



CONSORTIUM FOR CITIZENS
WITH DISABILITIES

EFFECTIVE EYE CARE CAN PREVENT DISABILITY

Evidence based clinical medical and public health interventions that prevent and ameliorate disability should be widely implemented around the world.

A briefing was held on “New Directions for Health Reform in India and China” by journal the “Health Affairs”. Presentations were made by staff of the “Health Affairs” Journal, researchers and healthcare policy experts who had studied health care in India and China and personnel from the Center of Medicare and Medicaid Services, the World Bank, and the World Health Organization.

Summary

One prevention model focused on serial production of eye care, called “Aravind” developed in India. This model had a single operating theatre where a physician can perform 50 operations of cataract surgery in one day. The model served the eye care needs of the poorest of the poor. “Aravind” has the potential for improving access to health care delivery to improve medical outcomes at low costs. The key features of the Aravind model were standardized continuous improvement management, a trained and specialized workforce, access to low cost technologies, and generation of patient volume. Forty-five percent of the increase in surgeries was do to technological interventions.

Disability Prevention Issue

The “Aravind” model of eye care, if generalized throughout the world, could prevent disability by removing eye cataracts. This model has been generalized to such selected medical specialties as hearing, reproductive and pediatric health. The “Aravind” Model was physician owned and permitted cross-subsidization where 70% of out patient visits were free when the model was first implemented in 1980. However, cross-subsidization of the poorest of the poor had eroded to 49% by 2005. Thus, improved management procedures and adoption of new technologies should expand benefit to those in need to prevent disability. The “Aravind” Model can be generalized among countries through public health systems around the world but may fall short in multielement public health interventions where there is strong anti public health advocacy.

Activity

A letter and a brief post forum conversation with the project author were held to comment on generalization of cross-subsidization of the Model.

Principle

Evidence based clinical medical and public health interventions that prevent and ameliorate disability should be widely implemented around the world.