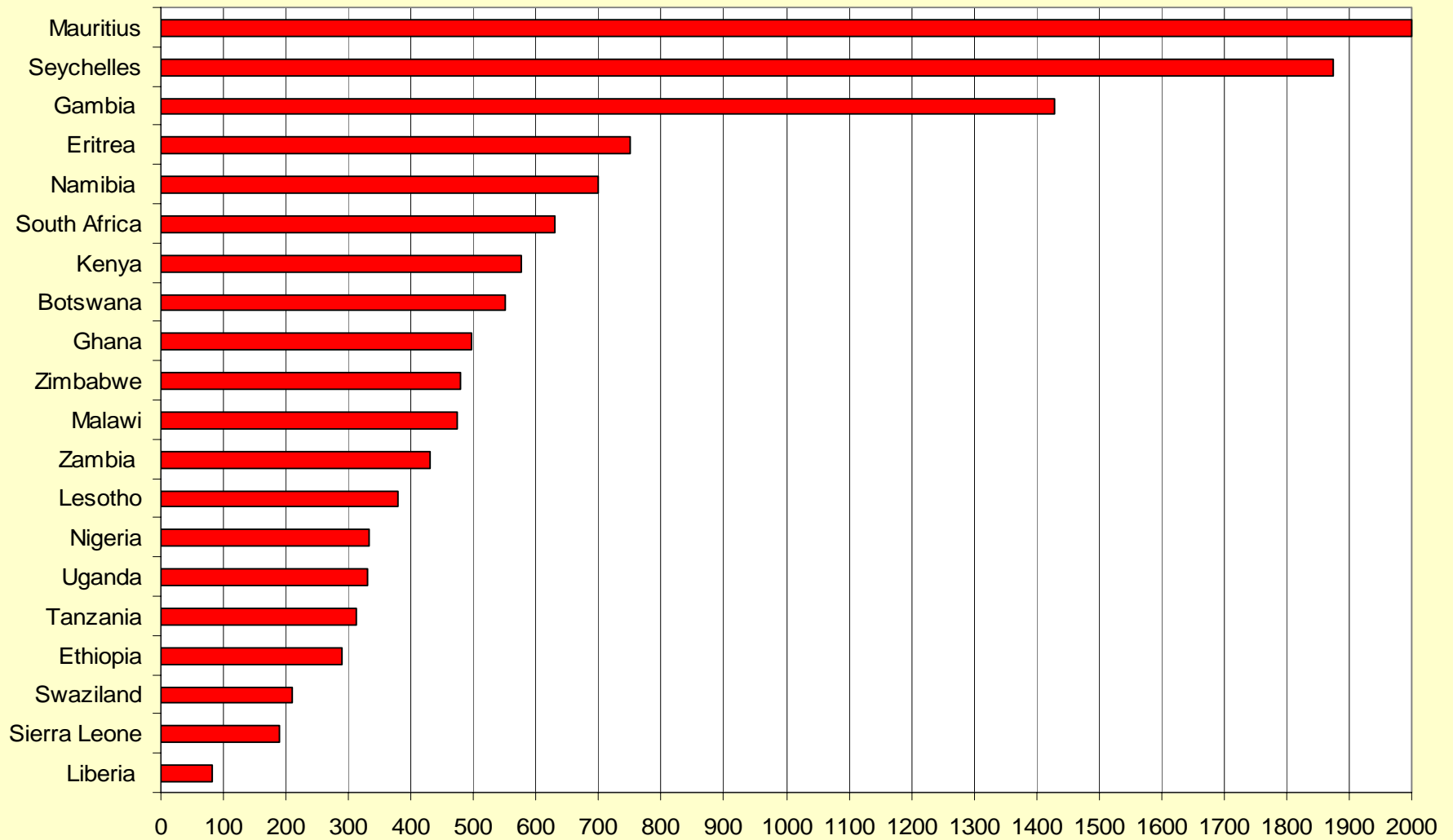


# Visual Impairment Regional Distribution



# Inequity between countries

