

Cataract services: ensuring access for everyone



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VISION 2020 states that everyone has the right to sight. This means that, regardless of status (wealth, education, gender, impairment or other factors), everyone has the right to maximise their visual potential.

Evidence suggests, however, that many groups in society (for example women, those who are poor, or those who are disabled) are frequently unable to access eye care services. When they do, these disadvantaged groups experience poorer care despite their greater need. Providing services that are equitable – that are available and affordable to all – has been a priority for VISION 2020, and those organisations that support the initiative, since 1999.

There is limited evidence, however, that cataract surgery is reaching these groups. A recent study conducted by the London School of Hygiene and Tropical Medicine¹ asked eye hospitals throughout the world to report the preoperative visual acuity of the next 100 cataract operations they were going to perform. Even in the hospitals in the poorest countries, where the prevalence of cataract blindness (and



Adriane Ohanesian/Sightseers

A woman rests in the hallway after her cataract operation, conducted at a clinic in South Sudan as part of an outreach programme.

hence the need for surgery) was high, only 40% of operations were on people who were blind from cataract. Instead, the hospitals were offering surgery to people who were not yet blind, which is hard to justify considering that there were so many people who were blind and who

needed an operation more urgently.

Tackling unequal access to cataract surgery for women has been a priority for VISION 2020 since its inception. Unpublished data from three ophthalmology

Continues overleaf ➤

ABOUT THIS ISSUE



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Cataract remains the number one cause of bilateral blindness in the world. This is despite improvements in surgical technique resulting in better visual outcome and – using a variety of cost containment and income generation activities – attempts to lower the cost of surgery.

There are many good examples of the delivery of high volume, good quality and

low cost cataract surgical services throughout the world. Unfortunately, however, there are also many places that have low volume, expensive cataract services, with less than optimal outcomes for patients.

A critical question, then, is how to transform a system with ineffective and inefficient delivery of cataract services into one with effective (good results) and efficient (good use of resources) delivery? This requires providers to ensure that they are delivering efficient

eye care services with high quality surgery at a reasonable cost, together with activities in the community to create demand and overcome barriers to access.

This issue of the *Journal* includes case studies from Asia and Africa, together with articles on best practice, to try and assist readers to improve the quantity and quality of existing cataract services, while realising that each situation is different and has its own challenges, but also its own opportunities for good and innovative solutions.