



“Making money does not mean you cannot be a humanitarian”

(Copyright Jerry Vincent, International Rescue Committee, Chiang Mai, Thailand.)

This was one of the conclusions of the Affordable Vision Conference held at Oxford University. The list of participants was headed by Professor Dan Sheni, President of the World Council of Optometry. The guest list included Dr. Bhardwaj President of the Asia Pacific Council of Optometry as well as representatives from India, Thailand, Nigeria, Australia, Tanzania, South Africa, the United Kingdom and the U.S.A..

The conference was sponsored by the Spectacle Lens Group of Johnson and Johnson Vision Care Inc..

The objective of the meeting was to determine for developing countries,

- What is affordable Vision Correction,
- How it can be delivered,

Professor Sheni defined affordable Vision Correction as a price to the consumer which is less than 10% of their monthly disposable income. This definition was accepted by most of the delegates. However, Professor Sheni pointed out that this 10% figure can vary widely depending on which country you are dealing with.

Examples of <10%.

Currency figures in US dollars.	Total GDP*	Average GDP per capita per annum	<10% per month
Albania	6,124	1,728	14.0
Eritrea	734	165	1.4
Tajikistan	1,303	186	1.5
Nigeria	50,202	366	3.0
Ghana	7,659	369	3.1
Papua New Guinea	3,395	626	5.2
Tanzania	9,872	270	2.25
United Kingdom	1,794,858	29,780	248.2

** millions of US dollars*

Interestingly in the United Kingdom the average price of a complete pair of spectacles in 2003 was pounds 144.52. (Source: Optics at a glance, Federation of Ophthalmic and dispensing opticians) This figure equates to dollars \$ 241.00 which is 9.7 % of a persons monthly income.

Dr. Harry Seltzer Executive Director of Vosh International who has carried out work with the Navajo Indians in the USA pointed out that Affordable Vision Correction is also an issue in Developed Countries. In the USA there are 14.2 million people over 45 living under the poverty level. In total the conference estimated that between 1.0 to 1.3 billion people require Vision Correction but do not have sufficient access to it.

Several solutions which correspond to the < 10% requirement were presented.

The **Rand University of South Africa** demonstrated a system based on CR 39 lens technology. 13,000 different refractive alternatives can be obtained with 30 different stock keeping units. Interestingly this was the only low price solution which takes astigmatism into account. (Mr. Anthony Carlson, Rand Afrikaans University, asc@na.rau.ac.za)

The **Scojo Foundation** is the not for profit arm of Scojo a distributor of reading glasses in the USA. They are at present setting up a subsidiary in India. Reading glasses are a method of supplying fashionable low price solutions for wearers. It was pointed out to the delegates that even the poorest farmer in the most remote region of India knows what the latest fashions worn by actors in the Bوليوود Film Studios are. (Graham Macmillan, The Scojo Foundation, g.macmillan@scojo.com)

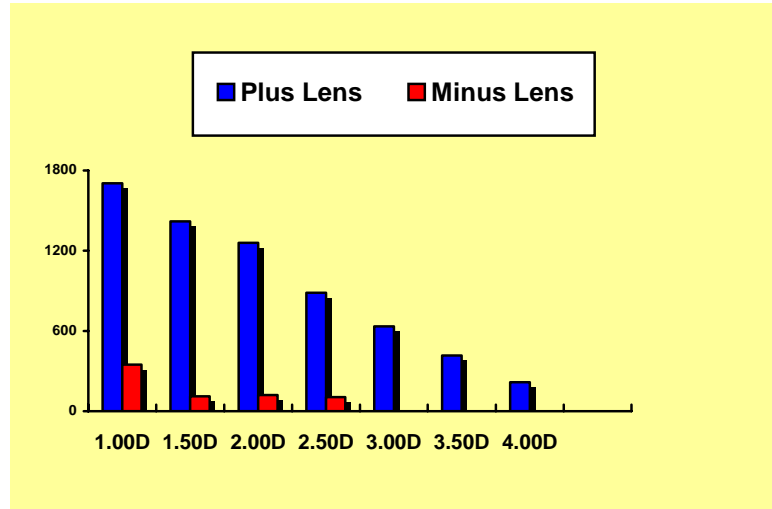
Vosh International which recycles 140,000 spectacles per year has developed software programmed to allow field workers to access all relevant solutions for a patient. All the used frames received by VOSH are categorized and entered into the Richmond Eyeglass Inventory Matching system. This allows a patient after a refraction to choose between 6-10 alternatives. (Harry I. Zeltzer, Executive Director VOSH International, harryzeltzer@comcast.net)

The most innovative solution was the Adaptive Spectacle from **Adaptive Eyecare Ltd.** The product allows a patient to self refract. A field Study showed that the difference between the refractive values of trained optometrists and a group of 213 patients who self refracted was minimal. The patient can set the lens for distance, intermediate or near vision. Production in China has been ramped up to 1000 pieces a day and a field trial is soon to be started in Ghana. (Mr. Will Pirie, Adaptive Eyecare Ltd. will_pirie@hotmail.com)

In a presentation on the do and do not in developing nations Professor Shen pointed out some important points.

- Understanding of cultural issues is critical. Speaking back negatively is not done for fear of giving the impression that one is not grateful. “ is that better...yes, is that better..yes”
- Understanding who is important locally and showing that person the appropriate respect even though they may have nothing to do with the project is key.
- Gifts even small ones are important, in rural areas of South Africa a bottle of Schnapps does wonders.

Never take things for granted. A presentation by the International Rescue Committee on work carried out in Refugee Camps on the Thai/Burma border gave the following refractive error results:



This presentation was backed up by photographs of providing Eyecare and Eyeware to one of the most remote places on earth. Access by air is not possible and security is affected by occasional fighting spilling over from Burma. In the rainy season the roads disappear into a sea of mud.

10 Refugee Camps

Karen, Karenni and Mon ethnic groups and others

140,000 living in camps

60,000 + living outside camps with access to program

The map shows the border region between Burma and Thailand. It highlights 10 refugee camps: K1, K2, K3, K4, K5, K6, K7, K8, M1, M2, and M3. Major cities and regions are labeled, including Rangoon, Bangkok, Chiang Mai, and various states in Burma like Karenni and Mon. The map also shows the border with Laos to the east.

In summary the conference did not come up with a list of formal conclusions but there was agreement from the delegates on the following issues:

- Affordable Vision Correction needs to be priced at < 10% of a person's monthly disposable income.
- Sustainable business models where profit is made are seen as a good thing for future distribution of Affordable Vision Correction.
- There is a vast demand for Affordable Vision Correction the figure lies between 1.0-1.3 billion people.
- Vision Correction Organizations operating in developing countries need to make a better business case for allocation of funds from National Governments and Charities. They are in a business sense competing against Aids, Malaria and Tuberculosis.

On the issue of how to deliver affordable vision correction, the proposal to give health workers short training courses in refraction and eye examination was opposed by India. It was pointed out that villagers are well aware that ophthalmologists and optometrists exist and patients do not want third world treatment from poorly qualified technicians.

On a personal note it was a humbling experience to attend a conference with so many highly qualified men and women who have chosen to work in uncomfortable parts of the world .They could if they wanted to make much more money by running a private practice back home.

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