## CSR - Anglophone Africa

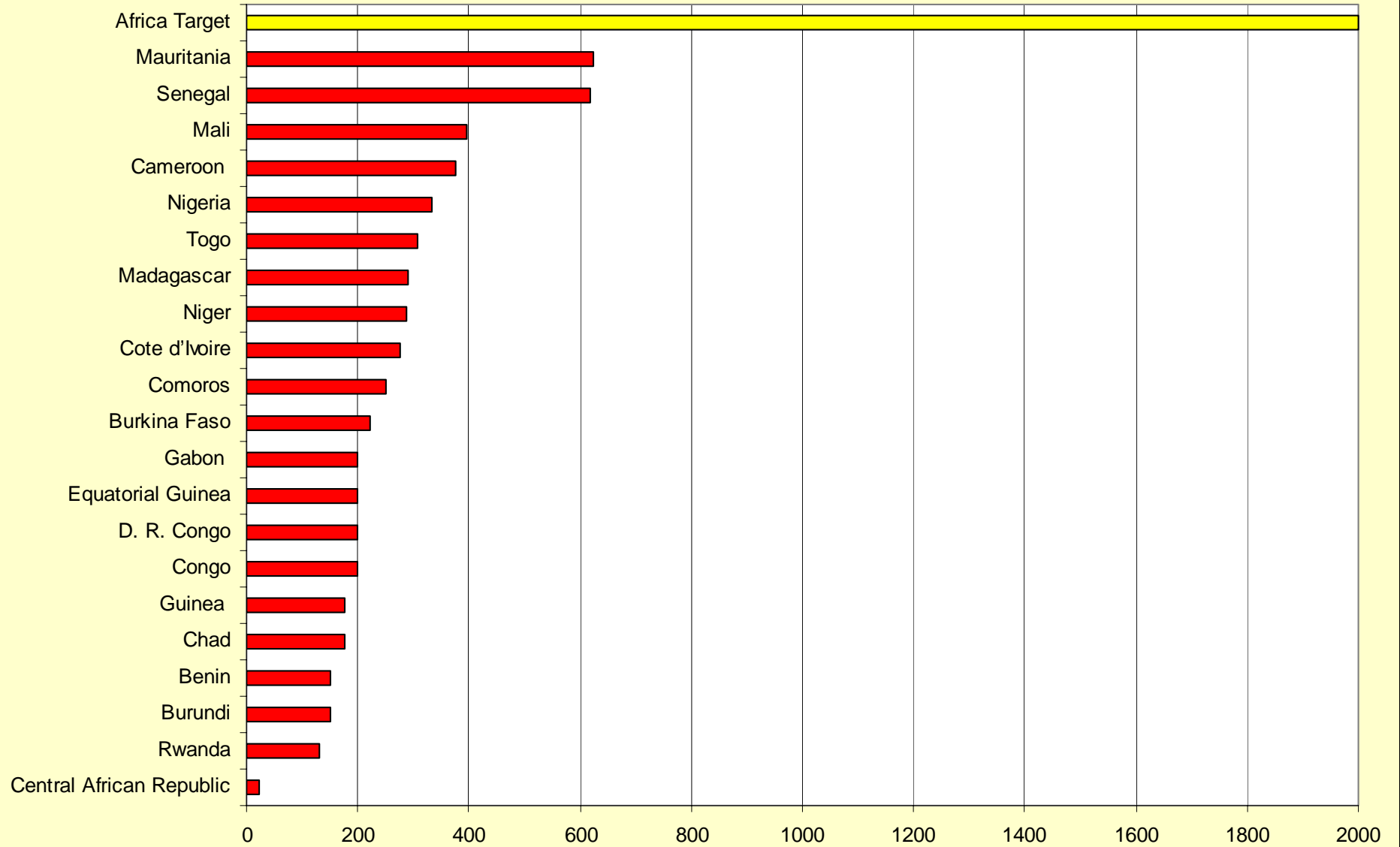


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