

'Leaving no one behind': Strengthening access to eye-health programmes for people with disabilities in six low- and middle-income countries

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PURPOSE

The "World Report on Disability 2011" highlighted that people with disabilities face significant barriers to accessing health services.¹ In recent years efforts have been made to mitigate some of these barriers by embedding disability-inclusive development principles into health, including eye-health programs.^{2,3} We report salient results of a desk-based synthesis evaluation to capture current practices and lessons learnt from CBM supported inclusive eye health programs from six low-and middle-income countries (Cambodia, Egypt, Ethiopia, Indonesia, Pakistan, Vietnam).

METHODS

Ten purposively selected midterm and final evaluations were synthesized based on an assessment framework of synthesis evaluation.⁴ Narrative analysis was informed by a practical framework for improvement of inclusive practices in eye-health programmes.⁵

RESULTS

Accessibility: Across all programs physical accessibility of medical facilities was improved (figure 1). However there was evidence that some of the adjustments (for instance ramps) were underutilized (figure 2). Accessibility was often confined to physical aspects with the need for accessible communication (such as information about cataract surgery for patients with intellectual impairments) being neglected.

"Messaging inclusion": Training about inclusion resulted in increased awareness and more positive attitudes of eye-health staff towards persons with disabilities. However, an overly narrow approach on making eye-health services disability-inclusive particularly at the primary eye-health level resulted in limited consideration of the inclusion of other marginalized populations. At the primary level disability generally exacerbates multiple other context-specific barriers such as poverty, ethnicity, gender, cultural norms etc. It is this combination of barriers which can reduce access to eye and other health services.

Collaboration with Disabled People Organizations (DPOs): DPOs were often actively involved in for example accessibility audits for eye hospitals or screening activities in communities (figure 3). It is however unclear in how far community approaches led by DPOs resulted in more eye patients (particularly with disabilities) accessing eye health services.

Monitoring: Results of the integration of the "Washington Group Short Set of Questions on Disability"⁶ for self-reported functional difficulties in the Health Information System of one project suggest that for instance eye patients reporting additional hearing difficulties constitute a significant proportion of the out-patient department population (Chart 1). Overall, collection of disability-disaggregated data posed significant challenges, making it difficult to assess how eye patients with other additional difficulties benefitted from inclusive practices (figure 4).



Figure 1: Improving horizontal accessibility for patients with visual impairment in a tertiary eye hospital



Figure 2: Ramp obstructed with motorbikes and benches in a primary health center



Figure 3: Employment of people with disabilities in screening activities at World Sight Day, Takeo Eye Hospital, Cambodia

CONCLUSIONS

Embedding long-term inclusive development approaches in prevention of blindness programs addressing immediate eye-health needs requires detailed contextual analysis in the design phase. Synthesis results suggest that access barriers can be mitigated, but improved monitoring is urgently needed to inform WHO's goal of universal eye health and to abide by Article 25 of the United Nations Convention on the Rights of Persons with Disabilities: "Persons with Disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability".⁷

