

A conversation with the Seva Foundation, January 13, 2016

Participants

- Dr. Suzanne Gilbert – Senior Director, Innovation & Sight Program, Seva Foundation
- Dr. Chundak Tenzing – Medical Director, Innovation & Sight Program, Seva Foundation
- Heidi Chase – Associate Director, Innovation & Sight Program, Seva Foundation
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Note: These notes were compiled by GiveWell and give an overview of the major points made by Seva Foundation staff.

Summary

GiveWell spoke with Dr. Suzanne Gilbert, Dr. Chundak Tenzing, and Heidi Chase of the Seva Foundation (Seva) as part of its investigation into cataract surgery. Conversation topics included Seva's work related to cataract surgery, the Global Sight Initiative, and room for more funding.

Seva's work related to cataract surgery

Seva works on blindness prevention and sight restoration in over 20 countries. It uses a collaborative model to bring its expertise in ophthalmology, optometry, and management of eye care programs to its partner institutions around the world. Seva uses the WHO-recommended metrics of cataract surgical rate (cataract surgeries per one million population per year) and cataract surgical coverage (proportion of persons with cataract who have received surgery) to measure impact. Seva works in a holistic way with each partner to provide a range of services including:

- Development of comprehensive programs that deliver cataract surgery and prescription eyeglasses to those who need them. These two services cover the needs of 75% of people who are blind or have severe visual impairment.
- Building capacity in existing local hospitals. There are many hospitals with high potential in areas with high unmet need, and it can be more cost effective to improve an existing facility's ability to deliver cataract surgery than to build a new one.
- Identifying people in villages who need cataract surgery and connecting them to services.
- Establishing new hospitals with strong community outreach programs.
- Local political advocacy and funding to enable partners to work more effectively in their countries.

- Petitioning local universities to sanction ophthalmology residency training programs which meet international standards.
- Creating a mentor-mentee relationship between local hospitals as part of the Global Sight Initiative.

Capacity building

Seva works with partner hospitals to build local capacity to perform safe, high-quality cataract surgeries and other eye services by sponsoring training, setting up management systems and contributing basic equipment, instruments, and medical supplies. After several years, these hospitals are able to increase the number of surgeries performed by 2-4-fold.

Sustainability

Seva's partner hospitals charge a nominal fee on a sliding scale for cataract surgery, and about \$1 for reading glasses, which are often necessary after the surgery. The hospitals may provide free surgery to people who cannot afford the fee, but patients highly value the surgery and typically even the poorest are willing to pay a nominal fee. The revenue generated from these two fees is used to cover the costs of running the institution, which prevents the hospitals from relying on donors in the long term.

Community program

In addition to building local capacity to perform high-quality surgeries, Seva supports programs to send field workers into communities to screen blind people for cataracts, because the majority of people who are blind from cataracts live in villages. This program is advertised on local radio in hopes of reaching as many people as possible.

The majority of the people who are found to have cataract are referred or taken to eye hospitals for surgery. Seva funds transportation of these patients between their communities and the eye hospitals. Improving cataract surgery acceptance rates is a priority within Seva programs. Seva has observed that cataract surgery acceptance rates are largely a function of the reputation of the eye care institution and its ongoing relationship with the community. In Seva's experience, optimal acceptance rates (in the 85%-90% range) require that persons advised to have cataract surgery:

- Trust the eye care institution.
- Perceive that they will receive good quality, respectful care at a fair price.
- Have prior contact with the eye care institution or advance information so they come prepared (mentally and physically) to have the surgery.
- Receive individual counseling to encourage agreement to have the procedure.

- In instances of community-based screening activities: the provision of free transportation to the hospital and food are very important.

Seva also provides eye health education and awareness-building to teachers and female community health volunteers.

Establishing hospitals

Seva identifies areas with large populations of people who are blind from cataract and works with local ophthalmologists and health workers to create eye health awareness and excitement about establishing a hospital. If and when the community becomes interested in building a hospital and provides land on which to build one, Seva works with other international non-governmental organizations (NGOs) to support building the hospital and to provide necessary equipment. Local entrepreneurs and philanthropists also contribute. After a hospital has been built, it is locally owned and run, not considered a 'Seva hospital'.

South-to-South Transfer of Knowledge and Skills

Seva supports south-to-south transfer of knowledge and skills. For example, Seva supported Nepali surgical teams' travel to remote regions of China to perform cataract surgeries in partnership with local Chinese surgeons. Seva sponsors partners who need training to obtain it from more mature partners who offer it. This type of activity has enabled Seva to expand its programs to new countries and to build a community of service-oriented eye care institutions.

