

# **A conversation with Operation Eyesight Universal, May 22, 2017**

## **Participants**

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**Note:** These notes were compiled by GiveWell and give an overview of the major points made by Mr. Bhoosnurmath.

## **Summary**

GiveWell and IDinsight spoke with Mr. Bhoosnurmath of Operation Eyesight Universal as part of their cataract surgery project (<http://www.givewell.org/charities/IDinsight/partnership-with-idinsight/ataract-surgery-project>). Conversation topics included Operation Eyesight Universal's community eye health program, subsidies for cataract surgery, and room for more funding.

## **Goals and priorities**

Operation Eyesight Universal was founded in 1963 with the mission of preventing and treating avoidable blindness. Operation Eyesight is headquartered in Calgary, Canada, and currently works in India, Nepal, Ghana, Kenya, Zambia, and Liberia. For efficiency, programs in all of these countries are managed from Hyderabad (India). In the next few years, Operation Eyesight plans to expand its work to a total of 15 countries, including Bangladesh, Myanmar, Zimbabwe, Malawi, and Ethiopia.

Four principles that guide Operation Eyesight's work are quality, local capacity-building, sustainability, and complete elimination of avoidable blindness. Operation Eyesight aims to provide "the best for the poorest", meaning that even people who cannot pay for eye care services should receive the highest quality care. Operation Eyesight has an official policy on quality, which is based on the World Health Organization's protocols and standards, and on the practices of successful hospitals.

Operation Eyesight runs programs that treat or prevent cataract, diabetic retinopathy, refractive error, childhood blindness, and, in African countries only, trachoma. Cataract surgery is a large part of Operation Eyesight's blindness prevention work.

## **Hospital improvement**

Operation Eyesight identifies districts with high levels of avoidable blindness, and looks for hospitals to provide eye care in those districts. If there are no eye care facilities, Operation Eyesight sometimes sets up new hospitals; otherwise, Operation

Eyesight works with local hospitals to improve their eye care services. For each local hospital it works with, Operation Eyesight conducts a detailed quality assessment to identify the hospital's needs, and discusses possible interventions with the hospital. The hospital is also expected to invest in its own improvement.

### *Infrastructure*

Operation Eyesight may fund upgrades to a hospital's infrastructure, such as its operating theaters or its outpatient department.

### *Training*

Operation Eyesight helps hospitals adopt better systems and protocols, based on Operation Eyesight's quality policy, in their operating theaters, outpatient departments, and screening programs.

For surgeons, Operation Eyesight may fund fellowships or observerships at established, successful hospitals. For operating theater staff, outpatient department staff, and hospital administrators, Operation Eyesight works with larger hospitals to host training courses based on Operation Eyesight's standards of quality.

### *Monitoring*

Operation Eyesight requires its partner hospitals to follow up with cataract surgery patients at one week, one month, and two months after surgery, in addition to recording outcomes immediately after surgery. Partner hospitals send reports of cataract surgical outcomes to Operation Eyesight every six months. Currently the success rate is over 90% at every partner hospital, and complication rates are around 3%.

## **Community eye health program**

In the developing part of the world, only about 20% of those who need eye health services have access to eye care facilities. Around 2009, Operation Eyesight discovered that screening programs in villages reached only about 10% of the most marginalized people, such as women, children (especially girls), and the elderly. Operation Eyesight then developed a community eye health program to connect everyone to available care.

First Operation Eyesight either partners with an existing high-quality hospital, or partners with a hospital that wants to participate in the hospital improvement process as described above. Then Operation Eyesight identifies the area that the hospital should serve and divides it into clusters, each of which contains between 2,000 and 20,000 people, depending on the population density. From each cluster, in collaboration with the partner, Operation Eyesight recruits community health workers and trains them for 10 to 20 days in identifying eye conditions, measuring visual acuity, and providing health education.

The community health workers in each cluster conduct an initial door-to-door survey. These surveys are an integral part of the program; they reveal exactly who

needs eye care services, and they provide baseline data on blindness and visual impairment in the region.

The community health workers and the partner hospital work together to provide the needed care. It is easier for people to go to local vision centers than to the hospital, so community health workers run screening programs and conduct follow-up evaluations, and provide transportation to the hospital for people who need surgery or additional care.

About two years into the program, Operation Eyesight and the community health workers conduct another door-to-door survey, to determine who has been treated, who has not yet been treated, and who has developed eye health problems since the first survey. After another two or three years, towards the end of the program, they conduct a third door-to-door survey, and also a more participatory survey, in which they ask people whether they know of anyone who has been left out of the eye care program.

Within four or five years of the program's launch, the community has usually eliminated avoidable blindness, in a sustainable way. When this goal is reached, Operation Eyesight invites government officials, medical professionals, and others to confirm the result, and then publically declares the community free of avoidable blindness.

