



# **BRIEFING ON THE DEVELOPMENT OF CHINA RURAL EYE CARE MODEL**



**The Fred Hollows  
Foundation**

# Agenda of Hollows Model

- I. What is the Model?**
- II. Approach of the Model;**
- III. Why do we need a Model;**
- IV. Achievement of the Piloted Model;**
- V. Challenges and Opportunities;**

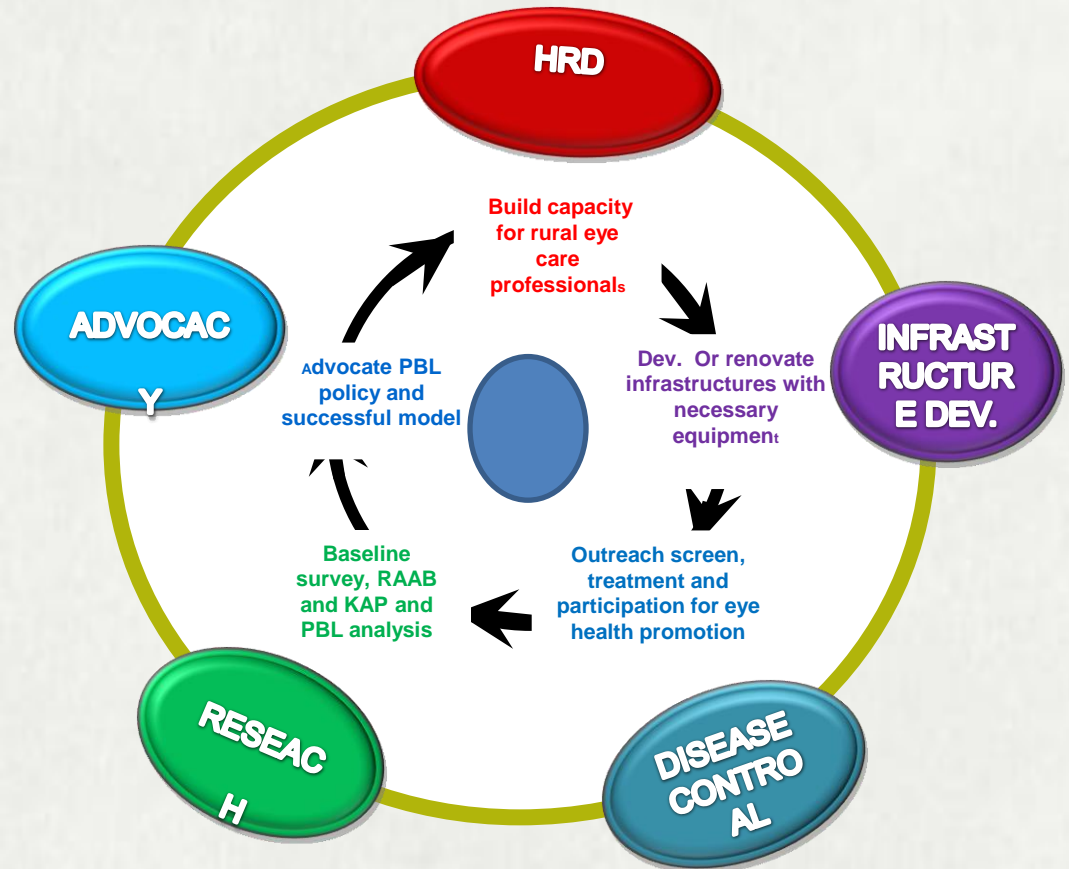


# **I. WHAT IS A MODEL OF RURAL EYE CARE?