## CSR - Francophone Africa

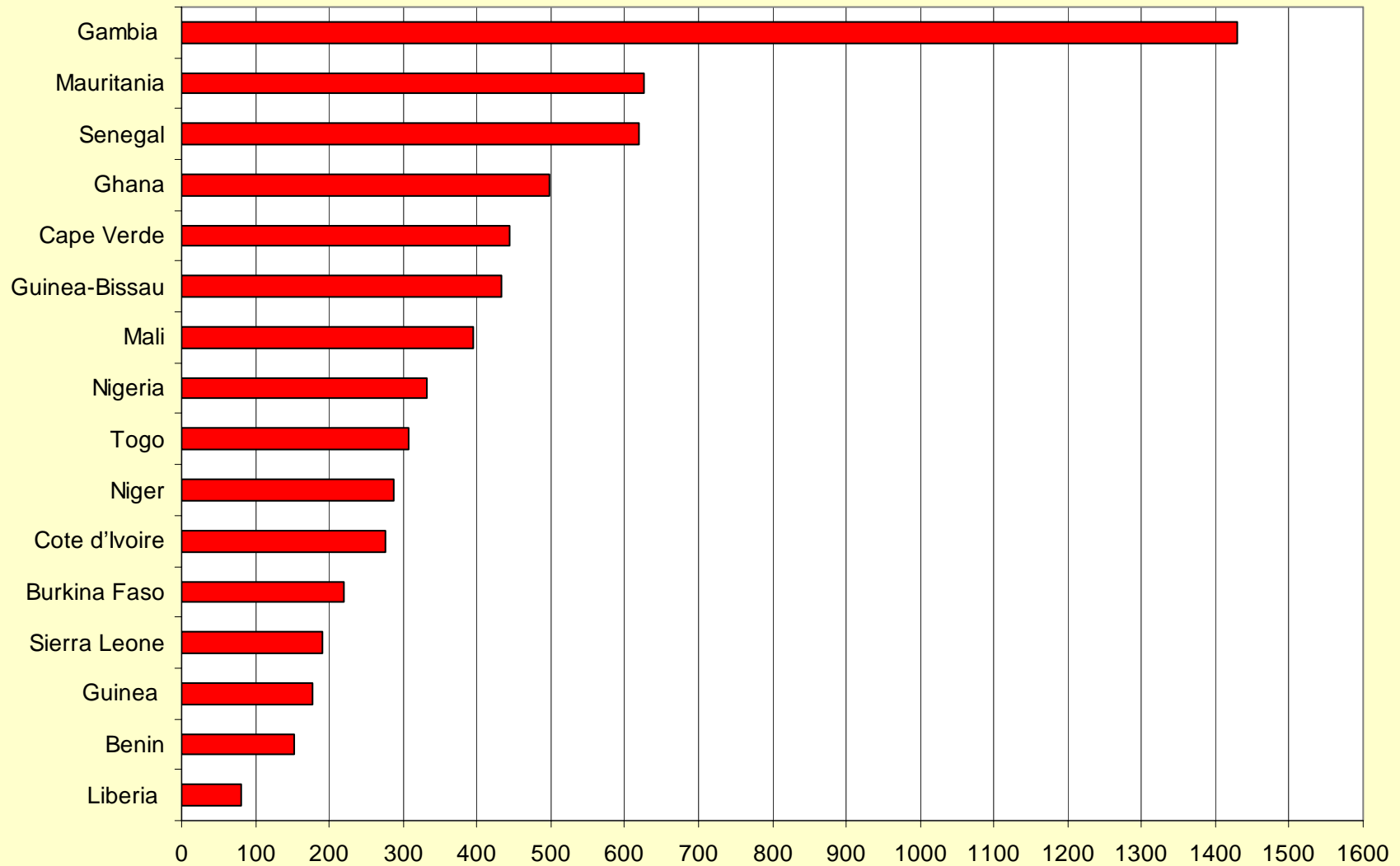


