

## **A conversation with Sightsavers, April 14, 2016**

### **Participants**

- Julia Strong – Trusts Manager, Sightsavers
- Dr. Imran Khan – Chief Global Technical Lead (Programme Development & Innovations), Sightsavers
- Mike Straney – Director of Major Giving, Sightsavers
- Sophie Monahan – Research Analyst, GiveWell

**Note:** These notes were compiled by GiveWell and give an overview of the major points made by Ms. Strong, Dr. Khan, and Mr. Straney.

### **Summary**

GiveWell spoke with Ms. Strong, Dr. Khan, and Mr. Straney of Sightsavers as part of its investigation into cataract surgeries. Conversation topics included Sightsavers' cataract program, monitoring and evaluation processes, and program costs and funding.

### **Sightsavers' cataract program**

In 2015, Sightsavers supported approximately 252,000 cataract surgeries through 55 projects in roughly 20 countries. Its larger cataract projects are located in Southeast Asia (for example in Bangladesh, India, and Pakistan), and it also has projects in Sub-Saharan Africa. Sightsavers works with governments to strengthen countries' cataract surgery systems. It also seeks to integrate this work with its eye health-related neglected tropical disease programs.

### **Supply side activities**

Sightsavers uses a "systems" approach to address both supply and demand challenges in the cataract surgery space. On the supply side, Sightsavers invests in:

1. *Human resources*, including training for all cataract surgery team members, including ophthalmologists, cataract surgeons, mid-level practitioners who support the surgical team, community health workers, and technicians who maintain surgical equipment.
2. *Infrastructure*, including diagnostic and surgical equipment.
3. *Consumables*, including the intraocular lenses that are inserted after the cataracts are removed and post-operative eye-drops.

### **Demand side activities**

On the demand side, Sightsavers aims to support efforts to remove the barriers that prevent people from accessing cataract surgery in low-resource settings. These fall into two main categories: awareness and access.

*Awareness of services and their benefits*

Lack of awareness about cataract surgery services and their benefits is a barrier to accessing services. Sightsavers seeks to understand this barrier from the perspective of potential beneficiaries and to address knowledge gaps and potential misperceptions. This involves working with community health workers and disseminating information through education and communications materials.

### *Access to surgical care*

Surgical care facilities are often located in major cities, and can be difficult to access for patients living in remote communities. Sightsavers aims to support efforts to increase "surgical coverage", the proportion of persons with cataract who receive surgery. This work might involve strengthening referral networks from community health workers to tertiary hospitals, building secondary hospitals, or bringing services into primary, district-level hospitals.

### **Manual small-incision cataract surgery**

While phacoemulsification is the main type of cataract surgery in countries like the U.S. and the United Kingdom, Sightsavers primarily supports manual small-incision cataract surgeries (MSICS). In general, ophthalmologists are already trained to conduct MSICS, and it requires less expensive equipment than phacoemulsification. In areas where Sightsavers works, cataracts are often denser, as they are diagnosed at a more advanced stage; MSICS tends to be more effective than phacoemulsification in this context.

## **Monitoring and evaluation processes**

### **Outputs**

Sightsavers collects the following outputs from its cataract programs:

- Number of patients screened for cataracts
- Number of patients examined for cataracts (a more thorough evaluation than the initial screening)
- Number of patients who receive cataract surgery

### **Assessing the quality of services**

Sightsavers has developed a quality standard assessment tool (QSAT) to measure the quality of the cataract surgery services it supports. It has used the cataract QSAT to conduct 26 cataract quality assessments in 10 countries since 2013. It assesses pre-surgical and surgical conditions to ensure that the proper infrastructure is in place, including a sterile surgical environment, trained human resources, and appropriate equipment and consumables.

Patients who have a low-quality surgery experience may inform their communities, which could drive down demand for surgeries. Maintaining a high level of quality can help surgical services reach more individuals. Ensuring service quality was more challenging in the past, when surgeries were primarily delivered in a temporary "camp" setting.

## **Post-operative visual acuity**

In ideal conditions, surgical outcome assessments are conducted by testing visual acuity one month following surgery. However, in settings where Sightsavers-supported surgeries take place, it can be challenging to achieve a high level of follow-up. On average, Sightsavers is able to collect this type of data for less than 20% of surgery patients. Sightsavers' projects in Asia tend to have more well-developed data collection systems than those in Africa.

Because of challenges in assessing surgical outcome through follow-up assessments, in its new projects Sightsavers is considering assessing visual acuity one day after surgery. This proxy test would help predict one month post-surgery outcomes.

## **Baseline data**

Prior to initiating a project, Sightsavers collects the following types of baseline data to facilitate program planning and impact assessment:

- *Existing services and infrastructure* – For example, if Sightsavers is improving services in a hospital that already conducts cataract surgeries, it collects information on the number of surgeries performed before intervention, as well as on existing human resources and equipment.
- *Visual impairment prevalence levels* – Sightsavers conducts Rapid Assessments of Avoidable Blindness (RAABs) to measure the prevalence of visual impairment at baseline in a region, which is useful for planning purposes. In order to assess change in a given area, a subsequent RAAB typically takes place seven to nine years later.

## **Program costs and funding**

In 2015, Sightsavers' cataract work represented roughly £6.2 million, or 14%, of its overall £45 million budget.

Program costs vary considerably depending on what types of support are needed. For example, constructing a new facility will cost more than refurbishing an existing one, and providing comprehensive training for an ophthalmologist is a more costly investment than shorter-term provision of equipment and consumables. As populations tend to be more concentrated in Asian countries, programs in African countries often have higher transportation costs.

Sightsavers conducts a cataract surgery unit cost analysis every few years.

## **Room for more funding**

With additional funding, Sightsavers would scale up its efforts to establish and/or strengthen services at district-level hospitals and auxiliary units in underserved communities. It would also scale up its human resource development activities, including training for surgeons.

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