**

# What is the Model of Comprehensive Rural Eye Care Model

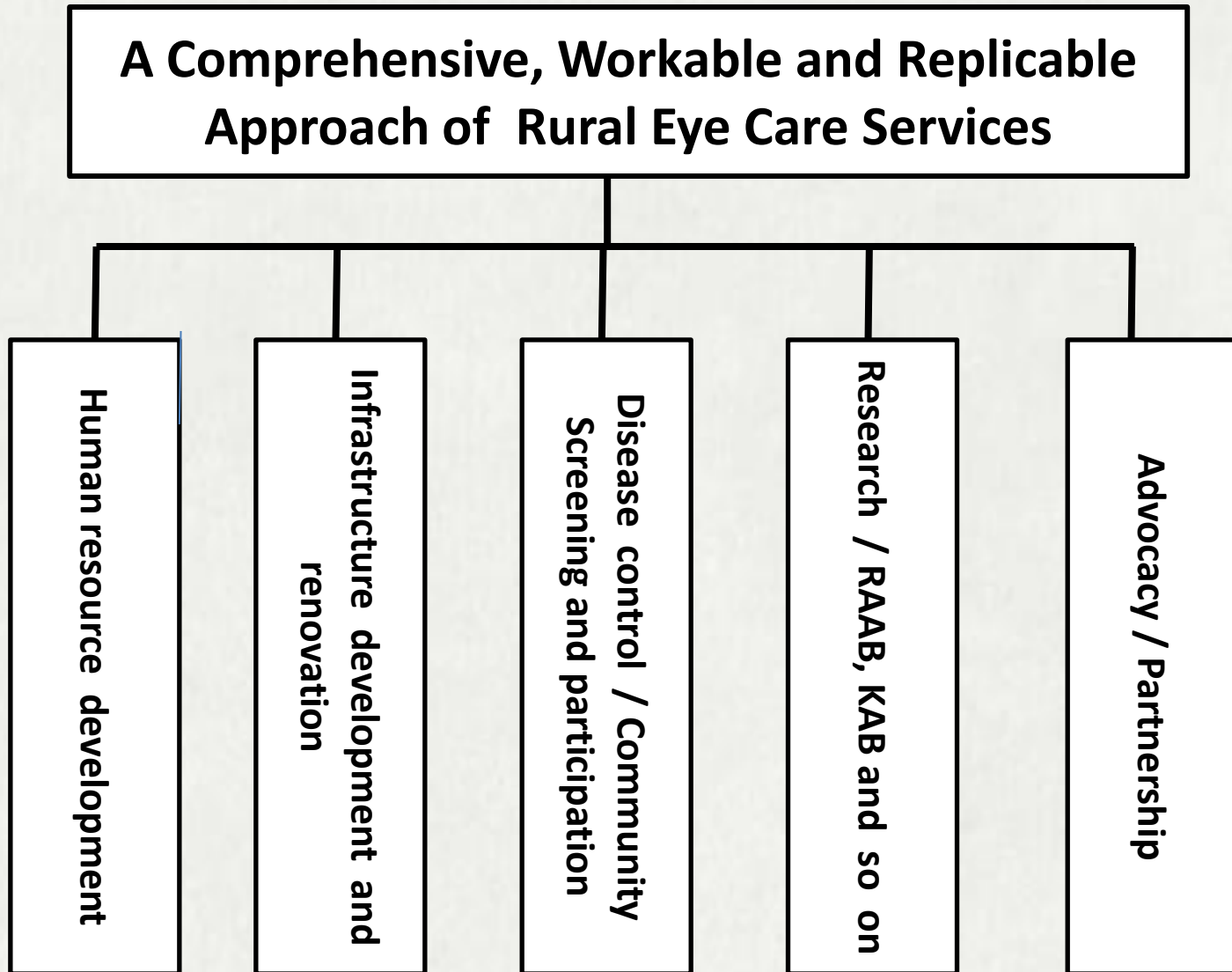
This is a community based model, based on identified needs and challenges for eye care in rural areas, that aims to integrate, at local level, the different strands of work that are being implemented (by FHF) to meet the Vision 2020 goals.

It is an holistic, community, patient and family, and service delivery/capacity approach.



