

Question 2: What are effective and sustainable mechanisms or processes to integrate local, community, sub-national, national, and regional voices, priorities, and contributions into health system strengthening efforts?



Increasing Access and Utilization of Eye Health Services in Cambodia through Multi-sector Collaboration

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Context

Uncorrected vision loss due to refractive error (RE) impacts over a billion people globally. In 2022, a WHA resolution was unanimously supported by member states to increase access to refractive error services with a target of increasing Effective Refractive Error Coverage by 40% in their countries by 2030. The solution to this problem seems simple - an eye test and a pair of eyeglasses. Yet in Cambodia, like many other countries, local health systems lack a sufficient number of adequately trained providers and service provision points; limited or no regulation of services and eyeglasses; eyeglass supply issues; affordability and accessibility of services; and lack of awareness and demand for services.

In Cambodia there was limited provision of quality RE screening and treatment services available at affordable prices at the Provincial level for those unable to pay for private services. In addition, evidence showed that the RE service provision through private providers was of poor quality. Private eyeglasses providers in Cambodia are not required to be trained nor is there any regulation or registration.

The Cambodian government has responded to this challenge through their commitment in the National Strategic Plan on Blindness Prevention and Control 2021 – 2030 that was developed through engagement at all levels of the health system and other sectors that are critical to RE service provision. The government partnered with The Fred Hollows Foundation to build the evidence and implement a systems-based response with a market strengthening approach that is framed in equity, access and quality.

Recognizing a gap in the understanding of the extent to which the community needs were being met, a household survey was undertaken by the National Institute for Public Health, Cambodia to bring in voices of individuals and the community and to further understand the drivers and enablers of the system. The survey found that nearly all respondents had a good knowledge of the importance of an eye check and wearing glasses. However, a large proportion did not seek or know where to seek services or how much it would cost for them to have the test and get glasses. This created data to be able to target resources in particular areas and demonstrated that social and behavioral change would be required to increase utilization – therefore optimizing the limited resources available.

In summary, this case study aims to demonstrate an approach to effectively and sustainably integrate local, community, subnational and national voices into health systems strengthening efforts; that of a cross ministerial, cross sectoral steering group and create a long-term national vision for the targeted intervention created through discussions at all levels, reflective of local voices. It has been developed as both a foundational and catalytic part of a long term, sustained, system change program in partnership with the government.

Activity Description

Many components of the health and other sectors impact the equitable and accessible provision of refractive services. The project research established an evidence base on access to eye care. Interventions such as school eye health screening provided “real life” context to the desk-based research performed and have enabled a systems-based and causal linkage approach to a multi-dimensional problem that spans many ministries, levels of the health system, the private sector and geographies. Importantly, a cross sectoral approach has been utilized as there are critical intersecting pathways in education, disability services, youth and women’s affairs.

Eye health, like other disabilities or non-communicable conditions, often requires a coordinated response and so in that context, effective delivery of eye health services can also present a valuable litmus test on the capacity for intra and inter-ministerial coordination that goes beyond eye health.

The SURES project has worked in partnership with the National Program for Eye Health (NPEH), Ministry of Health, Ministry of Education, Youth and Sport (MoEYS), Ministry of Women’s Affairs, Provincial Health Department (PHD) partners in 15 provinces, the Cambodian Disabled Peoples Organizations and other stakeholders including national research institutes and the local private eyeglasses providers. The Fred Hollows Foundation has built many of these relationships over more than 19 years of work in Cambodia and thus the project was able to engage with all levels of the health system by establishing an effective cross ministerial steering group gaining trust and motivation from senior representatives. The project has been developed and governed by this cross ministerial steering group. The group have actively engaged in the design of the project, considered research results and have debated policy and system level interventions. Through the project, this steering group have been able to consider and respond to voices involved in all aspects of providing quality RE services to those in need. Collectively, they have committed to ongoing, national based, cross ministerial approaches.

At the commencement of the project, the private sector was not engaged. This was identified as a critical factor as it is known that the majority of the community will access services through the private and or informal markets and through the research it has been demonstrated that quality of services requires significant improvement. Research has also identified a lack of quality and reliable supply systems of eyeglasses. The engagement with service providers in the private sector has now been established and this will continue to be critical part of phase 2 activities.

This diagram depicts the interventions and the contribution to health system strengthening through considerations of equity, quality and cost optimization.



