The Center of Excellence for Universal Health Coverage (CoE-UHC) at James P Grant School of Public Health (JPGSPH), organized the 7th Tanahashi Rounds on 2nd October, 2013 under the aegis of BRAC Institute of Global Health (BIGH) and UNICEF. The round was held at the Video Conference Room of BIGH from 3-5 pm.

The overall objective of the Tanahashi Rounds is to share new knowledge on cross-sector application of the Tanahashi model in the context of Bangladesh. This round focused on “Vision Bangladesh and Delivering Eye Care Solution Across the Country: What can the Tanahashi framework contribute?” included presentations from Dr. Md. Bazlur Rahman, National Consultant, National Eye Care, Md. Rafiqul Islam, Sr. Programme Officer, Sight Savers and Ms. Anita Sharif Chowdhury, Sr. Research Associate, Research and Evaluation Division (RED), BRAC.

The round brought together donors and academicians, health professionals and participants from relevant organizations to present and discuss the applicability of Tanahashi model in the above particular context. Dr. Sadia Afroze Chowdhury, Executive Director, BRAC Institute of Global Health (BIGH) and Dr. Pascal Villeneuve, UNICEF Country Representative, moderated the discussion.
Introduction
Dr. Syed Masud Ahmed, Director, CoE-UHC introduced the session with a brief description of the Tanahashi Rounds and the programme Vision Bangladesh.

Programme Description
Vision Bangladesh is a joint effort of the National Eye Care Directorate; Sightsavers, a global leader in eye care and blindness prevention, and BRAC, a non-governmental development organization (NGO). In hybrid model of eye care, the NGOs, Government and community worked together to eliminate cataract blindness from Sylhet division by the year 2013.

The first presenter was Dr. Md. Bazlur Rahman, National Consultant, National Eye Care Directorate General of Health Services. He started the presentation with an overview of Global Blindness Scenario highlighting the fact that 90% blinds reside in low and middle-income countries (LMICs). Around 80% of this blindness is curable or preventable. Global partners initiated to eliminate global blindness by 2020. Cataract is identified as one of the major causes of blindness worldwide, particularly LMICs like Bangladesh. Appropriate and cost effective surgery has been recommended to address this problem: However, in Bangladesh the supply side barriers for eye care found to be as follows:

- Lack of trained ophthalmologist and mid level eye health professionals: Only 50% of those ophthalmologists available in Bangladesh are trained for small incision cataract surgery (SICS).
- Lack of standardization and accreditation of quality of education and skills.
- Md. Rafiqul Islam; Sr. Programme Officer, Sight Savers, provided snapshot on historical development of eye care programs in Bangladesh.

According to the service provider’s perspective, this programme attained the following milestones:

- They enabled to create the expertise based Partnership between International and national NGOs.
- They established target oriented result based approach to eye care
- This programme initiated usage of Govt. health infrastructure and community health workers, and also usage of existing network of trained health volunteers at community level deployed by BRAC.
They acquired top and mid level support and collaboration from Government.

Cost effective services by giving subsidy and additional support services like transportation were provided.

The monitoring and evaluation of activities through follow up surgical support and referral to tertiary hospitals for complications were ensured.

This programme also provides incentives for community mobilization.

Nevertheless, the programme faced following challenges/pitfalls:
- Inadequate number of ophthalmologists in government hospitals. For instance, there are 4 district hospitals but only one hospital has ophthalmologist and conducted only 83 cataract surgeries in total compared to an average 19,209 surgery by one NGO hospital during the project period.
- High turnover of medical professionals within Govt. and NGO facilities.
- Decision making within government is lengthy due to bureaucratic impediment.

Government medical officers and medical assistants are less interested to be trained on eye health.

There is no national and divisional/district plan and target with a costs estimate and time frame exists to eliminate cataract blindness.

They found it challenging to activate Vision 2020 Committee to take ownership of the project and monitor the progress.

They intend to replicate the Programme in other areas and thus investigated several issues beforehand. They looked into the cost-effectiveness and sustainability of the programme. Their analysis for total resources required to eliminate the Cataract backlog from entire country has been came out as a total of 3,495,744,000 BDT and 43,696,800 USD.

Ms. Anita Sharif Chowdhury, Senior Research Associate, Research and Evaluation Division, BRAC presented findings from a study which analyzes how this unique intervention affected the lives and livelihoods, health and well-being, current state of awareness & knowledge regarding cataract & its treatment and barriers to its detection & correction by surgery and the perception of services provided.