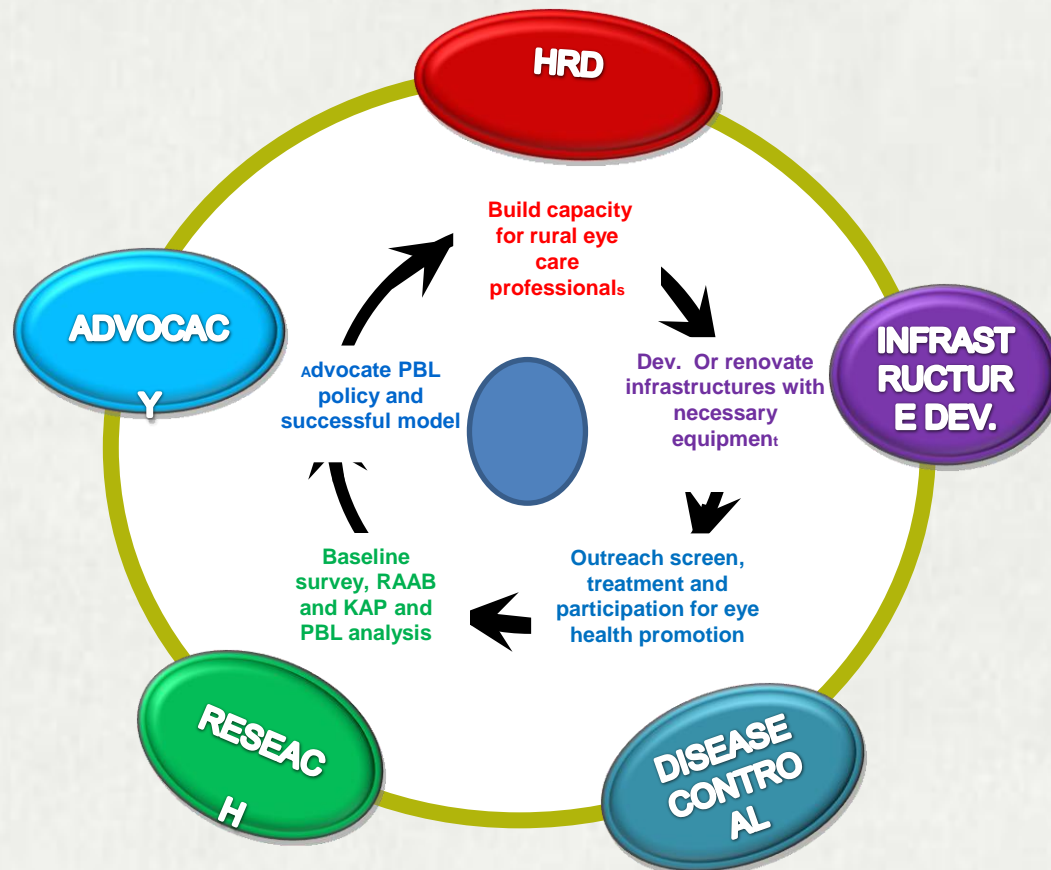


# Key Elements of the Model



**The Elements is Aligned with WHO's Framework to Achieve Vision 2020 Goals in Rural Locations**

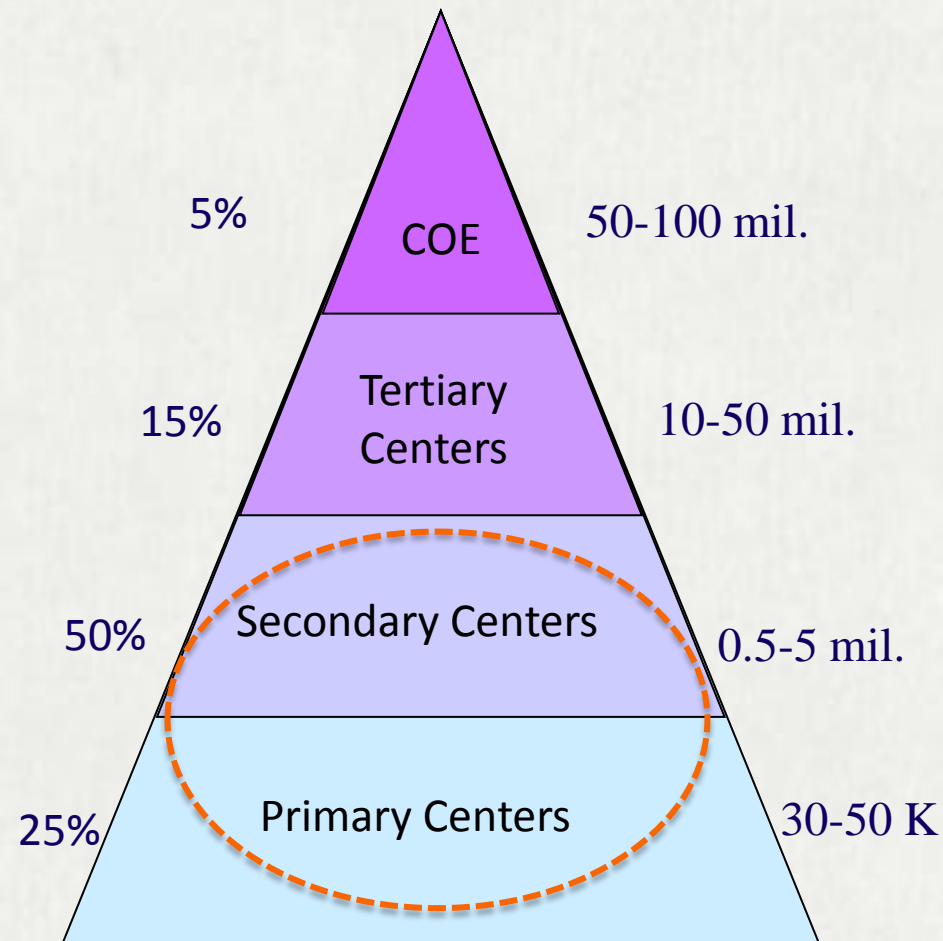
The aim of the Rural Eye Care Model is: to provide a model for how to integrate and articulate [bring into action] the different components in rural areas; to integrate at local rural level the key strands of work that are necessary to achieve the Vision 2020 goals in rural locations.