Activity Impact

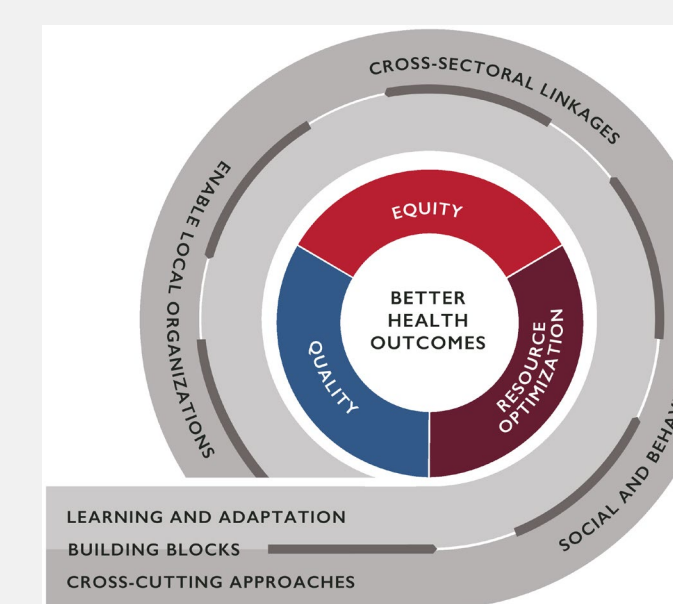
This SURES (Scaling up Refractive Error Services) project is part of a long-term approach to create sustained increase and improvements to the delivery of RE services through the health system, focusing on promoting equitable and accessible services via both private and public service providers.

The project was underpinned by systems-based evidence developed with the Cambodia National Institute for Public Health who undertook a refractive error market, policy, structure and systems analysis. This analysis of health system components reviewed governance and leadership, financing, service delivery, human resources, demand for service and system responsiveness. Data was collected through desk-based analysis and a house-hold survey of 800 participants to ensure the voices and needs of the community were well understood and services could be designed accordingly – including the consideration of willingness and ability to pay for the poorest of the poor. Costing of intervention options was also undertaken and the outcomes of this comprehensive research have been used to provide policy options and intervention guidance to ensure all levels of the sector were considered and addressed issues identified in the National Strategic Plan for Blindness Prevention and Control in a targeted manner.

Throughout the development of evidence, various systems interventions have been undertaken to ensure data, lessons and perspectives have formed a systems view that is responsive to the needs of the individual patient and the population and to better understand the inter-connectedness between the various parts of the health system.

These system strengthening interventions include:

- o an integrated school eye health program
- o strengthened governance processes through a Ministry of Health (MoH), nationally endorsed, Vision Center manual; the first of its kind.
- o the establishment of provincial level government vision centers as service provision points that deliver care, by trained human resources, thus ensuring quality provision of care to those unable to afford private services. This also included the establishment of ongoing scholarship and mentoring programs
- o Procurement mechanisms were reviewed and established to support the MoH to move towards a more effective centralized procurement approach. This includes a national procurement agreement with a private sector supplier for low-cost supply of glasses to ensure those unable to pay for services, children, those with a disability or ID poor card, are prioritized for free eye examinations and eyeglasses
- o An awareness raising campaign which was developed in partnership with the Ministry of Women’s Affairs to create social and behavioral change to the access and utilization of service.



Evidence

The school eye health program as part of this project demonstrated engaging a national level collaboration between the ministries of health and education, that considers the specific regional and local needs of children accessing eye care. These were taken into consideration in the planning and implementation, and importantly in the work that was done on costing the school eye health intervention to understand the extent to which it optimized the use of resources. Clinical referral pathways were also established and tested where children who failed screening were referred to their closest public vision center or in some contexts where the distance was too far, a mobile eye care team visited the school. During the project, more than 320,000 children had their eyes screened and 3,700 were referred for follow up care. Whilst the outputs from the intervention were met, analysis of the intervention has shown that depending on the regional needs and demographics, this particular approach may not always be cost efficient. In the next phase of this project, a government led initiative to develop health hubs for schools will be investigated to further test a more comprehensive and financially sustainable model.

Related to the establishment of referral systems from schools and outreach services at a primary health level, the establishment of public vision centers is a practical example of the success of considering multiple voices and priorities in this project in the secondary and tertiary levels. A nationally endorsed vision for quality and affordable public services is being delivered at the provincial level. It is the result of discussions in local language with cross ministerial representation including stakeholders ranging from the provincial health department to the local providers and users over more than 20 months. It is further cemented in a nationally endorsed comprehensive Vision Center Manual that covers everything from the governance of the public vision centers to the floor plan and operating considerations. In the current project phase, 6 new vision centers have been established and 17 are being upgraded. Monitoring and reporting tools adapted from other sector-leading demonstration projects have been incorporated which will enable the quality of services provided to be monitored in the next phase of the project, and understand if the target groups of the population, being the most vulnerable, are utilizing services, and to be able to further adapt operations to ensure the maximization of limited resources.

