



Increasing sustainable cataract services in sub-Saharan Africa: an experimental initiative



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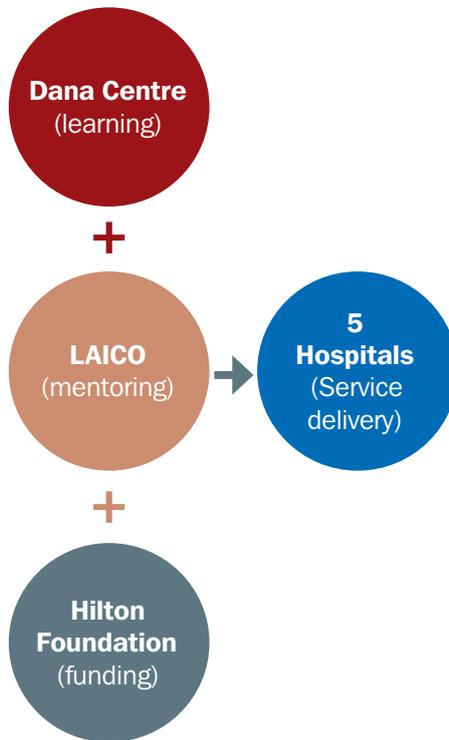
To begin to meet the need for cataract surgery in sub-Saharan Africa, the cataract surgical rate (CSR) should be at least 2,000 to 3,000; i.e. there should be 2,000-3,000 cataract operations per million population, per year. The current levels are below 1,000 (and often much lower). Sub-Saharan Africa poses a unique set of challenges: low population density; inadequate transportation systems that inhibit access; big differences in wealth; and a shortage of eye care resources (which are usually concentrated in larger cities). Additional issues relate to productivity, the supply chain and the quality of outcomes,¹ all of which contribute to the low cataract surgical rates. It is in this context that the Hilton Foundation sought to enhance cataract surgical services in sub-Saharan Africa, through the Hilton Cataract Initiative.

Organisations involved in the initiative and their roles (Figure 1)

There are three international partners.

- The Hilton Foundation (provides funding)
- The Dana Center for Preventive Ophthalmology, Wilmer Eye Institute, Johns Hopkins University, USA, (supports learning)
- Lions Aravind Institute for Community

Figure 1. Organisations involved in the initiative



Ophthalmology, Aravind, India (offers consulting and mentoring support)

The three partners are working with five hospitals in sub-Saharan Africa.

- **Kitwe Central Hospital, Zambia:** A public hospital, located in the Copper Belt Province.
- **Innovation Eye Centre, Kenya:** A private venture, located in Kisii, 300 km from Nairobi.

- **UHEAL Foundation, Kenya:** A Public-Private Partnership, located in Nairobi to serve the poor.
- **Deseret Community Vision Institute, Nigeria.** A for-profit institution with a not for profit arm, located near Lagos.
- **Fitsum Birhan Specialized Eye Clinic, Ethiopia:** A private venture, located in Mekele in Tigray province.

The project aspires to build the five hospitals' capacity to perform an additional 22,000 cataract operations per year with high quality outcomes. This would increase the CSR in their service areas by 1,000. While the targets were set for cataract, there is an equal emphasis on comprehensiveness in the provision of eye care and the sustainability of this outcome beyond the project period.

Needs assessment and strategic planning

Each hospital set realistic, yet ambitious targets for the number of cataract operations they would aim to perform each year. The targets were based on the unmet need. This was calculated as the number of cataract operations needed in the service area, minus the current number of operations. and their capacity (their current capacity, together with the proposed enhancements during the project period).

Each hospital developed institution- and context-specific strategies and action plans covering the following domains.

- **Demand generation,** including attracting more patients in need of cataract surgery, with a focus on the

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Table 1. Current and target annual cataract surgical output

Hospital (primary service population)	Number of operations per year		% of increase
	Current	Target	
UHEAL Foundation, Kenya (5 million)	0	5,000	New venture
Innovation Eye Centre, Kenya (5 million)	210	5,600	Just started
Fitsum Berhan Speciality Eye Centre, Ethiopia (5 million)	6,016*	10,000	282%
Eye Foundation, Nigeria (5 million, plus 15 million reached through outreach)	1,476	5,000	239%
Eye Dept, Kitwe Central Hospital, Zambia (5 million)	2,500	6,200	180%
Five hospitals (Population: 40 Million)	10,202	31,800	213%

*3,400 of these operations were performed during surgical outreach, supported by a special one-off programme