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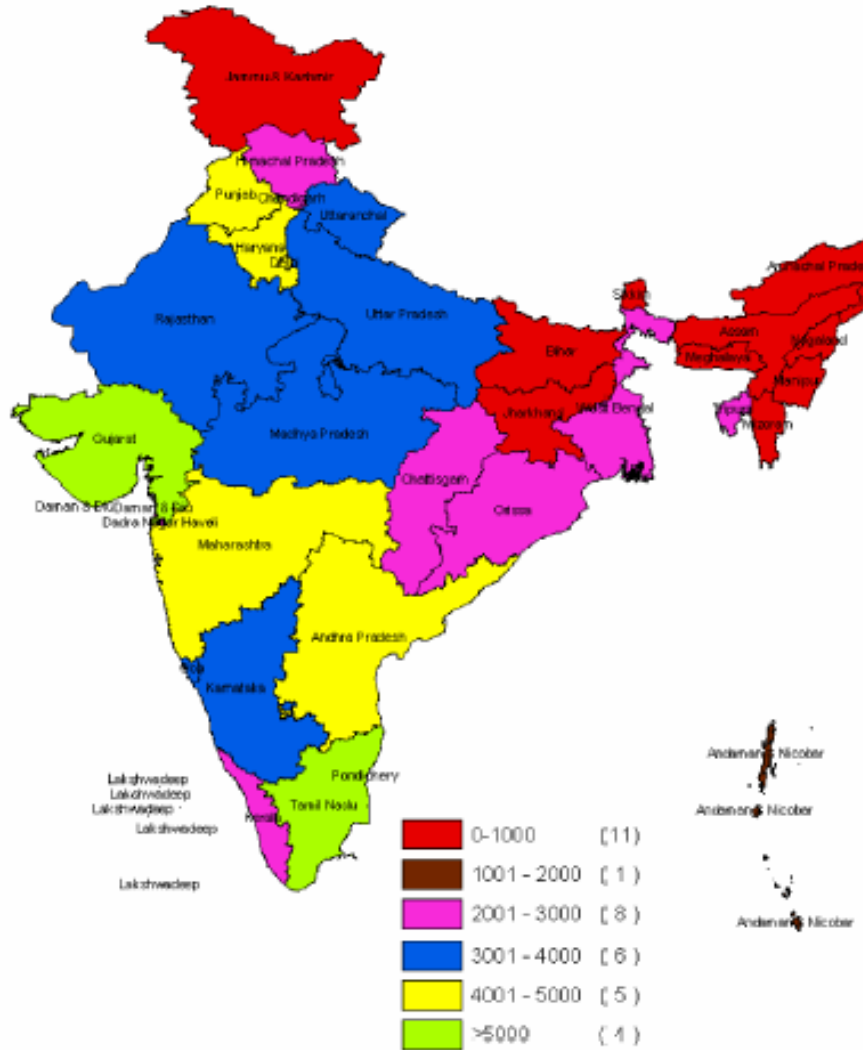
### Cataract Surgical Rate (CSR) W. Africa



