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SUPPORTING VISION 2020: THE RIGHT TO SIGHT

IMPORTANCE OF AFFORDABLE EYE CARE

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Introduction

The Global Initiative for the Elimination of Avoidable Blindness (Vision 2020: The Right to Sight) sets a major challenge requiring a significant increase in the provision and uptake of eye care services. If the increasing trend in blindness is to be reversed, then access to eye care services needs to be made more widely available. One of the most significant barriers to accessing these services is affordability. The shrinking economies of many of the world's poorest countries is placing increasing pressure on health care budgets that are already severely over stretched. Competing demands from life threatening diseases such as AIDS, malaria, and TB are pushing eye health services further down the agenda list of public health priorities. Simultaneously, the increasing cost of health care is forcing



Waiting for eye care in Uganda

Photo: Murray McGavin

many governments to reform the structure of their health delivery systems. Many are choosing to introduce cost recovery mechanisms, as a means of controlling the overall rising costs of providing health care services.

Articles in this issue focus primarily on the supply issues of service delivery, looking particularly at how increasing opera-

tional and manufacturing efficiencies can reduce costs to an affordable level. But to place affordability within the reach of ordinary people, their families and the communities in which they live, we also need to understand the demand issues which place additional cost burdens that do not allow access to eye care.

The costs are many and complex and the intention of this article is to explore what these might be (direct and indirect), and to offer some suggestions as to what might be done in order to make eye care more affordable to those who can least afford it.

Direct Costs

In an effort to provide sustainable services, many public and NGO health care providers throughout the world are increasingly moving towards the introduction of user fees. However, in reaching out to poor and marginalised communities, the effects of these strategies are widely believed to have negative outcomes on both utilisation and equal-

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Appraisal study carried out in India, 40% of respondents quoted such indirect costs, as the major reason for non-attendance. Here, the cost of lost income to attend treatment for both the individual and their accompanying minder, as well as concerns about the length of recovery time, were given as the main reasons for not accessing services.⁴ This is particularly interesting because the recovery time for cataract surgery (which if performed early, is only a matter of a few days with ECCE and an IOL implant) is more likely to be affected by associated complications arising from late presentation. As the onset of cataract is painless and is characterised by a slow decline in vision, the pressure of affordability delays the decision to come forward early, thus increasing the risk of complications and, consequently, lengthening the time of recovery and cost to the individual and their families.

Another study in Uganda recorded reasons such as 'too busy' to be a major deterrent for accessing services.⁵ Here the issue is one of 'opportunity cost' where in a typically rural subsistence community the meeting of basic living needs, such as food production to feed the family, override all other concerns (like the gradual clouding of vision) which are regarded as non-essential.

Once vision deteriorates to a point where daily functions can no longer be performed, the sufferer soon becomes completely dependent on other family members for their sustained well-being. Even at this point where the problem has become obvious, barrier studies have shown that people still may not present for such reasons as 'no one to accompany them' or 'family opposition'. There is no doubt that in many very poor communities, the opportunity cost of a family member accompanying a blind relative to hospital may be too great a price to pay, if the lost time is at the expense of providing the family with basic needs such as food. Elderly people suffering from cataract blindness frequently have little say over how the family resources are utilised and, in this respect, 'family opposition' may well be an expression of discrimination, where the family concludes that investment of minimal resources on an ageing relative is of little value when weighed against other competing demands.

As we have seen, the issues of affordability are many and complex and whilst barrier studies show a remarkable similarity of results, it is also true that there will be variation in cost deterrents, depending upon the circumstances of specific situations. The challenge is to design a delivery

system that is sensitive and responsive to these cost barriers in order to make eye care more affordable.

Making Eye Care More Affordable

Making eye care more affordable to those who can least afford it, requires specific strategies that target the root causes of both direct and indirect cost barriers. Such strategies might include the following;

Reducing the burden of direct costs

- Promote community based screening and treatment – extend the reach of services into the community and reduce the burden of travel costs for patients
- Provide financial support for transport and food – encourage those who are particularly poor to come forward for surgery, by offering incentives that reduce the cost burden
- Introduce a user fee structure that does not deny affordable access – implement a cross subsidy pricing structure (to include free service where necessary) where wealthier patients pay more to subsidise poor patients through the offering of value added services (e.g., private rooms)
- Reduce unit cost of service provision – increase operational efficiency and volume of output (e.g., number of operations)
- Reduce the need for repeated visits – create a 'one stop' referral and/or treatment service, to reduce the burden of unnecessary travel and time costs for patients
- Mobilise community resources – encourage communities themselves to support the treatment of poor patients out of their own resources.

Reducing the burden of indirect costs

- Raise awareness about the cost of blindness – motivate people to come forward

early by advertising the cost of blindness compared to the cost of treatment

- Promote ECCE with IOL surgery – the use of this surgery dramatically reduces patient recovery time compared to ICCE with aphakic correction
- Identify and train community eye health carers – working closely with the community, identify motivated 'carers' to assist by accompanying patients coming forward for surgery/treatment
- Introduce demand management strategies – structure service management to meet the variations of seasonal peaks in demand, to reduce patient waiting time.

There is little doubt that affordability significantly limits the reach of many eye care programmes. If Vision 2020 (The Right to Sight) is to achieve its very worthwhile goals, greater efforts are needed to reduce the costs of access, particularly in the design of service provision, so that eye care can truly become an accessible right for all.

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