## II. APPROACH OF THE MODEL

# Approach of the Model



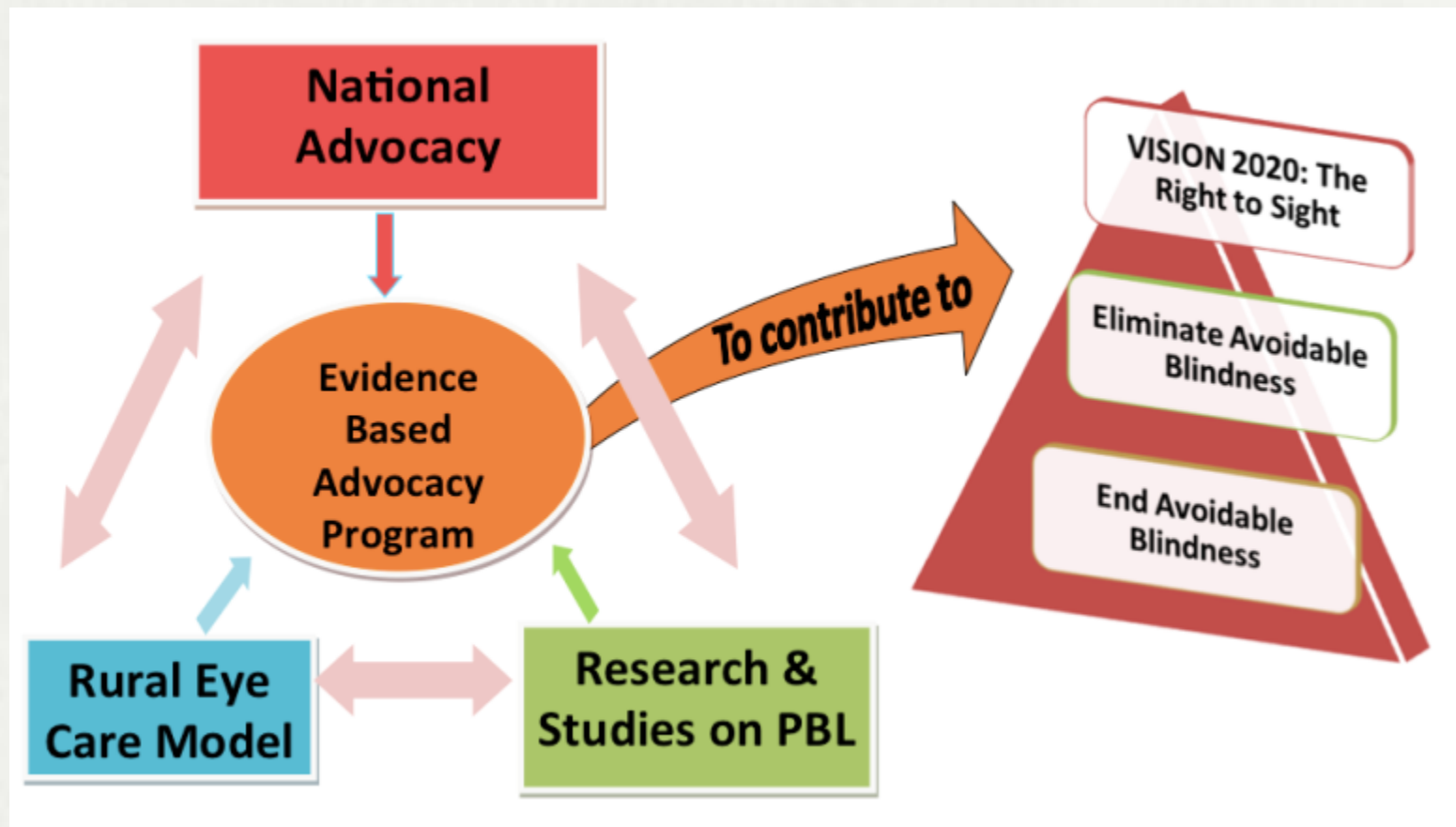
The Approach of model is to take account of integration of eye care into the existing health care system instead of creating a new system, and address the perspective of most populations at communities, and patient, and family, and put this at the centres.