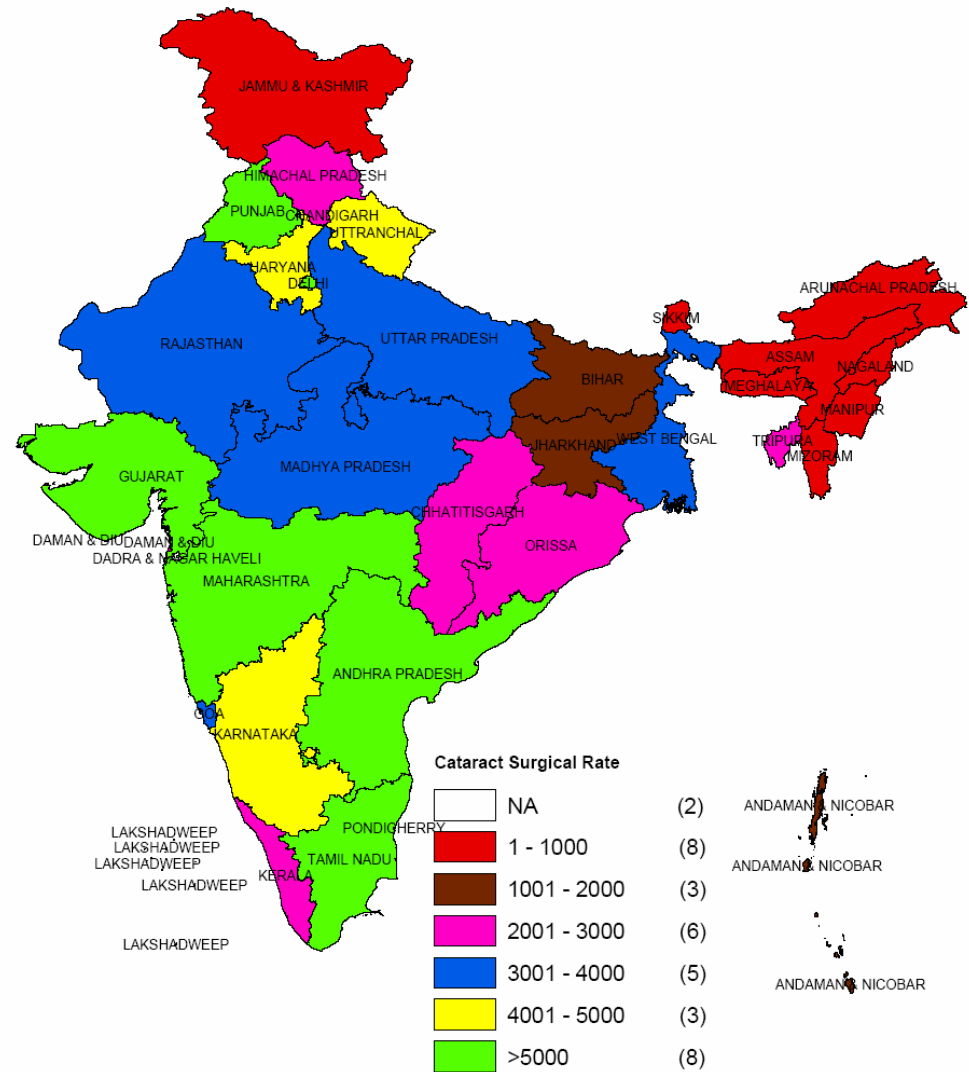


# Inequity within Countries

**Cataract Surgical Rate in India by State  
2001-2002**



**Cataract Surgical Rate  
April 2003 - March 2004**



# Those who need the most get the least

- Despite many successes the availability of good eye health services tend to vary inversely with the need. 20:80 ratio
- **Poor groups and regions have less access to even basic health services, and where available the quality is sub-standard.**
- **Blindness and severe visual impairment pushes individuals and households into poverty, through lost wages, hospital costs.**

# The Opportunities

# Better use of existing resources

- More effective use of all resources, internal and external, when the latter becomes available, as it must.
- The better and more efficient and accountable the absorptive capacity of countries become, the greater the need for external resources to complement their improvement in governance.

# Leadership in Africa and Asia

- **New and innovative eye care leadership within Africa and other poorer regions of the world is emerging, and there's perhaps no better time than now to inspire and harness global social responsibility, accountability and strategies for change for the poor.**





# Short term

- Campaign approach
- Stimulating Political awareness, political will and commitment, including local communities
- Harnessing existing knowledge and skills
- Mobilizing the necessary human capital
- Delivering quality services based on need
- Supporting local demonstration projects
- Provision of financial and human resources

