



AREAS FOR ADVOCACY TO ACHIEVE THE DESIRED CATARACT SURGICAL RATE (CSR)

**ADVOCACY WORKSHOP
VISION 2020: RIGHT TO SIGHT,
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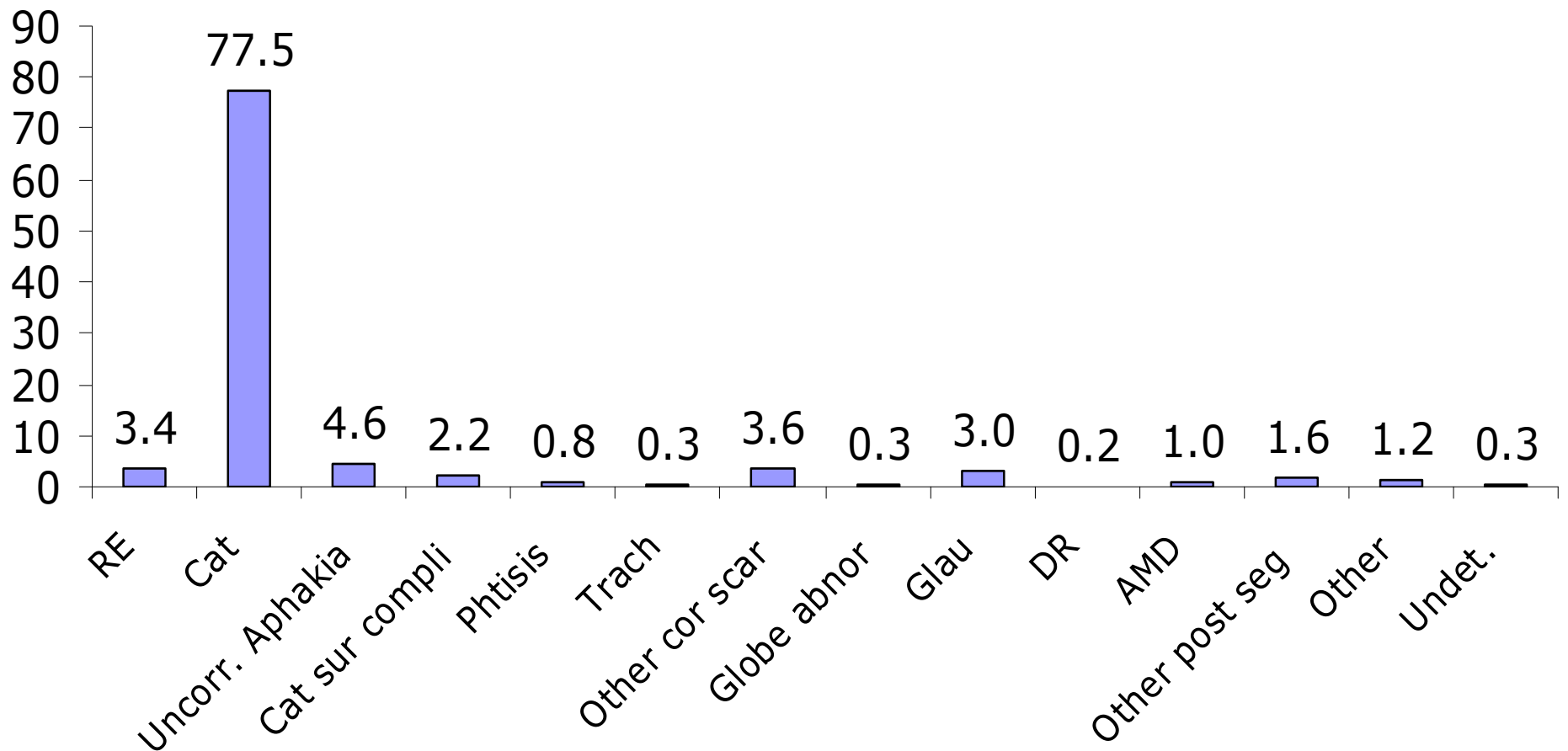
RAAB - 2007

