


**Course #425:
Strengthening Eye Care Sustainability in
Developing Countries: Case Examples**

**Case Study from Africa
Ghana**

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Strengthening Eye Care Sustainability in
Developing Countries: Case Examples**

**I have no financial interests
or relationships to disclose**






Ridge Hospital
Accra
Ghana





- 1% blindness prevalence rate
- Ghana pop 24.2 million (2010)
- Accra 3.96 million (2010)
- Ghana: 60 ophthalmologists (40+ in Accra, 10%+ expatriates)
- Insurance scheme \$8 per year



Ridge Hospital

- Built to serve colonial expatriates
- Neglected since independence in 1957
- Brick and wooden walls sitting on 5 foot tall brick pillars
- Modern OR in new building
- Change process – 2006-2009
- IEF Investment - \$120,000 over 2 years

Sustainability Components

Investing technical assistance and funding in partner eye clinics to achieve organizational sustainability:

- Quality outpatient care and convenience
- Quality eye surgery
- Quality optical services
- Management efficiency
- Systems & standards
- Unit cost reduction
- Revenue generation




Creating Space

- Extension work and renovations increased physical space to 2 floors
- Creative dig down and build out of "pillar" space under main structure




Reorganizing Space



- Physical space limited to 4 rooms and shared space with Maternity
- OR located in new building
- New ground floor – patient triage
- Waiting room for patients
- Patient records
- Accounts
- 2 VA cubicles
- Preliminary exam room

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New First Floor (above ground)



- waiting space for patients
- 2 exam rooms for ophthalmologists
- treatment room
- tonometry room
- cubicle for refraction
- cubicle for visual fields
- small optical cabinet

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Staffing Up



Before:

- 1 ophthalmologist
- 5 ophthalmic nurses
- 1 accounts clerk
- 1 records keeper
- cleaner shared with Maternity

Added:

- 1 ophthalmologist
- 1 medical officer
- 2 optometrist (1 permanent, 1 locum)
- 2 auxiliary nurses
- cleaner no longer shared

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Equipment

Before

- 1 slit lamp with Goldmann applanation tonometer
- 1 old ScanOptics microscope without a teaching loupe
- 2 indirect ophthalmoscopes
- Cataract surgery with standard IOLs - no biometry
- Refractions referred to private optical shops – [lost revenue](#)
- Glaucoma patients referred to private clinics for visual fields – [lost revenue](#)
- Little outreach due to lack of motivation and transport

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Added Equipment



- 3 slit lamps
- 2 operating microscopes
- 1 autorefractokeratometer
- A-scan
- 5 cataract sets
- consumables to last for 2 years
- Perkins, Shiotz and air puff tonometers
- IEF in collaboration with LDS:
 - V/F analyzer - [revenue](#)
 - mini-bus for outreach

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Efficiencies

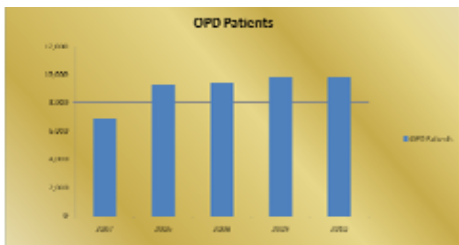
Surgery, Refraction, Outreach

- Two tables for surgery
- Biometry on all cataract patients
- Refractions and visual fields done in-house – [revenue](#)
- Outreach increased – more patients (second bus donated by Ghanaian philanthropist)

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Comparative Data 2006-2010

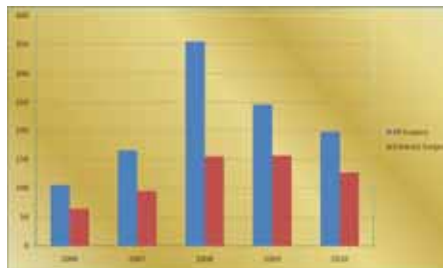
Yearly Comparison of Examinations



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Comparative Data 2006-2010

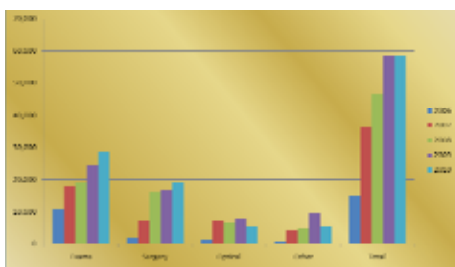
Yearly Comparison of Surgeries



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Comparative Data 2006-2010

Yearly Comparison of Revenue



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Constraints

- Africa means working with MOH
- Few qualified ophthalmologists for staffing up
- Few optometrists and ophthalmic nurses
- NGOs/others hire qualified staff for projects removing them from eye clinics and MOH system
- Lack of a separate bank account and control of funds
- Limited decision making on use of revenue

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Positive Trends

- Africa is changing
- More young, well trained ophthalmologists
- Ophthalmologists returning to Africa after training
- MOH in some countries requires hospitals to earn revenue
- Ghana introduced national health insurance scheme
- Patients recognize quality is worth paying for
- Some African countries have ophthalmology and optometry training programs
- Working with government institutions means that approx. 60% of service costs are already covered (salaries, utilities, and other core costs, etc.)

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Summary

- Significant role of governments (MOH) in service delivery
- Public/private partnerships in government services
 - Paying side (revise fees, capture insurance patients)
 - Optometry, diagnostic exam services
 - Ancillary services (private rooms, cafeteria, etc.)
- Policies to support service delivery needs
 - Control of Eye Department assets and revenue
 - Import restrictions flexible on medical equipment, consumables, frames and lenses
 - Foreign exchange regulations to encourage import of consumables
 - Temporary work permits until local capacity is built
 - Compensation packages and career path for employees to promote retention

Thank you!

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