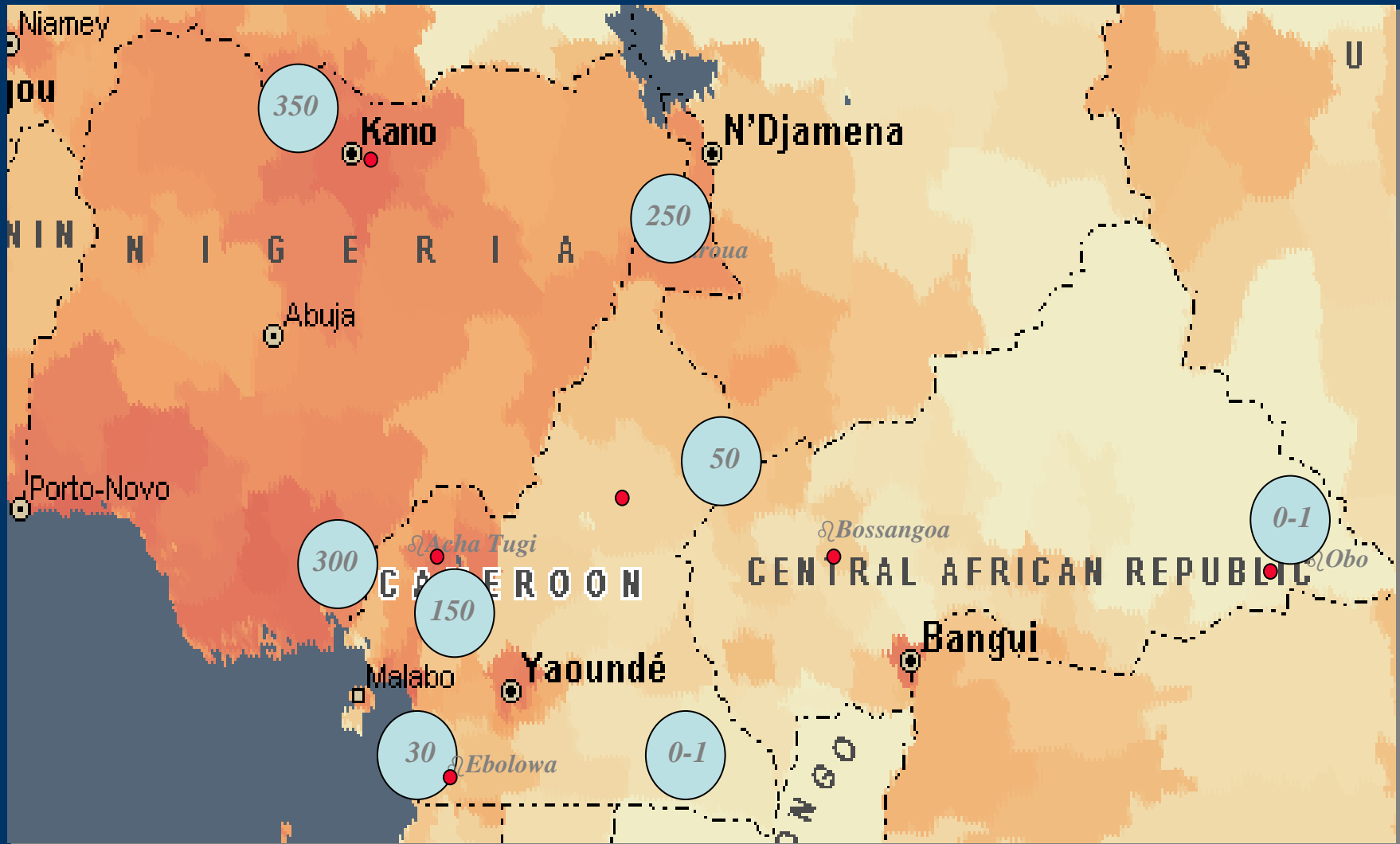
# Mitigating disparities and Inequity

- **One way to reducing health inequity is to create systems (such as eye health care teams) that circumvent unconscious bias and assure high quality care to the indigent and disenfranchised populations, in greatest need.**

# Eye Care teams

- **It is difficult to describe uniformly acceptable constituents of such a team, specifying the individual personnel that should comprise an eye care team.**
- **However a more competency based approach to this often contentious issue is necessary.**

# Variable population density



# *Flexible...Smarter planning*



People have one thing in common - whether they live in urban slums or deprived villages - whether they speak Swahili, Hindi, Urdu, Spanish, Arabic, or Chinese

**They do not want charity. They need help to help themselves. They must be given the opportunity to build from within, through empowerment and capacity building.**

