

# **A conversation with Light for the World, May 30, 2017**

## **Participants**

- Dr. Amir Bedri Kello – Director for Eye Health and Neglected Tropical Diseases, Light for the World
- Jess Blijkers – Program Manager, Light for the World
- Lulu Tian – Senior Associate, IDinsight
- Jessie Press-Williams – Associate, IDinsight
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**Note:** These notes were compiled by GiveWell and give an overview of the major points made by Light for the World staff.

## **Summary**

GiveWell and IDinsight spoke with Dr. Kello and Ms. Blijkers of Light for the World as part of their cataract surgery project (<http://www.givewell.org/charities/IDinsight/partnership-with-idinsight/cataract-surgery-project>). Conversation topics included Light for the World's eye health programs, impact assessment, and room for more funding.

## **Background on Light for the World**

Light for the World is an international disability and development organization, founded in Austria in 1988. It began as CBM Austria. Originally it worked mostly on eye health; it now also works on inclusive education for children with disabilities, community-based rehabilitation, and disability rights. About half of Light for the World's work is focused on eye health.

Light for the World has five focus countries: Ethiopia, Burkina Faso, Mozambique, Bolivia, and the North Eastern Region of India. Its other partner countries for eye health are Uganda, South Sudan, the Democratic Republic of the Congo, Rwanda, and Tanzania.

## **Eye health strategy**

Light for the World aims to support sustainable, comprehensive eye care systems. It works through local partner organizations; most of its partners are government institutions, a few are local non-governmental organizations, and a few are faith-based organizations. It provides technical and financial support to district-level, province-level, and regional-level programs.

Light for the World supports base hospital and health care activities, and works to integrate eye health into overall health systems. It does not focus on a single disease, or specifically on prevention of blindness only, but on high-quality, accessible, comprehensive eye health services within sustainable systems.

Light for the World often works with its partner countries' ministries of health. It supports each country's internally determined eye health priorities, based on

National Eye Health strategies and plans. It also expects its programs to serve as examples for local governments, and thus strengthen local eye health systems indirectly as well as directly.

### **Funding eye health programs**

Typically, Light for the World meets with a country's national ministry of health, then partners with region- or district-level health authorities. Light for the World and the local partner work together to create a project with a detailed plan, specific indicators of success, and an agreed-upon budget; then Light for the World partially funds the project.

In the case of projects that involve purchasing a lot of equipment or consumables, Light for the World makes the purchases, with the help of an Austrian organization specialized in procurement that searches out the best and least expensive available providers; this arrangement is more efficient than having Light for the World (and local partners) investigate purchase options.

All project funding that is not intended for procurement of equipment or consumables is transferred from Light for the World to its local partner, for the local partner to use in accordance with the project agreement.

### **Project areas**

#### **Human resources for eye health**

In many developing countries, lack of human resources for eye health is a major bottleneck in the provision of eye care, including cataract surgery. Light for the World supports training for ophthalmologists and other eye health staff; its projects include two training institutions for ophthalmologists in Ethiopia, an ophthalmology training program for residents in Burkina Faso, and training programs in Mozambique, Tanzania, and Kenya.

Light for the World also advocates for a fair distribution of human resources – for example, when new ophthalmologists are trained, Light for the World encourages governments to place them in rural areas on government payrolls.

#### **Infrastructure**

Light for the World supports infrastructure development, including the construction/renovation of secondary eye care units, the installation of equipment, and recurring provision of instruments and consumables. Infrastructure development is key to reaching underserved rural populations: in many countries, only the biggest cities have ophthalmologists, in part because rural areas do not have the infrastructure that ophthalmologists need.

#### **Outreach**

Light for the World believes that because of the scarcity of human resources and the large unmet needs of rural populations, eye care units in developing countries should have strong outreach programs. A typical base hospital should have four to six designated outreach sites, which a team of hospital staff visits on a regular

schedule. In this way, a hospital can reach many people who may not be able to come to its base location. Outreach sites should have staff, who can prescreen local patients and prepare them for the visits of the hospital's outreach team. It is very important that the hospital's team visit the outreach sites on a predictable schedule, so that the community can rely on the team for eye care, and so that any patients who experience complications can receive additional care. Light for the World supports existing eye care units in developing reliable outreach programs.

## **Cataract surgery work**

Last year, Light for the World supported about 52,000 cataract surgeries. It focuses more on the quality of its partners' cataract surgical care than on the quantity of surgeries performed. It supports its partners to perform manual small incision cataract surgery, to use biometry to select intraocular lenses, and to collect pre- and post-operative visual acuity data.

### *Manual small incision cataract surgery*

There are various methods of performing cataract surgery. The standard method in developed countries is called phacoemulsification. Light for the World recommends that its partners perform manual small incision cataract surgery, a technique that has outcomes similar to phacoemulsification but requires less specialized equipment, is less expensive to perform, and has shorter recovery times than extracapsular cataract surgery technique (ECCE).

### *Biometry*

In cataract surgery, the eye's natural lens is removed and replaced with an artificial intraocular lens. To determine what power this replacement lens should be for each patient, hospitals can measure the lens of the eye using ultrasound, and measure the curvature of the cornea using a keratometer. These measurements are referred to as "biometry."

