Conversation with Babar Qureshi and Andrea Brandt von Lindau, February 1, 2016

Participants

- Dr. Babar Qureshi – Director of Neglected Tropical Diseases and Senior Medical Advisor, CBM (formerly Christian Blind Mission)
- Andrea Brandt von Lindau – Trachoma and Eye Health Programme Officer, CBM
- Sophie Monahan – Research Analyst, GiveWell
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Note: These notes were compiled by GiveWell and give an overview of the major points made by Dr. Qureshi and Ms. Brandt von Lindau.

Summary

GiveWell spoke with Babar Qureshi and Andrea Brandt von Lindau of CBM as part of its investigation into cataract surgeries. Conversation topics included CBM's cataract programs, monitoring and evaluation activities, and room for more funding.

CBM's cataract programs

In 2014, CBM supported projects in 65 countries globally. CBM contributed to cataract programs in most of these, and supported 600,000 cataract surgeries worldwide that year. Data on surgery numbers is compiled using quarterly forms supplied by CBM partners. CBM's 2014 global expenditures totaled €63.8 million.

CBM does not do direct service delivery. It supports the frontline work of partners, including governments, local NGOs, and faith-based hospitals or institutions, seeking to increase their capacity to provide access to comprehensive, high quality eye care services.

CBM has two main cataract program delivery strategies: the public health systems strengthening approach, and support for local NGOs. CBM determines its program strategy based on the prevalence of visual impairment, blindness, and cataract in a specific country or region. It obtains this data from World Health Organization (WHO) publications, national surveys, and Rapid Assessment of Avoidable Blindness (RAAB) surveys. In general, government programs tend to be more sustainable and have a wider reach.

CBM's support work is focused on the following areas:

- Infrastructure development
- Provision of high quality, standard equipment
- Provision of high quality consumables
- Human resource training
- Cost reduction

CBM used to support surgical eye camp work. With the exception of a few remaining camps, almost all CBM-supported surgeries now take place in a hospital environment.

Disability inclusion

CBM also aims to render facilities and services more inclusive for people with disabilities. For example, it seeks to ensure that health facilities are accessible to people with all types of disabilities, health education materials are accessible, and that health care staff are trained in inclusive practices.

Health systems strengthening

CBM's health systems strengthening approach aims to improve access to cataract surgery by strengthening cataract programs at the primary and secondary level. This leads to high quality, equitable comprehensive eye care.

In Pakistan, 10-12 years ago, CBM worked with the national coordinator in charge of the country's blindness prevention program to identify district hospitals (which were often less developed than tertiary hospitals) in need of upgrades. CBM helped improve infrastructure, provide new equipment and access to consumables, and train healthcare workers such as paramedics and ophthalmologists. The government was impressed by the subsequent uptake in the number of cataract surgeries and decrease in prevalence of visual impairment, and decided to invest in further upgrading projects. Now all of the country's district hospitals have functional eye care programs.

Support for local NGOs

CBM undertakes similar work with local NGOs, seeking to equip them with a high quality base health center that can do diagnoses and perform all medical, surgical and optical interventions related to cataract surgery.

CBM also supports the outreach activities of NGOs. This might involve training community volunteers, health workers, and technicians from NGOs, or helping small NGO-run community clinics conduct screening camps where patients can be diagnosed and referred to hospitals for surgery.

CBM tries to select NGO partners which have the ability to:

1. Provide access to appropriate and high-quality surgery services.
2. Ensure that equipment and supplies remain safe and are used for their intended purpose.
3. Continue providing services if CBM funding ends. This is an important factor for CBM, as it wishes to ensure that NGOs do not become dependent on CBM funding.

Proactive approach to outreach work

CBM would like to further develop partners' capacities to take proactive measures to ensure that referred patients, particularly those with cataract who are blind or

severely visually impaired, actually end up receiving surgery. Barriers to accessing cataract surgery include cost, distance, poor visual outcome from failed surgeries, and fear, and these barriers are often more pronounced for cataract patients who are blind or severely visually impaired. According to CBM's surveys of partner organizations, this group only represents 10-30% of the cataract surgery population. Seeing patients tend to have better access to surgery, as they generally have greater mobility and ability to pay for surgery.

Currently, only 20-50% of referred individuals end up receiving surgery; this figure might increase to approximately 70% if they are provided with transportation and subsidized or free surgery. Some of CBM's country programs already support partners' efforts to provide transportation services. Transportation arrangements are generally made once approximately 10 patients in an area have been diagnosed and referred for surgery. This approach may vary from country to country.

On average, cataract surgery costs about £24. A very rough ballpark estimate of the per person cost of performing a diagnosis in the community (including training) and providing transportation to the hospital is £15, bringing the total cost for this type of complete, proactive approach to around £39. These figures may vary across countries.

Monitoring and evaluation activities

CBM has always made efforts to monitor and evaluate its programs. It seeks to answer four primary questions:

1. How many surgeries have been supported by CBM's work?
2. What is the success rate of CBM-supported surgeries?
3. How satisfied are the patients with the services they've received?
4. What are the costs of services, and if high, how might they be reduced?

Program managers in CBM's partner organizations use a benchmarking manual to record data. In Pakistan they have only recently started monitoring patient satisfaction levels, and are using a new tool for this purpose.

CBM uses the following metrics to assess the effectiveness of its programs:

1. Country-level prevalence.
2. District-level prevalence: This is done by conducting a Rapid Assessment of Avoidable Blindness (RAAB) at baseline and after five years to assess change in the prevalence of eye diseases, including cataract.
3. Number of cataract surgeries per country: CBM seeks to contribute towards a country's Cataract Surgical Rate (CSR). This is a World Health Organization (WHO) benchmark for the number of cataract surgeries per million population per year.
4. Surgical outcomes: CBM assesses surgical success rate at day 1, week 1, and week 4 post-surgery using the WHO criteria for post-operative visual acuity.

Room for more funding

If CBM were to receive additional funding, it would aim to scale up to 1 million surgeries per year by 2020. This would represent a major contribution to blindness reduction, given that cataract causes approximately 50% of severe visual impairment and blindness.

CBM already has an effective model, as well as the necessary infrastructure and monitoring mechanisms in place to undertake a scale-up. It would focus on building up new partnerships and scaling up in countries where it already works rather than initiating programs in new countries.

CBM would first aim to increase access to high quality surgical services at district-level and NGO health centers, and then scale up community-level outreach activities.

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