- OVER ALL BLINDNESS HAS REDUCED ONLY marginally
- CATARACT CONTRIBUTES 77.5% TO THE OVER ALL BLINDNESS



CAUSES OF BLINDNESS

Cause of blindness





DISTRICT WISE IOL RATE

District	Total cat OPs done	No. of IOLs	% IOL
Bhatinda	408	198	48.5
Cuddalore	901	685	76.0
Deoria	280	158	56.4
Ganjam	302	180	59.6
Gulbarga	371	220	59.3
Jhansi	487	176	36.1
Malda	197	94	47.7
Nagaur	583	364	62.4
Palakkad	447	373	83.4
Parbhani	422	265	62.8
Prakasam	683	471	69.0
Rajnandgaon	508	321	63.2
Shahdol	268	168	62.7
Solan	413	254	61.5
Surendrangr	787	557	70.8
Vaishali	239	157	65.7
Total	7296	4641	63.6

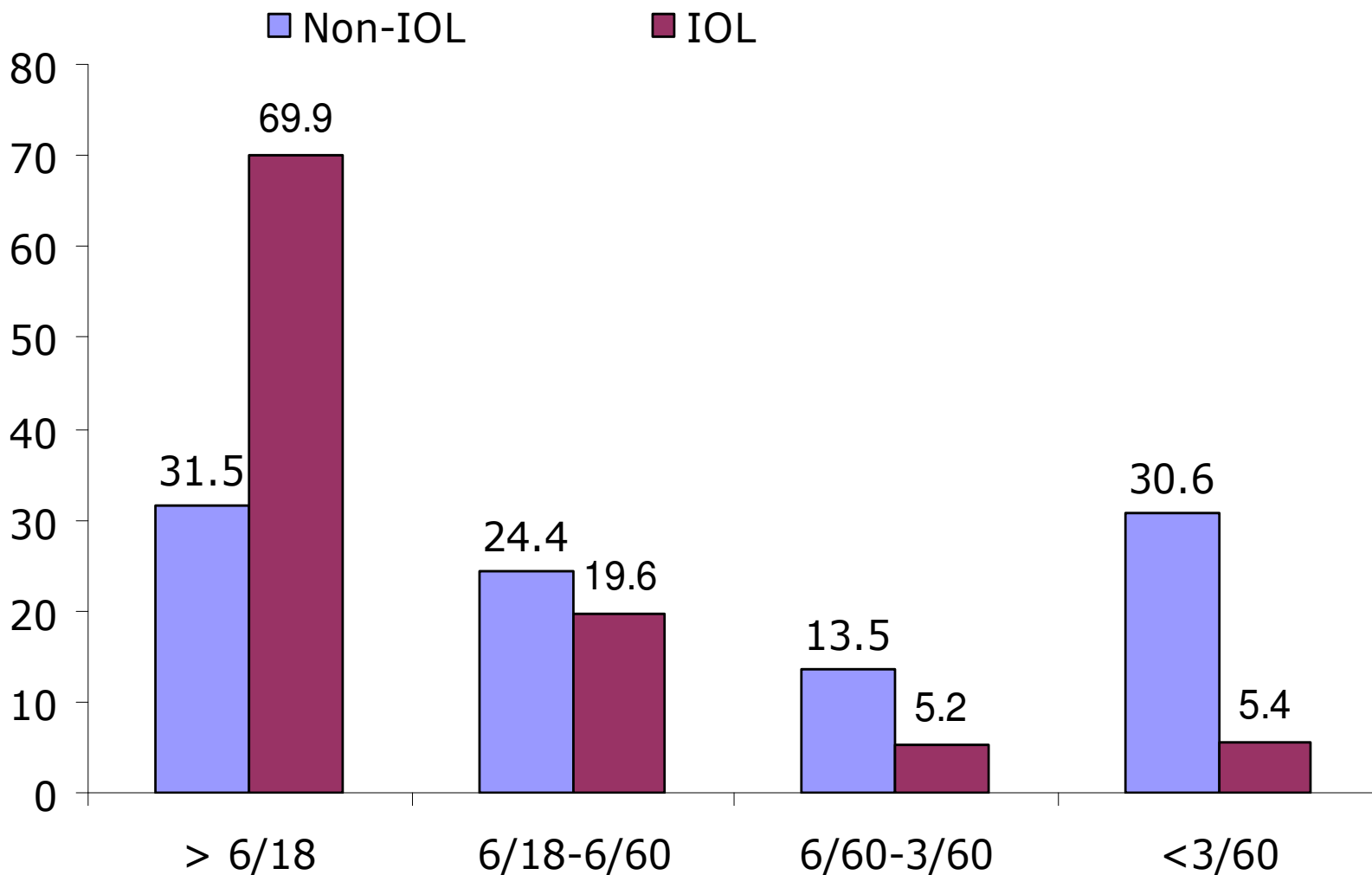


CATARACT SURGICAL COVERAGE (PERSONS)

District	Cataract operated persons	Cat. Not operated with vision <6/60	Total unop+op (<6/60)	Surgical coverage <6/60	Vision <3/60 with cataract	Total unop+op. (<3/60)	Surgical cov. <3/60
Bhatinda	309	77	386	80.1	31	340	90.9
Cuddalore	621	149	770	80.6	51	672	92.4
Deoria	224	270	494	45.3	69	293	76.5
Ganjam	217	215	432	50.2	170	387	56.1
Gulbarga	229	172	401	57.1	91	320	71.6
Jhansi	356	187	543	65.6	98	454	78.4
Malda	151	157	308	49.0	59	210	71.9
Nagaur	433	165	598	72.4	96	529	81.9
Palakkad	297	76	373	79.6	19	316	94.0
Parbhani	338	240	578	58.5	91	429	78.8