Global Sight Initiative

Seva's Global Sight Initiative focuses on creating a mentor-mentee relationship between underperforming eye hospitals and 12 high-performing partner hospitals that Seva has worked with extensively to develop the capacity to perform high-quality cataract surgeries. Seva works with the mentor hospitals to strengthen their ability to provide training, consulting, and planning assistance to mentee hospitals to increase the quality and quantity of cataract surgeries they perform. The mentor hospitals have been working with mentee hospitals during the last 3-4 years.

The Global Sight Initiative aims to produce 1 million additional cataract surgeries annually by 2020. Sixty hospitals participate in the program in the Middle East, Latin America, South Asia, and Africa, and Seva staff would like to increase enrollment to 150 hospitals.

Volunteer exchange program

Seva runs a volunteer exchange program through which experts in areas such as public health, ophthalmology, information technology (IT) systems, community development, or research offer training to Seva's partners in these areas. These

experts may come from within Seva's partner network or may be from North American institutions.

Impact assessment

Quantity of cataract surgeries

To assess the Global Sight Initiative's impact on how many cataract surgeries each hospital performs, Seva:

- Works with each mentor hospital as it determines a prospective mentee's baseline level of surgical productivity and interest to improve. This is done before beginning the mentoring partnership.
- Evaluates areas for improvement in the hospital's systems, quality standards, and human resources training, and works collaboratively to help address these issues to produce more surgeries.
- Implements information management systems that enable hospitals to better record, track, and learn from the patient services they offer, and to give Seva information about their annual surgical productivity.

Quality of cataract surgery

The quality of a cataract surgery is assessed by measuring visual acuity before surgery, one day after surgery, and either 1 to 3 months after surgery. On a periodic basis, Seva and partners also interview patients to evaluate the impact of the surgery on quality of life.

Given that more hospitals are being built and patients have increasingly more options, a major indicator of the perceived quality of a surgery is the percentage of patients who return to the same hospital for surgery on their second eye. A high proportion of patients treated in Seva's partner hospitals return for their second surgery.

Types of cataract surgery offered

Patients treated at Seva's partner hospitals are able to choose between manual small incision cataract surgery (MSICS) and phacoemulsification. MSICS is the more affordable of the two options and is therefore more popular, particularly in rural areas where the patients served are very poor. The two techniques yield nearly identical results.

Funding

Funding for the Global Sight Initiative is disbursed either via regional offices or directly to partner hospitals.

Regional offices

Seva has branch offices in Cambodia and Nepal. Each office has a staff of 4-11 people whose work includes:

- Connecting with partner institutions.
- Creating a 3-5 year plan, depending on the region.
- Presenting the plan to the ministries of health and foreign affairs.
- Signing a 3-5 year Memorandum of Understanding after the plan is approved.
- Renewing the plan every 3-5 years.
- Disbursing Seva funding to local partners, either on a reimbursement basis or as an advance.

Direct transfers to partners

Seva transfers funding directly to partner hospitals with which it has been working for many years and where a branch office is not needed as an intermediary.

Global Sight Initiative mentor institutions

The Global Sight Initiative mentor institutions are: Aravind Eye Care System, India; Clinica Oftalmologica Divino Nino Jesus, Peru; Dr. Shroff's Charity Eye Hospital, India; Kilimanjaro Centre for Community Ophthalmology, Tanzania; LV Prasad Eye Institute, India; PBMA HV Desai Eye Hospital, India; Sadguru Netra Chikitsalaya, India; Seva Nepal; Visualiza Eye Care System, Guatemala; and Vivekananda Mission Asram Netra Niramay Niketan, India.

Room for more funding

Seva would use additional funding to:

- Optimize current partners' ability to serve their communities by increasing the volume and sophistication of their comprehensive services. Additional funding can have a significant impact on existing programs.
- Begin working with new mentor institutions and build their capacity to help underperforming hospitals.
- Connect mentor hospitals with additional mentee hospitals. Sponsoring the mentoring process involves funding assessments, training, visits between hospitals, and implementation of new management and service systems.

Cost of the mentoring process

Costs of the mentoring process are shared with the partner institution, but it is important for Seva to provide funding for the core process. The cost to sponsor the mentoring process between two hospitals ranges between \$15,000 and \$85,000 per year, depending on the region and on what is included in the mentoring package.

The cost per hospital in Africa is higher than in other areas, in part due to increased transportation costs, and a longer duration of intervention is required in order to achieve systems change. Seva works with the Kilimanjaro Center for Community

Ophthalmology, a partner institution that it helped to found, which now works in more than one dozen countries in Sub-Saharan Africa.

The mentoring process in India, Bangladesh, and Nepal tends to yield faster results at a lower cost, in part due to proximity of mentors to mentees and higher population density.

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