Large scale eye health promotion and awareness raising among target populations at communities to motive the demands of timely seeking eye care.



# FHF China Strategy (2014-2018)

Hollows Model is one of FHF China Priorities



# Human Resource Development:

## Management Capacity

- PBL Management
- Project Management
- Hospital Management
- Vision Center Management
- Finance Management

## Training Capacity

- ToT for master Cataract surgical trainer
- ToT for ophthalmic nurse trainer
- ToT for laser/VR surgical trainer
- ToT for optometry trainer
- ToT for Vision Center Manager
- ToT for primary eye care
- Training for training course development
- Training manual development

## Service Capacity

- General ophthalmology training
- Cataract surgical training
- Nurse training (general, OT)
- Optometry/Refraction training
- Optometry oriented Ophthalmology training
- DR subspecialty training
- Basic DR training for Diabetic Doctor
- Equipment Maintenance

## Primary Eye Care Capacity

- PEC training for community health workers
- PEC training for school teachers
- PEC training for DPF officers

# Infrastructure Development

## Training Center

- Wet lab
- DR Grading

## Service Provider

- Microscope
- Vision center

## Primary Eye Care Center

- Slit lamp
- Screening toolkit

***Improvement of Procurement Management:***

***IAPB Standard List - Partners' Co-contribution***

# Disease Control

- Standard outreach protocol
- Referral and follow up
- Eye health education and counseling
- Multi-tier pricing
- Quality assurance
- Gender, participatory and child protection included



*The involvement of community is an aspect of most strands of work: disease control – outreach, referral and follow up and participation; HRD [human resource development] needs to include training on how to do outreach – screening etc.]; partnership approaches involve local community and particularly government departments; research involves engagement with community.*