Prakasam	476	195	671	70.9	72	548	86.9
Rajnandgaon	349	284	633	55.1	85	434	80.4
Shahdol	195	106	301	64.8	38	233	83.7
Solan	275	56	331	83.1	20	295	93.2
Surendrangr	511	96	607	84.2	18	529	96.6
Vaishali	193	223	416	46.4	107	300	64.3
Total	5174	2668	7842	66.0	1115	6289	82.3



VISUAL ACUITY OF OPERATED CASES BY TYPE OF SURGERY





NAVSARI SURVEY

- Conducted in 2007
- Funded by WHO
- Supervision – R.P. Centre (AIIMS)
- Data collection – SEWA Rural, Jhagadia
- Data analysis done by Dr. GVS Murthy and Dr. Leon ellewin



NAVSARI SURVEY

- We wanted to find out the status of blindness in a high performance state
- To confirm the actual CSR when the reported CSR is > 8000 for the state
- To find out the contribution of cataract to overall blindness in the state where the CSR is > 8000

Blindness X Demographics

Characteristics	Prevalence (%)	Adjusted OR
All 50+	6.9 [6.7 – 8.1]	
Age		
50 – 59 yrs	3.3	Reference
60 – 69 yrs	8.5	2.7 [2.0 – 3.6]
70+ yrs	16.4	5.8 [4.2 – 8.1]
Gender		
Male	5.8	Reference
Female	7.8	0.9 [0.7 – 1.2]
Education		
Illiterate	11.6	
Primary	3.7	0.3 [0.2 – 0.4]
Middle	1.9	0.2 [0.1 – 0.3]
Intermediate and above	0.3	0.02 [0.003 – 0.157]
Place of Residence		
Rural	7.8	Reference
Urban	4.2	0.7 [0.4 – 1.1]