# “Long term” interventions

- Countries must identify and demarcate areas that are underserved,
- Revise policies and strategies to strengthen the health delivery system for the underprivileged as a priority.
- Institute or strengthen PHC and infrastructure
- Strengthen inter-sectoral collaboration/ MDGs
- Undertake participatory research and application
- Set up mechanism for monitoring



# Accountability

- **Policy makers and providers need to be accountable for health outcomes.**
- **This means greater investment in monitoring and evaluation mechanisms that capture disparities and inequities in health.**
- **It is by measuring and identifying these differences that the areas and people with the greatest unmet need can be spotted and services provided, to achieve equity.**

# In Summary

- **Seek out those in greatest need through disaggregated data and proxy indicators.**
- **Form a consortium of national and international NGOs to plan and implement action in collaboration with what the government can offer.**
- **Mobilize resources from within the country and outside, including the community.**
- **Be accountable and make the action sustainable through national capacity building.**
- **Monitor and periodically evaluate achievements.**

# Sanskrit Proverb

**The eyes do not see what  
the mind does not want to  
know.**

# The Heart makes a difference

- When the Heart is involved (there is concern, compassion and empathy)

*Then the mind wants to know :*

*Where is the problem?*

*What is the problem?*

*How to overcome the problem?*

**It is only then that we can  
Reach the Un-reached**

# A Moral imperative

- **Mitigating disparities in health and eliminating disparities in health care through “reaching the unreached”, will bring us closer not only to the goal of VISION 2020 : The Right To Sight, but also to the ideals at the foundation of our eye care profession.**

**Rev. Dr. Martin Luther King stated over nearly 40 years ago:**

***"Of all the forms of inequality, injustice in health is the most shocking and the most inhuman"***

**There can be no better time than now to translate some of our pious plans into concrete action.**

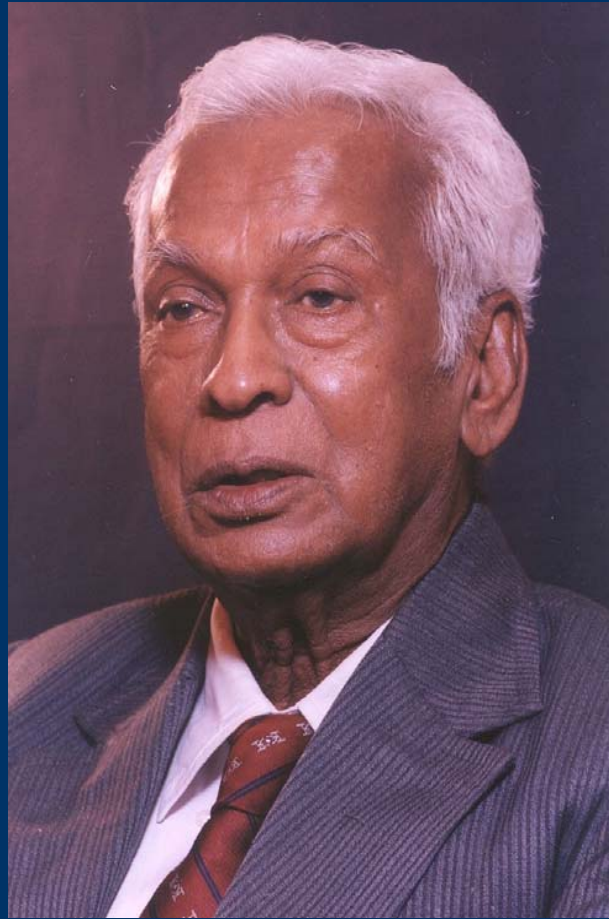
**This is the challenge. Committed and just implementation of VISION 2020 Plans provides us an opportunity to do so, with **social justice and equity.****

**“If the inequity in health is to be reversed, it will become possible only when those with the wealth, the science, the knowledge, the power, and the influence take deliberate actions instead of relying on things to work out.”**

**President Jimmy Carter**

One such Leader in our time

A Visionary  
Inspiring Leader



An exemplary  
human being



Thank you for  
your attention