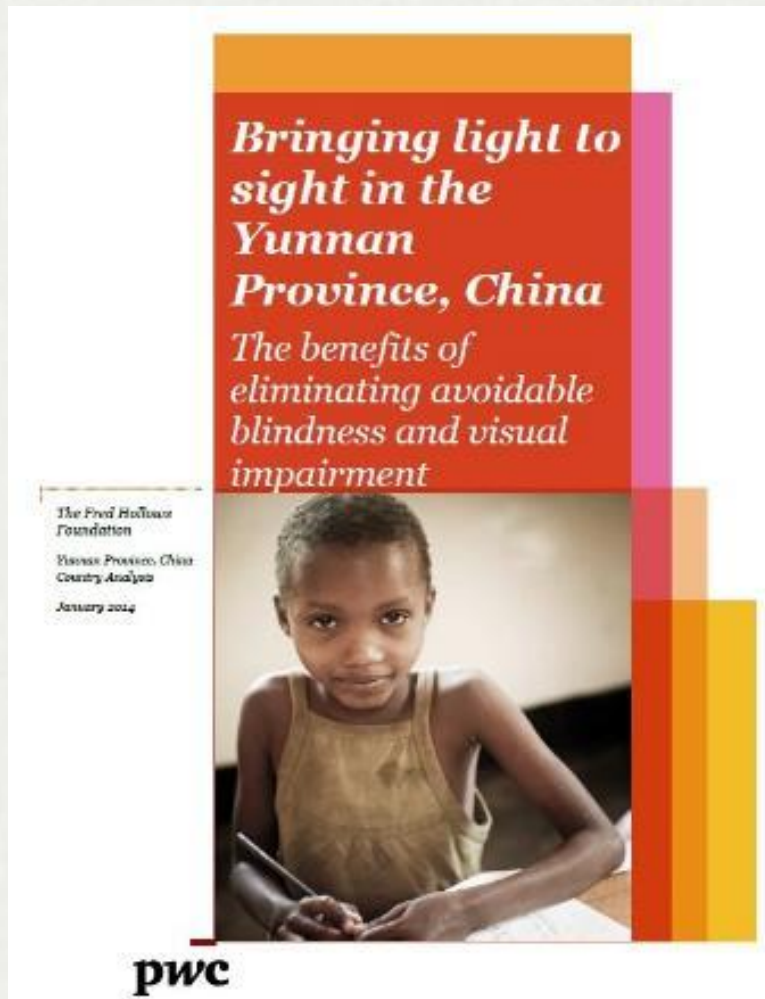
# Partnership Building and Advocacy

- Multi-sectoral partnership
- Best practice sharing
- Learning tours
- PBL forum
- Eye health campaigns
- Ownership development for partners
- Participatory discussion on the project development





# Research



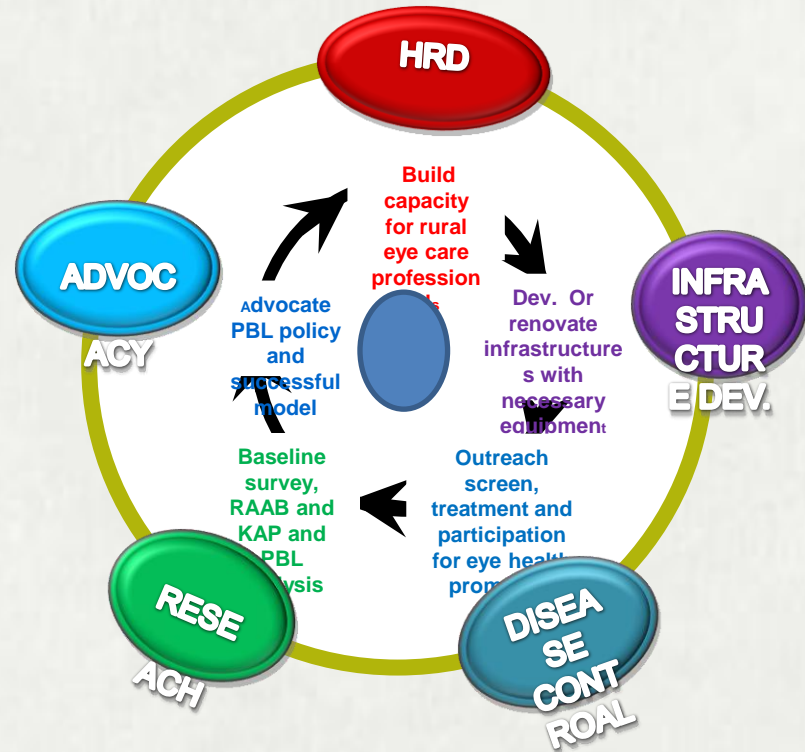
- **Baseline study:**
  - National assessment on China PBL Situation
  - The present need for actions and policies for the prevention and treatment of blindness in China
  - RAAB: Xingjiang, Anhui and Inner Mongolia
  - KAP: Xinjiang, Anhui, Inner Mongolia, Yunnan and Xingtang
  - DR Prevalence Study in Yunnan (waiting approval)
- **Case Study of PwC Research** *"Bring Light into Sight in the Yunnan Province, China"*
- **Socio-economic study in Lancang County of Yunnan**
- **PRICE** *(Potentiating Rural Investment in Children's Eyesight) in Yunnan*



### III. WHY DE WE NEED A MODEL?

### III. Why Do We Need a Model?

The five main strands of work to achieve Vision 2020, that is, human resource development, infrastructure development, disease control, advocacy, research, mainly concern the development of service capacity – skills, equipment, management, abilities to treat. This work is essential in order to meet global goals and goals in China.