Principal Cause of Blindness

Causes	Unilaterally blind persons (N:502)		Bilaterally blind persons (< 6/60 better eye) (N:327)	
	N	%	N	%
Cataract	288	57.4	270	82.6
Phthisis/Globe abnormalities	27	5.4	11	3.4
Glaucoma	22	4.4	9	2.7
Other Optic Atrophy	19	3.8	7	2.1
Other retina/choroid	14	2.8	7	2.1
PCO	12	2.4	12	3.7
Amblyopia	10	2	2	0.6
CO/Scar	10	2	11	3.4
Refractive Error	8	1.6	4	1.2
Macular Degeneration	8	1.6	14	4.2
Diabetic Retinopathy	4	0.8	2	0.6
Retinal Detachment	0	0	2	0.6
Other causes	73	14.5	27	8.3
Undetermined causes	7	1.4	1	0.3

Cataract Surgical Coverage

Characteristics	No. operated Cataract Blind	No. unoperated cataract blind	Cataract Surgical Coverage (6/60)
All respondents	626	241	72.2%
Age			
50 – 59 yrs	115	70	62.2
60 – 69 yrs	222	90	71.1
70+ yrs	289	81	78.1
Gender			
Male	281	91	75.5
Female	345	150	69.7
Education			
Illiterate	297	188	61.2
Primary	226	45	83.3
Middle	64	7	90.1
Intermediate +	39	1	97.5
Residence			
Rural	428	209	67.2
Urban	198	32	86.1

CSR

Total Population	No. of Cataract Surgeries in 2006	CSR/ million population/ year
33671	180	5346



CURRENT ISSUES

- Case selection process
- HR Challenges
- Infrastructure
- Supplies & equipment
- Eye Care Delivery Systems
- Quality
- Cost of surgery vs. sustainability
- National and sub national structures
- Political Will and Government Support
- Networking & the involvement other sectors, agencies, organizations
- Equity
- Awareness
- Creating the enabling environment.



CASE SELECTION PROCESS

- EYES WITH VA > 6/60 BEING OPERATED (15-20% OF THE TOTAL SURGERIES)
- SECOND EYES BEING OPERATED (30% OF THE TOTAL SURGERIES)
- COMPREHENSIVE EYE EXAM BEING DONE AT VERY FEW PLACES
- PROGNOSIS NOT EXPLAINED PRE OPERATIVELY
- PRE OPERATIVE COUNSELING NOT DONE



HR ISSUES

- NO. OF OPHTHALMOLOGISTS AVAILABLE
- LARGE NUMBER OF EYE SURGEONS IN NON-SURGICAL POSITION
- HIGH CONCENTRATION OF EYE SURGEONS IN URBAN AREAS
- PERFORMANCE OF AN OPHTHALMOLOGIST – 400 / YEAR
- NO. OF PARA MEDICS AVAILABLE
- NO. OF TRAINING CENTRES
- QUALITY OF TRAINING
 - TRAINING DURING RESIDENCY IN SICS AND PHACOEMULSIFICATION
 - IOL COVERAGE STILL LOW IN SOME PARTS
 - Training of paramedics / centres / syllabus



INFRA STRUCTURE ISSUES

- NO. OF SECONDARY CENTRES
- AVAILABILITY OF SEPARATE EYE OT
- KIND OF THEATRE SET UP
- REMOTENESS OF SET UP
- FACILITIES AVAILABLE
 - ONLY FLOOR BEDS GIVEN
 - MANY PATIENTS CROWDED IN SMALL ROOMS
 - POOR SANITARY CONDITIONS



EQUIPMENTS AND SUPPLIES

- QUALITY OF SUPPLIES
- POOR FDA REGULATIONS
- COST OF EQUIPMENTS
- HIGH END EQUIPMENTS AVAILABLE ONLY WHEN THE PERSON HAS EARNED ENOUGH WHEN IT IS NOT NEEDED – THE PERSON WILL HAVE ENOUGH EXPERIENCE BY THAT TIME
- MAINTENANCE A PROBLEM – PARTICULARLY IN REMOTE AREAS

EYE CARE DELIVERY SYSTEMS

- No dearth of technical surgical skill
- Collecting patients is the real problem
- Lack of access to eye care services
- Primary Eye Care
 - Vision centres
 - Community eye health programme
 - Cataract case finders (ASHA workers)
- Secondary hospitals' location

