

Cataract Outreach

1. MAGNITUDE

According to the latest assessment, age related cataract is responsible for 48% of world blindness, which represents about 18 million people. People blind due to cataract is around 5000 per million populations. Total backlog of people needing surgery now 25 000 per million population

Global Estimate of Blindness, by WHO Region (millions) 2002

Regions	Population	No. of Blind people	% of cataract blindness
WHO African Region	672.238	6.782	3.560
WHO Region of Americas	852.551	2.419	1.251
WHO Eastern Mediterranean Region	502.823	4.026	1.972
WHO European Region	877.886	2.732	1.270
WHO South-East Asia Region	1590.832	11.587	6.314
WHO Western Pacific Region	1717.536	9.312	8.543

Cataract per million populations (Backlog + New Cases)

There are 5000 total new cases needing surgery per year and we need to clear 25000 backlog cases in the community.

CHALLENGES

- **Non-availability of data** – Data are not available about cataract, so we can't estimate how many people affected by cataract.
- **Disparity in availability of eye care services** – Eye care services are not available in particular area, this is also a challenge.
- **Disparity in availability of human resources** – The eye care personnel are not available in required numbers.
- **Disparity in allocation of financial resources** – Lack of financial resources, and inequality in allocating the financial resources also a challenge.
- **Non-availability of comprehensive eye care services** – The complete eye care services are not available in one particular region.

2. ISSUES



- **Availability of Eye care Services** – Eye care services are not available in all areas, so the peoples in the remote areas can't get services.
- **Accessibility** –Accepting the eye care services may vary from community to community.
- **Affordability** – The cost of services may vary from one country to another country, so the peoples in that region may not afford the cost of services in that region.
- **Credibility – Quality Assurance** – Trustworthiness of the quality of services also a issue.

3. BARRIERS

- People are scared of hospitals and specialize care
- Fear regarding surgery
- Mentality
- The patient cannot make a decision promptly due to decision making being with another family member
- Bad experience in the past with other eye care institutions
- Bad reputation of the eye camps
- Language
- Financial situation from the patients side as well as from providers side in organising Outreach
- Lack of commitment of sponsors
- Transportation was not there
- Volunteers were not sufficiently available
- Publicity did not reach them

4. Best Practices for Reaching Out to Cataract

Community Understanding

- Understand their need and felt need
- Identify barriers to uptake of service delivery

Methods to create felt need

- Awareness creation among public
- Case Finding & offer of treatment
- Opportunities in marketing using patients
- Networking
- Using Patients as Promoters
- Post-op counselling/motivation cards
- Patient experience not limited to visual acuity
- Use of existing network of Health Promoters



Service Delivery

- Comprehensive eye care services
 - Comprehensive eye screening
 - Treatment or provide referral
 - Follow up
- Develop Strategies to address barriers
- Counselling
- Training volunteers and translators
- Must *have adequate monitoring systems*: Once the service delivery part has been implemented, it is equally important to have strong Monitoring Systems in order to ensure the proper functioning of the entire system.

Financing

- Sustainability comes from quality and not from funding
- For the patient the cost of the eye care is not only the cost of the hospital but also the indirect cost for e.g. food, lodging, and transport
- Financing of poor patients and subsidised patients to be worked
- Develop model to cater to high volume services at low cost

Motivating Ophthalmologists to work in rural areas

Distribution of resources according to the need

- Provide current care, training and appropriate resources to attract doctors in the rural areas
- Create a sense of ownership for the doctor to the rural hospital
- City doctors can pool resources for their counterparts the rural doctors

Approach to be taken by the provider

- Proactive: Provider MUST go to the patient as in most scenarios of the developing world the patient had not enough awareness nor there were enough providers available to be accessible to the patient hence it was very necessary for providers to think of ways of taking their services to the community.
- Accountability: The services that are planned by the provider must be provided to the community as planned on a regular basis.
- Voluntary community involvement: This has to be encouraged to make the services of the provider acceptable to the community and to engage the community on a regular basis in the services provided by the hospital.



- Patient centered care: If we really are to overcome the barriers and ensure the patients returns to us we must provide patient centered care.