Operation Eyesight has declared over 300 villages in India free of avoidable blindness. It is currently implementing about 50 community eye health projects, including projects in three compounds in Lusaka (Zambia) which contain about 600,000 people in total. Operation Eyesight expects to start declaring these compounds free of avoidable blindness by 2019.

### *Evaluation*

In the district where Operation Eyesight ran its second community eye health project, an external agency evaluated the program. The evaluation found that the program had been largely successful; it also identified some gaps, which Operation Eyesight addressed in its subsequent projects. The evaluation is not yet published, but Mr. Bhoosnurmath can share a draft report with GiveWell.

### **Funding cataract surgeries**

In areas where the government has strong insurance or subsidy programs, Operation Eyesight does not directly fund cataract surgeries. However, some areas do not have such programs, or have such programs in theory but in practice the hospitals are never reimbursed for the surgeries they perform, which may lead them to turn away poor patients. For partner hospitals in these areas, Operation Eyesight pays for the consumables used in cataract surgeries. It typically does not pay for the staff time surgeries require; it considers hospitals responsible for their staff's salaries.

To continue this work, Operation Eyesight is in the process of setting up a cataract surgical program fund for Africa and a cataract surgical program fund for Asia. It expects to have detailed plans for these two funds by the end of 2017.

## **Cataract surgery in Africa**

There is a greater unmet need for cataract surgery in Africa than in Asia, for several reasons:

- In Asia, non-governmental organizations (NGOs) play a major role in eye care; for example, in India NGOs provide 70% of all eye care services. Africa does not have as many non-governmental organizations working in eye care. Most of Operation Eyesight's partner hospitals in Africa are government hospitals, a few are private hospitals, and few are missionary hospitals. By contrast, most of Operation Eyesight's partners in India are NGOs, a few are government hospitals, and a few are private hospitals.
- There are fewer surgeons per person in Africa than in Asia. Most African countries have only 1 to 13 ophthalmologists per million people. Furthermore, surgeons working in Africa mostly work in the largest cities; very few are willing to work in rural areas.
- In many areas of Africa, infrastructure is less developed than in Asia. Many hospitals in Africa do not have ophthalmic equipment, so even an excellent surgeon cannot do much good. These hospitals need to improve their infrastructure and equipment before they can improve in other ways.
- Surgeons in Asia are very productive: one surgeon may perform up to 3,000 surgeries per year, with high quality. By contrast, a surgeon in Africa may perform about 100 surgeries per year.

Even though African countries have a greater need for cataract surgery than Asian countries do, it is much easier to fund additional cataract surgeries in Asian countries than in African countries. In the Asian countries where Operation Eyesight works, there are many high-quality hospitals, which are accessible to many people because population density is high. In the African countries where Operation Eyesight works, the population is more spread out, and many hospitals need to improve the quality of their services before pushing to greatly expand their quantity. Furthermore, cataract surgery in African hospitals is more likely to be limited by a factor other than funding, such as infrastructure capabilities or the number of available surgeons.

### *Cataract surgical months*

As part of its plan, Operation Eyesight will encourage surgical teams from India, Nepal, and Bangladesh to visit its partners in Africa for 15 to 30 days. Before they arrive, local staff and community health workers identify and prepare patients, so that the visiting surgeons can perform as many surgeries as possible. The visiting teams also help train local doctors to upgrade their surgical skills, which leads to better visual outcomes and sustainability.

## **Operation Eyesight's funding**

Operation Eyesight writes proposals for specific projects it wants to undertake, and then fundraises for them, in Canada and now also in India. The sizes of these proposals vary. Large projects have included: about \$750,000 to establish a teaching hospital in Lusaka; about \$600,000 to establish a secondary care center in Zimbabwe. Typical small projects: \$50,000 to upgrade an outpatient department; \$20,000 - \$60,000 to establish a vision center, depending on location. Operation Eyesight has found that it is least expensive to intervene in India, slightly more expensive in neighboring countries like Nepal, Bangladesh, and Myanmar, and significantly more expensive in most African countries.

Operation Eyesight has capacity to utilize extensive additional funding. It has a waiting list of partner hospitals who have already met Operation Eyesight's quality standards but for whom Operation Eyesight does not yet have the money to fund cataract surgeries. Recently, when Operation Eyesight received a grant of around \$800,000 CAD for cataract surgeries, it used the money within 10 or 11 months and exceeded the donor's targets; Mr. Bhoosnurmath estimates that Operation Eyesight could have used another \$1.5 million of similar cataract surgery funding.

Operation Eyesight's board has approved a forward-looking global strategy, and each country-level program has come up with a strategic plan for the next five years. These country-level plans each call for between \$3 million and \$4 million per year, a large increase over the current funding levels, which are between \$0.5 million and \$1 million per country per year. Mr. Bhoosnurmath believes that Operation Eyesight has the knowledge and the systems to successfully scale up its operations to those levels.

*All GiveWell conversations are available at <http://www.givewell.org/conversations>*