QUALITY

- Outcome studies indicating very high percentage of poor outcome
- Complication of cataract surgery a cause of blindness
- IOL rate still low in some parts of the country
- CLUSTER INFECTIONS & AFTER EFFECTS
- MONITORING / IMPLEMENTATION
- Lack of uniform GUIDELINES
- Quality of PHARMACEUTICALS / disposables
- Lack of knowledge among the management about the quality issues
- “Chalta hai” attitude

COST OF SURGERY VS. SUSTAINABILITY

- **VARIABLE WITH QUALITY**
- **NOT LESS THEN RS. 1000 PER SURGERY**
- **REIMBURSEMENT RS. 750/- TO RS. 800/-**
- **PROBLEMS WITH REIMBURSEMENT FROM DBCS**
- **SUSTAINABILITY OF THE PROGRAMME
DIFFICULT IN THE ABSENCE OF COST
RECOVERY MECHANISMS**

NPCB

- Increase reimbursement
- Implementation of RSBY scheme across the country
- Timely reimbursement
- Online data management across the country
- Creation of infection control guideline and outbreak policy
- Circulate the guidelines to all the players in the country

GOVERNMENT

- Low priority attached to eye care
- Ophthalmologists doing MO duty including emergency duties and post mortem
- Irregular supplies
- Non availability of trained ophthalmic assistants
- Irrational action taken in case of cluster infection
- Accreditation process
- Taxes and custom duties on sight saving equipments

Networking

- The involvement of other sectors, agencies, organizations
- Strong organisations support the work in under served areas
- Better utilisation of Govt. infra structure which is highly under utilised by NGOs and private practitioners



EQUITY

- HIGHER PREVALENCE IN
 - GEO-PHYSICALLY DIFFICULT AREAS
 - SOCIALLY UNDERPRIVILEGED GROUPS
 - FEMALES – GENDER ISSUE
 - RURAL VS. URBAN DIFFERENCE



ISSUE OF AGING POPULATION

- INCREASED LIFE EXPECTANCY
- AVERAGE AGE AT CATARACT SURGERY COMING DOWN

Trend in the growth of the population in the age of 50 yrs and older:

1971	-	63 million
1991	-	115 million
1995	-	125 million
2000	-	147 million
2011	-	200 million

AWARENESS

- Both extremes exist simultaneously
- Not a felt need – people are happy with useful vision??
- Compliance to spectacle wear is still very low
- IEC material does not reach the needy areas
- Interior remote areas – unreached – geo physically difficult areas
 - People don't know that sight can be restored
 - Where to go
 - Myths still exist

CREATING AN ENABLING ENVIRONMENT

- High quality care
- Patient friendly environment
- Affordable cost
- Professional approach
- Technical skills

In Summary – broad limiting factors for delivering eye care related to cataract

- No. of Sight restoration surgeries
- Available manpower – O'logists & paramedics
- Training – no. of centres / quality
- Infra structure and facilities
- Equipments cost and supplies irregular
- Inability to reach the remote areas
- Cost of surgery & cost recovery mechanisms
- Quality of output – Outcome of surgeries
- Non availability of uniform guidelines / protocols
- Aging population / lack of awareness / inequity

In Summary - We need to advocate for

- Higher target CSR or consider CSC
- Train more manpower / improve quality of training
- Create more infra structure particularly in remote / under served areas
- Make equipments and supplies available at a reasonable cost & ensure continuity of supply
- Quality of surgical work – OUTCOME
- Create and make available uniform guideline and protocol
- Increase reimbursement per surgery
- Organise better IEC activities in under served

In Summary - We need to advocate for

- Priority to eye care at Govt. level
- Tax exemption for sight saving equipments and drugs
- Create enabling environment for patients in the hospital
- More IEC activities in remote / under served areas
- Equity in delivery of services

**THANK
YOU**