Engagement with the community has been a critical component of the project to ensure active participation and empowerment in how services are best provided and utilized and to promote equity. This has been underpinned by the household survey undertaken and also further informed by community-based outreach activities to further promote service uptake. Through those interventions, more than 320,000 people were exposed to eye health education and more than 15,000 people received eye screenings. A digital health awareness campaign has also been developed through extensive consultation. This is being rolled out by the Ministry of Women Affairs and will intentionally target the gender inequity in access to eye care.

Facilitators

In Cambodia there is a well-established and well-functioning Eye Care Sub-Sectoral Working Group (ECSSWG) that consist of the NGOs and civil society groups that has been a critical voice in the project. The ECSSWG is informed by established global sector guidelines from the International Agency for the Prevention of Blindness (IAPB), which includes specific technical support on refractive error and on school eye health programming. The ECSSWG has worked very closely with the government on the development and implementation National Strategic Plan on Blindness Prevention and Control - the long-established working relationships and trust amongst the eye health sector in Cambodia along with a commitment to collaboration has allowed for success in this project. The Fred Hollows Foundation has more than 19 years of experience working with stakeholders in Cambodia and are well placed to be a key convenor in the project. The Foundation also supported a key position for the project in the National Program for Eye Health (MoH).

In the development of the research framework, established and tested tools were used to inform the analysis and evaluation. This included the WHO Assistive technology capacity assessment (ATA-C) tool to review the capacity of Cambodia to finance, regulate, procure and provide assistive technology. When looking at financing options, questions were purposely designed to align with and build on those posed in the listing of schemes under the WHO financing progress matrices.

Challenges

The SURES project commenced off the back of the COVID-19 pandemic in June 2021. At that point local eye services had been closed due to COVID-19 restrictions and thus the first 6 months of the project were spent establishing partnerships, ways of working and getting traction among the steering group from local stakeholders who were very much consumed with the realities of the COVID-19 response in a resource poor setting/environment. During the pandemic, most eye care services were halted which presented a huge challenge and a juggling act of priorities causing big project delays in implementation. Many of the interventions such as the establishment of 27 public vision centers providing quality RE services in an affordable manner to the poorest of the poor took longer than expected resulting in a lack of monitoring data to appraise the success of the interventions. Further exacerbating the challenge was the delay in the research implementation. This meant that the evidence from research and learnings from the interventions have had to have an ongoing triangulation to ensure learnings are steeped both in research findings and practical implementation. As the project comes to a close for Phase 1, these learnings are being consolidated to build policy briefs for the consideration of government and the steering committee. This will form the basis for the phase II project. This phase II consolidation project has been developed to provide three years of monitoring data that will strengthen public sector service provision. The project will also continue to focus on the private sector provision – building quality and equity considerations.

Lessons Learned

One of the key success factors of the project was the established relationships and trust that The Fred Hollows Foundation had with many stakeholders at all levels within the project. This provided a pathway to develop and convene a very successful mechanism in the cross ministerial steering committee. This steering committee was critical for establishing national level buy-in and became part of the implementation strategy for the government’s National Strategic Plan on Blindness Prevention and Control. Having the national level approach and strong engagement with Provincial Health Departments has provided an efficient implementation mechanism. Understanding the perspective and needs of the end-users of the services and the challenges they face has increased the likelihood of service utilization and thereby optimizing the use of limited resources. Underpinning the project with a comprehensive thinking of multi-stakeholder engagement in key learnings that will be taken forward into phase 2 of the project.

A key lesson that requires some adaptation for future work is the consideration of the complexity and amount of work required to deliver significant project outputs across 17 provincial health departments. Whilst there was a fulltime resource built into the supporting the National Program for Eye Health, this was not sufficient capacity to deliver on such a high-speed, multi-dimensional project. The next phase project will allow for more time to design and more accurately assess the time, resources and capabilities required to deliver the project.

For the design of the project, we have learned that the practical intervention components could be reduced so there can be more focus on the utilization of research outcomes and future policy and systems development. The number of outputs are often set high when applying for door funding to remain competitive. Whilst some outputs are critical for informing the project, it has been the outcomes and the level of engagement with government, at a policy and governance level, that has led to the significant impact of this project.

From a donor engagement perspective, this project has demonstrated the value in discussing real time challenges of the project and solutions with the donor – regular discussions that augment the structured reporting mechanisms. A strong relationship has developed with the donor and this has contributed to important learnings on both sides.