Biometry and the procurement of correctly powered lenses can be challenging for hospitals; however, Light for the World expects its partners to use these procedures. The alternative is to give all patients a standard intraocular lens, which leads to less ideal visual outcomes – many patients will need glasses after this procedure, which they would not need if they had received intraocular lenses of the correct power.

### *Data collection*

Light for the World asks its partners to collect the pre- and post-operative visual acuity of cataract surgery patients. Post-operative visual acuity is measured the day after surgery; hospitals are sometimes able to also measure visual acuity a week after surgery, but it is very difficult to get all patients to come back after six weeks, as is recommended. However, one-day-post-operative visual acuity is predictive of longer-term visual outcome.

Light for the World also encourages local governments to improve their data collection and health monitoring systems.

## **Measuring impact**

### **Population-based surveys**

To measure progress towards World Health Organization goals and recommendations, population-based surveys are needed. Surveys that are relevant to cataract surgery include rapid assessments of avoidable blindness, measures of cataract surgical coverage (percentage of people in need of cataract surgery who have received the surgery), and measures of effective cataract surgical coverage (percentage of people in need of cataract surgery who have received surgery that significantly improved their vision).

One way that Light for the World evaluates its impact is by comparing population-based survey results from before and after it works in a region, taking into account factors such as population growth and demographic aging. For example, in Ethiopia there was a 2005-2006 national survey on blindness and low vision. Since then, Light for the World together with other organizations have worked on improving eye care services in Ethiopia. Another national survey is planned for 2018; comparisons between the two surveys will indicate the impact of eye health activities in Ethiopia in the intervening years.

Often, Light for the World is one of the main eye health actors in the regions where it works. For example, in some countries there is coordination of international organizations, such that Light for the World might work in one region, Sightsavers in another, and CBM in a third. For this reason, changes that occur in Light for the World's focus regions may reasonably be attributed to Light for the World's work.

### **Reports from partners**

Light for the World receives biannual reports from each of its eye health partners. These reports contain data on the number of cataract surgeries performed and pre- and post-operative visual acuity.

Light for the World also receives some reports from individual doctors whose training and equipment it has funded.

### **On-site assessment**

Light for the World staff regularly visit program sites to monitor the programs and provide support. On a programmatic monitoring visit, a program staff member visits an eye care unit to evaluate the structure of the eye care services, the patient flow, exchange with beneficiaries, etc. On a technical monitoring visit, a technical staff member visits an ophthalmologist to evaluate diagnostic procedures, surgical skills, etc. If an ophthalmologist's skills need improvement, Light for the World can provide additional training.

On a site visit, Light for the World staff may also try to verify reports against hospital records.

## **Potential uses of additional funding**

Within Light for the World's eye health work, there are identifiable places where additional funding could scale or otherwise improve Light for the World's work. Additional funding for eye health would go to those places, and would not cause other funding to be shifted away from eye health. Some of Light for the World's eye health work is integrated with its other focus areas, so those other areas might benefit indirectly from additional funding for eye health.

With additional eye health funding, Light for the World would focus on scaling and improving technical capacities in its partner countries. Light for the World could provide more and better training for eye health staff, which would increase the number of eye health personnel and improve the quality of the services those personnel provide.

Because there is still great need for eye health services in the countries where Light for the World currently works, it would not use additional funding to expand to additional countries. It might direct more funding to regions of its current countries which are especially underserved.

Light for the World would continue to work toward comprehensive eye health, including the treatment of cataract and the treatment of other conditions, such as glaucoma, which is the second leading cause of blindness in most African countries and is not being sufficiently addressed.

## **Monitoring and evaluation**

Light for the World would like to invest some additional funding in improving its data collection, monitoring, and evaluation. When funding is very limited, it is difficult to justify, for example, conducting a survey rather than supplying a surgical microscope; however, when there is enough funding for direct activities and for evaluation activities, surveys such as rapid assessments of avoidable blindness can be helpful.

Light for the World is in the process of reviewing its organization-wide monitoring and evaluation strategy including for eye health.

## **What makes Light for the World different**

Ways in which Light for the World may stand out from similar organizations include: reaching people in remote, underserved rural areas, investing in long-term plans with local governments, and convening many stakeholders to work together.

## **Negative effects of cataract campaigns**

It is possible to bring a surgical team to a region and perform a large number of cataract surgeries in a short time. However, Light for the World believes that these campaigns are ultimately detrimental. Cataract is not an infectious disease that can be eliminated through short-term campaigns; it is an issue that all countries will need to manage on an ongoing basis. Developing countries (like other countries)

need the infrastructure and human resources to be able to treat cataract sustainably, therefore a health systems strengthening approach is necessary.

There are also downsides in the short term.

- Not all people with eye problems have cataract. People with glaucoma, trachoma, refractive errors, and so on, also come to cataract campaigns and ask for treatment. Because cataract campaigns are not integrated into comprehensive eye health systems, they are not able to help these people.
- Short-term cataract campaigns cannot perform follow-up evaluations, and cannot provide additional treatment to people who experience complications from cataract surgery.
- Cataract campaigns often provide free surgery using the infrastructure of established eye care units, which compromises their effort to recover some finances and work toward sustainability. After a free campaign leaves, people may be unwilling to pay even a subsidized fee for cataract surgery.

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