### III. Why Do We Need a Model?

**There are particular challenges for rural eye health in China, for example in terms of:**

- *people's knowledge and understanding of eye health, diseases and treatments,*
- *the current capacity of community health workers, transport and communication, especially in areas with scattered communities, along with out-migration of younger people, along with local perceptions of health and possibilities of treatment, and*
- *competing health issues within families (other health problems and diseases seen as priority).*
- *In addition, many services say that they have been used to waiting for patients to come to them, which means that enhanced service capacity may not reach those in need in rural areas.*

To address these challenges the different strands of work, particularly the areas of community participation and outreach in different strands, need integration and a pro-active community approach. Especially because of the nature of more scattered communities in rural areas, the approach requires that attention is paid to prevention as well as treatment, and to eye health and care at all stages. This is the basis of a rural eye care model.



# III. Why Do We Need a Model?

## Large numbers of people in scattered communities

- Community understanding and access to and use of medical services
- Community understanding of eye health and the importance of this
- Community expectations of age and gender – boys and girls, men and women – e.g. when eyes will deteriorate, what people should expect to see, the different visual roles of gender etc.
- Understanding of insurance and costs
- Understanding of services available
- Understanding of treatment possibilities
- Understanding of prevention





### III. Why Do We Need a Model?

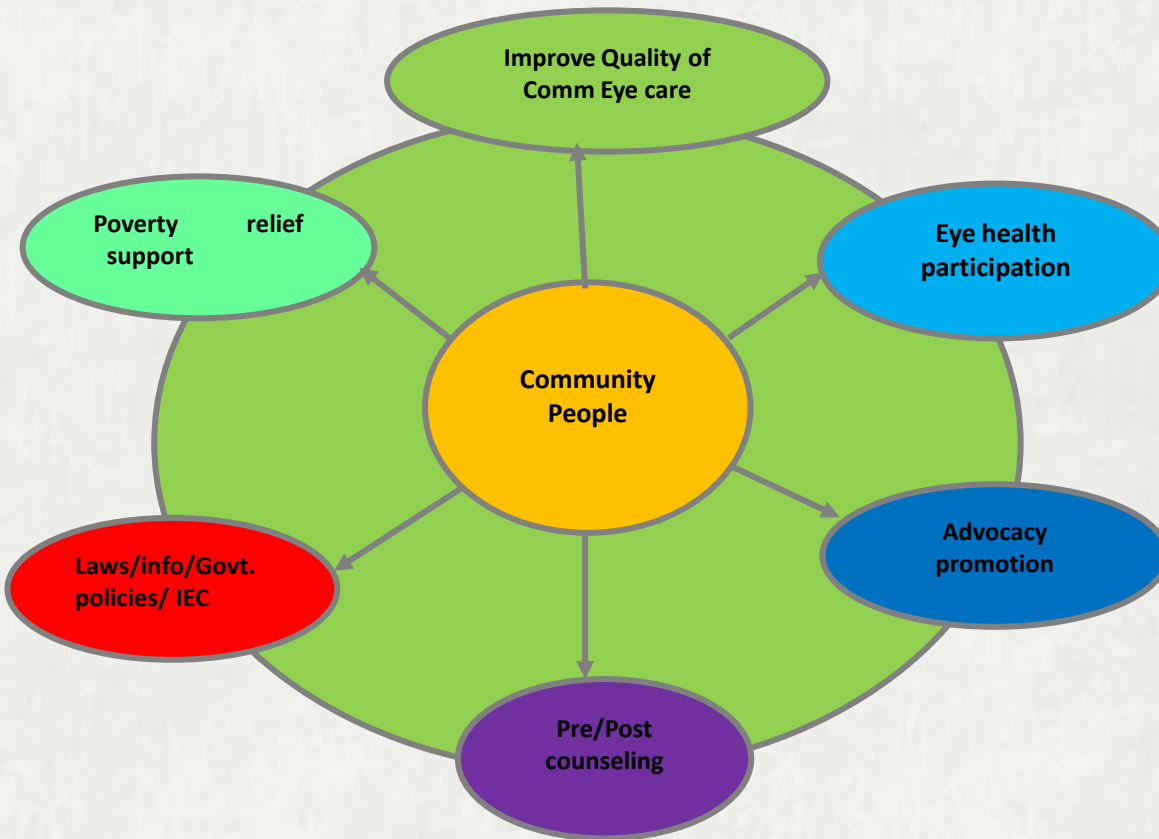


#### Gap of Community Eye Care Services

- Provision of services at local level (what services)
- Capacity of doctors
- Distance to community

# III. Why Do We Need a Model?

## A Holistic – one stop services



The approach involves putting community/patient (and family) at centre and visualising from their perspective (with research) their knowledge and understanding of eye problems, eye health, eye care.