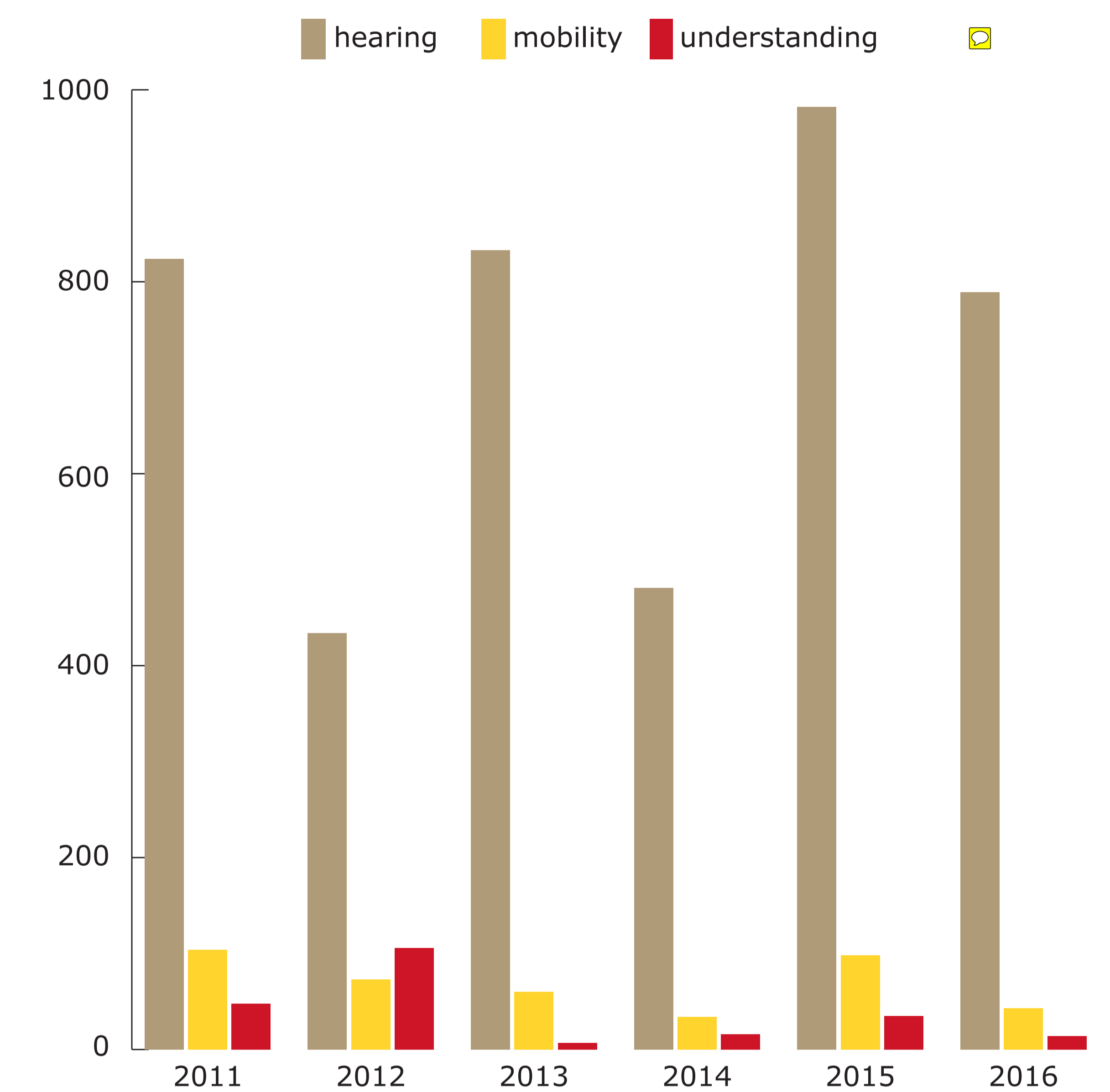


Chart 1: Number of eye patients with additional difficulties 2011-2016 (average annual number of out-patients 30,388 at Takeo Eye Hospital, Cambodia)

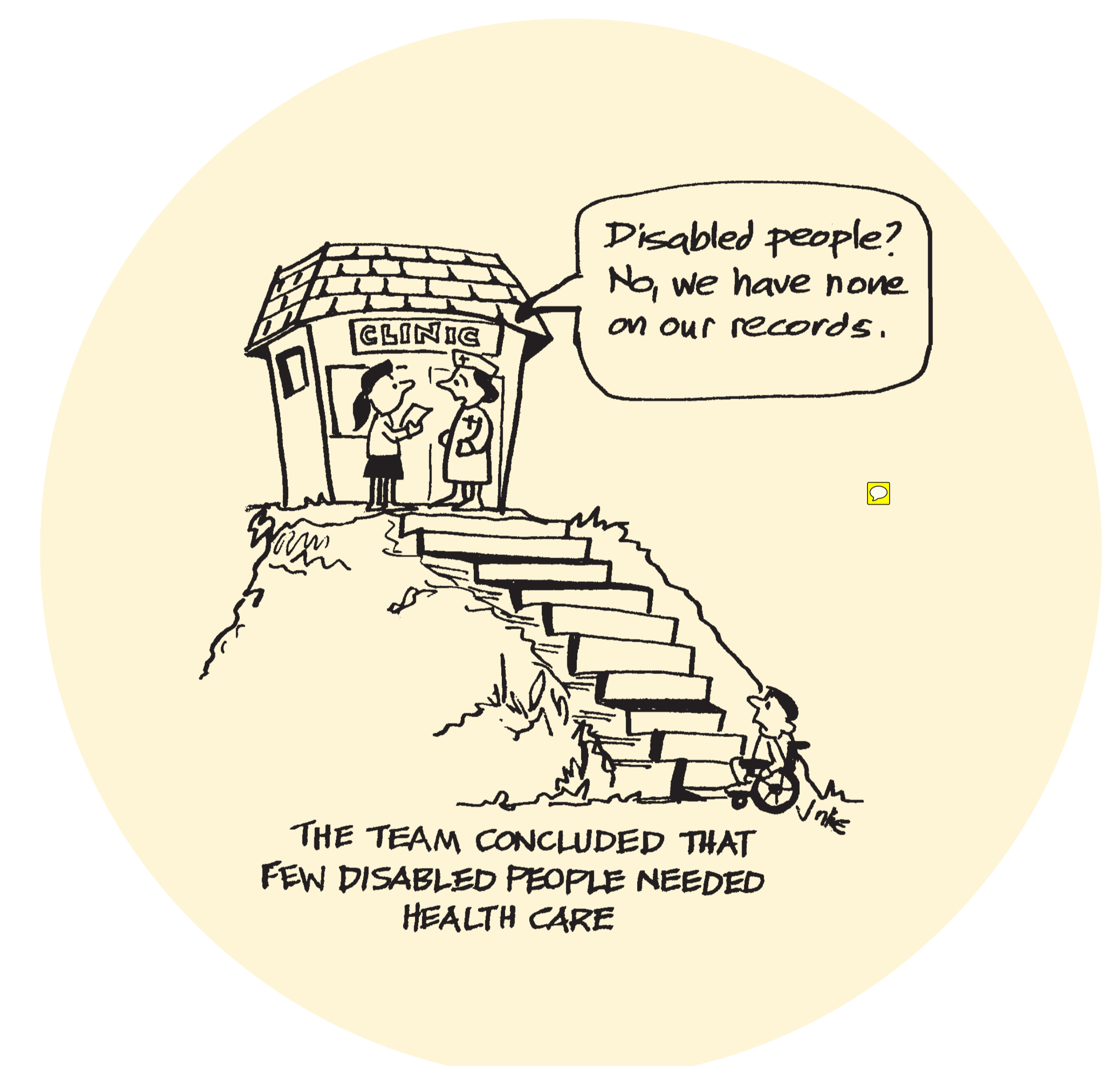


Figure 4: ©Julie Smith

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