

Profile: LV Prasad Eye Institute

Expanding access to eye care through a community-driven approach



Challenge

India has the largest number of visually impaired and blind people in the world. An acute shortage of optometrists and donated eyes and the fact that most Indians cannot afford treatment means that millions of people suffer from conditions that are preventable or treatable.



Innovation

The LV Prasad Eye Institute (LVPEI), (<http://www.lvpei.org/>), is a nonprofit chain of eye clinics operating primarily in the southern Indian state of Andhra Pradesh. It delivers good-quality eye care, including screenings, cornea transplants, and cataract, glaucoma, and retinal surgeries.

The institute's pyramid model of service delivery and cross-subsidization of patient segments allows it to reach people who are unable to afford care. At the top of the pyramid, LVPEI operates three tertiary care hospitals, conducts research, trains clinicians, maintains an eye bank, offers medical tourism services, engages in policy and advocacy activities, and performs consulting services. At the bottom of the pyramid, its network of 117 vision centers in rural areas refers patients, provides refraction and dispensing services, and screens for blinding diseases.

Each vision center serves as the hub of a network of about 10 "vision guardians," who perform community awareness activities and provide postsurgical care and outreach. These volunteers are recruited, trained, and returned to the communities. In return for their work, they receive free eye care for themselves and their families as well as priority consideration for paid positions with LVPEI. The institute also operates 15 secondary and 127 primary care facilities in remote rural areas in the states of Andhra Pradesh, Karnataka, Odisha, and Telangana.

About half of LVPEI's patients are treated free of charge. The cost of their care is cross-subsidized by fee-paying patients (including growing numbers of international patients) as well as by revenues generated from other sources, including optical shops and pharmacies and royalties from a contact lens developed through an international research and product development partnership. In addition to free services, LVPEI offers a tiered price and service list, which allows patients to select the most appropriate services they are able and willing to pay for. At the lower tiers, prices are substantially lower than comparable interventions performed at private hospital facilities.

Impact

Since its launch, in 1987, LVPEI has improved the lives of 20 million people in 3,000 villages in India through its comprehensive eye-care and door-to-door services. In 2014–15, 47 percent of all outpatient services as well as 44 percent of surgeries were provided free of charge. LVPEI provided free eye-care services to another 700,000 people and reduced the severity of impairment of 88,000 poor patients.

LVPEI's eye bank—the Ramayamma International Eye Bank (RIEB)—is the largest provider of sight-restoring corneas in India. It has harvested 43,000 donor corneas and transplanted 22,750 of them,

more than any other center in the world. LVPEI has also trained 18,000 eye care professionals, 80 percent of them from India; published more than 1,550 research papers; supported 200 national hospitals in 18 states in India; and provided assistance to eye-care facilities in 17 other countries. LVPEI's vision center model has been replicated by the government of Australia, which provided a USD 50 million grant to apply the model in its primary-level development programs in South East Asia and the Pacific Islands.

Scaling Up

The main driver of the model is its ability to be self-reliant on training and retaining staff. Strong community involvement, extensive monitoring and evaluation to continuously optimize operations, and well-balanced government oversight are also critical to the program's success. Resourcing challenges remain, since outside of the major cities, skilled managers and community-based ophthalmologists with the skill and reputation for community acceptance in rural areas are scarce.