The health-seeking behavior of the eye patients by patient category revealed that more than one fourth of the patients went to different service providers before coming to VB and they had to wait more than two year to receive the actual service. From provider’s perspective barriers to cataract treatment have been identified as lack of facility, lack of good doctors, distance, monetary problem and lack of instrument. Respondents recognized lack of good doctors and facility as the main problem for availing cataract treatment. Majority of the patients are willing to avail further treatment from VB and willing to recommend acquaintance to Vision.
Discussion

During discussion emphasis was given on application of Tanahashi framework. Isa from UNICEF provided brief introduction on Tanahashi framework and its importance on service accessibility, availability, coverage, utilization and effectiveness. He emphasized on engaging decision makers to formulate comprehensive plan. He highlighted on the provision of quality services at broader level. There is optimum need for effective resource allocation he pointed out. To design and implement a well planned programme commitment and involvement of different sectors is also required.

He also pointed that, components of the intervention from availability to effectiveness of the care needs to be examined rigorously. He considers equity in service delivery as an important aspect. He also added that advocacy for policy engagement is essential.

Dr. Alayne Adams pointed towards the contextualization of Tanahashi framework and aspects and dimension beyond the framework.

Different indicators of Tanahashi Framework were addressed through queries from the participants.

Preventive Vs Curative Services:

Dr. Professor Neaz Ahmed from AIUB had been eager to know about different dimension of health services which focused on the availability of services under this programme. He enquired: Besides secondary and tertiary health care, whether Vision Bangladesh has primary eye care programmes or not. Why the programme is concentrated at Sylhet division despite the highest blindness being at Barisal Division?

Dr. Akramul Islam described the detail design of the programme, the service coverage, population coverage and financial coverage. Basically it has two components: Cataract surgery and Pressbiopia. Regarding primary health care he mentioned that basic education/ primary care components have been included in the programs. For example, adult eye care prevention, school eye health. He shared that the Government of Bangladesh and BRAC will scale up VB based on their experience of strong partnership, improved access and improved quality of care. He added, since they receive donation for Sylhet division now they operate the programme there. However, during phase 2 they intend to expand the programme 10 City Corporations.

Ms. Rifat from Sight Savers elaborated programme components into further details to describe the availability of services. She mentioned that although they focus on secondary and tertiary aspects of eye care they also convey good message for primary prevention. Sastho Sebikas from BRAC have been trained for referrals. They also trained teachers for referral. She highlighted the significance of inclusion of comprehensive components of eye care in the school curriculum.

She discussed supply side barriers for expanding the programme into Barisal district.

She also mentioned that context is very important in order to formulate the policies, generate the resources and implement the plans/programs with the broader involvement of stakeholders.

Since the programme only addressed corrective measure for a specific eye problem, Dr. Sadia Chowdhury pointed out Vit-A distribution programme of government to UNICEF to know about the current status of the current community prevention and education activity of this programme. Dr. Md. Bazlur Rahman, National Consultant, National Eye Care Directorate General of Health Services informed about the pre and post monsoon eye education programme in this regard.
Epidemiology of Cataract:

Dr. Professor Liaqat Ali from Bangladesh University of Health Sciences (BUHS) emphasized non communicable diseases and their links to eye health problems including Cataract and retinopathy. He also advised to have research on underlying factors and epidemiological transition of cataract problems.

Because of the risk factor associated with the female members of the households both Dr. Sabur, consultant UNDP and Professor Malabika Sarker were eager to know about gender dimension, of this programme. The demography of the study population and epidemiology of the eye problems was also mentioned. Dr. Sabur highlighted the accessibility of multiple ethnic communities of Sylhet division to the services. He compared the cost of services between Sight Saver’s services and ORBIS international.

Dr. Pascal appreciated the partnership with CoE-UHC, BIGH for organizing and hosting the Tanahashi Rounds. He envisioned about the further application of this framework and rounds having partners from national and international community. He however took the privilege to narrate the rumour against quality issues of recent Vit-A supplementation.

He highlighted this programme as the world known evidence based programme to prevent blindness among children which has levelled the coverage up to 90%. He talks about non-medical purposes for this information manipulation which can be considered as acceptability bottlenecks.

Regarding the programme analysis of Vision Bangladesh, he suggested that the programme needed to identify the indicators for analysing and monitor the five levels of Tanahashi framework. He suggested another Tanahashi round to reveal main draw backs in terms of in-efficiencies in identifying the level of effective coverage and impact.

Dr. Sadia Chowdhury concluded the session with appreciation and proposal for a next round on the programme analysis of Vision Bangladesh applying the Tanahashi framework.
Tanahashi organizing team:

Overall Supervision:
Dr. Sadia A. Chowdhury
Dr. Syed Masud Ahmed

Overall coordination and Report preparation:
Nadia Ishrat Alamgir
Lal B. Rawal

Invitation and Reception:
Md. Rashidul Alam Mahumud

Design/Communications:
Kazi Shamsul Amin

IT support:
Tapan Biswas
A. Rouf Sarker

Logistics:
Sohel Rana
Support:
Mansura Akter
Shah Ali

Contact
Nadia Ishrat Alamgir
Sr. Research Associate
Center of Excellence for Universal Health Coverage (CoE-UHC) project
JPGSPH, Level-6, icddr,b, Mohakhali
Email: nishrat@bracu.ac.bd