Importance of outreach and screening and community awareness – some patients do not know disease can be treated so have to take a long time to explain to them – if we didn't go and do the screening they would not know.

### III. Why Do We Need a Model?

#### Quotes from Doctors/Senior Medical Personnel:

- ✓ *“Provincial PBL will see benefit from this project and learn from the successful model.”*
- ✓ *“If you want to promote eye health, only [having] eye doctors is not enough; you should involve everyone.”*
- ✓ *“Through the implementation of this project, we will build a local health team and provide service for local people.”*

#### Quotes from the view of the county level hospital:

- ✓ *“This project will provide comprehensive rural eye care for local rural people.”*
- ✓ *“In the past doctors were waiting for patients to come to the hospital, now they go to communities.”*
- ✓ *“Before the project our doctors were just waiting in the hospital for patients to come. There was no idea to go out and find patients.”*
- ✓ *“Because of the impact of this project a lot of people [foreigners] come to the city and pay for treatment.”*



## **IV. HIGHLIGHTS OF PILOTED MODEL**



# Where Hollows Piloted the Model



## **Locations (2014-2017):**

5 Provinces

8 Cities/Prefectures

12 Counties

## **Coverage population (2014-2017):**

28.6 Million

## **Budget (2014-2017):**

RMB 21,340,235



## Hollows Model contributed towards...



Trained 12 trainers on cataract surgery, refractive error treatment, DR diagnosis and treatment

Training of 147 prefecture/county hospital staff including surgeons, doctors, nurses



12 partner hospitals supported with AUD 546,667 worth equipment



1940 Community Health Workers (CHWS) trained on primary eye health

## Leading to

Surgical skills of surgeons improved and surgeon teams established at prefecture/county hospitals

All partner hospitals are equipped with better equipment for cataract operations and refraction and DR treatment

121,221 people screened in the communities and schools

## Therefore impacting...

Prefecture/County hospitals' competency to deliver sustainable comprehensive eye health increased

The Foundation's projects introduced new concepts of reaching out into the community to find patients (through outreach screening) to the prefecture/county hospitals. The project also enabled the county hospital to build partnerships with village doctors and schools, who refer people with eye problems to the prefecture/county hospitals

## FHF contributed towards...

## Leading to

## Therefore impacting...



Referral system established: CHWs screen and refer patients to county/prefecture hospitals

3,383 cataract surgeries performed

The community has easier access to better services of free or low cost cataract surgery (at a county hospital)

2099 DR treatment

The community has easier access to better services of low cost DR treatment(at a prefecture hospital)

134,916 other sight saving or improving interventions

Outpatient and surgery numbers at least doubled or tripled in county hospitals.



Established a VC in each county hospital and trained VC staff

10,033 spectacle distributed

Investment raised profile of eye health departments and served as a catalyst for more investment of the hospitals in eye health

All VCs operate smoothly with growing volume and income



Material developed to raise awareness and 60 public awareness campaigns were run

3,000,000 people reached by Information Education Communication materials and public awareness campaigns

Increase in the awareness level of eye health within the community



## V. CHALLENGES AND OPPORTUNITIES

## IV. Challenges and Opportunities

- Program approach: Eye Health Care → Health Care Strengthening
- Funding: Institutional donor withdrawn from China → Launch of HK Office / Mainland China
- Changing of Eye Health Focus: Cataract / RE → Document best practice  
DR → Explore cost-effective model
- Model documentation and replication: Our best practice vs needs/focus of the government
- Medical Reform in China: Promoting Primary eye care integration into Eye health with Health financing system;
- New round national planning:
  - ✓ The 13<sup>th</sup> National Economy and Social Development Plan (2016-2020)
  - ✓ China National PBL Planning
  - ✓ The Foundation China Program Country Strategy (2015-2020)