

Advocacy enabling effective eye care

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South East Asia Regional Workshop on Advocacy in Eye Care



A VISION 2020 Workshop

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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

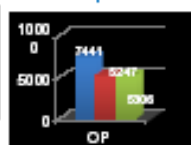
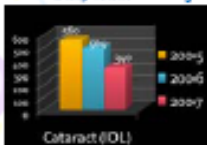
Purpose

- 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

Cat. Surgeries per million/yr: 285 (should be 2000)

- Population: 11 Million Density: 360 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 Sets
 - Daily load: 1-2 Surgeries & 20-25 outpatients



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

Use of Our Routine Eye Care Health Resources Assessment of & Productivity of Cataract Surgeons Trained in Eastern Africa
Paul Courtright, DrPH, Lina Hoque, MPH, Joseph Akpan, MSc, Joseph Akpan, MSc
JRCO OPTHALMOLOGY, MAY 2017

Table 3. Productivity by Environmental Factors After Completion of Training

Parameter	Surgeons, No.	Average Productivity per Year (SD)
Type of hospital		
State regional tertiary hospital	22	299.4 (243.4)
State district hospital	21	194.4 (244.4)
Mission hospital	22	368.2 (334.4)
Private hospital	4	418.8 (205.2)
Location of hospital, no.		
1-1	21	284.8 (251.8)
2	17	220.2 (204.8)
n=0	19	451.1 (324.1)
Cataract surgical sets, No.		
0	12	122.7 (261.4)
1 complete set	26	317.8 (211.4)
2 or more complete sets	32	411.5 (284.4)
Operating microscope*		
None	5	96.1 (112.1)
Not working well	7	149.2 (181.2)
Working	36	313.7 (284.2)
IOLs and other consumables*		
Rely on donations	34	241.3 (212.2)
Rely on purchase	28	281.9 (284.9)
Rely on combination of purchase and donations	4	429.9 (261.1)
Community program*		
None	22	228.4 (214.4)
Yes, but none bring patients to hospital	21	222.3 (229.3)
Yes, includes bringing patients to hospital	14	471.4 (280.4)

Case Study 4: India

Output in a Government/NGO hospital

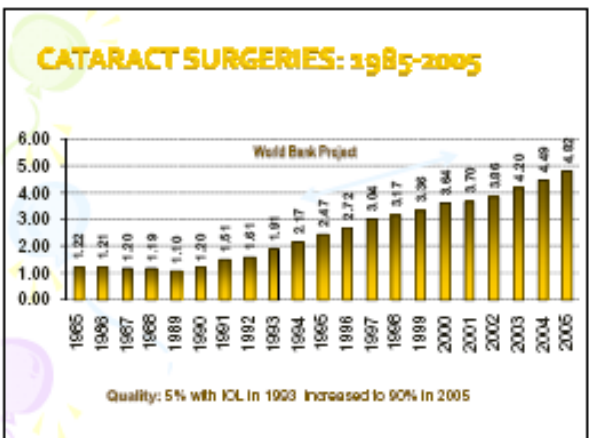
A Govt. ophthalmologist in Orissa performs 15 surgeries a month at the government facility while the same surgeon performs 150 surgeries a month at a NGO hospital

What are the reason for this?

Conditions:

System to get patients	Govt. Hospital	NGO Hospital
Consumables	✓	✓
Availability of equipment in working condition	✓	✓
Availability of support staff on all working days	X	✓
Accountability towards work	X	✓
Enabling policies and processes	X	✓

India – as a case study ...



- 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

Causes	1993-95	2001-02
Overall Blindness Prevalence	1.49%	1.10%
Cataract	80.10%	62.40%
Refractive Errors	7.35%	19.65%
Glaucoma	1.70%	5.83%
Surgical Complications	4.69%	1.15%
Corneal Opacity	1.91%	0.89%
Others	4.25%	10.08%

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

