"There's an increase in detecting other eye health problems while doing this project": Etsegent Arega, of Last Mile Health, on public sector integration, advocacy and generating awareness.

Rollo Romig
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Rollo Romig: Please introduce yourself.

Etsegent Arega: My name is Dr. Etsegent Arega. I work as a senior program manager at Last Mile Health.

Rollo Romig: I imagine the presbyopia project is different from other health interventions that you do. Did it take some convincing for you to add it to your portfolio?

Etsegent Arega: The pilot projects were led by another program manager. I was involved mostly on the data and MERL [monitoring, evaluation, research, and learning] part when the pilot started. It didn't take a lot of convincing for me personally, because I believe the health extension workers in Ethiopia are responsible for more complicated cases in terms of the service they give. I was already convinced that this is possible.

📣 Of course, we had to do a lot of convincing during the pilots and even during this scale-up. While we were expanding, there were a lot of offices we had to communicate with. Even currently, while we do the campaigns, there are some questions that arise, and we do have to do some convincing.

Rollo Romig: Do those questions mostly come from people in the government?

Etsegent Arega: Yes.

Rollo Romig: What kinds of questions or hesitations do they have about it?

 **Etsegent Arega:** Well, it's pretty new for Ethiopia to do this kind of project, because commodities are not given by health extension workers. The service they gave was not similar to this. It's more trying to understand how this can work, if it's possible for them to screen someone and actually distribute glasses. Some questions are from officials and leaders. The other questions we get are from eye health professionals, because in Ethiopia, the system is that optometrists, ophthalmologists or ophthalmic nurses specifically work on eye care. Other than that, it hasn't been done by anyone else.

Rollo Romig: Is there a sense that you're cutting into their business, or a different concern?

 **Etsegent Arega:** Somewhat, yes, but also a concern of task shifting. There are some associations related to eye health, and they see this somewhat as task shifting. We've had to show them how it's done, the process, the training, to convince them that this is also possible.

I would say it's more of a concern about quality and how this can be done with the health extension workers' level of knowledge. What I've seen is that once they actually see how it's done, they're more convinced and very supportive.

Rollo Romig: What about on the government side? What kinds of questions have they had, and how have you helped convince them?

 **Etsegent Arega:** From the government side, I would say it's somewhat similar, because the concern is that this is a new add-on to the health extension worker program. They want to understand how it's possible and how this task shifting is going to affect other professionals, and if this is going to be done correctly.

Rollo Romig: A lot of people don't realize how easy it is to learn, right?

 **Etsegent Arega:** Yes. Like I said, in our system, this is done by an optometrist or an ophthalmologist. People are not aware that this is a simpler part. Yes, there are some complicated eye health [needs and procedures], but they don't differentiate these two things. That's been the problem. From the government side, too, once they see the process, they're more convinced. We have done validation during the pilot, and once we show them the data, that's been very helpful. Even screening in government offices has been very helpful to show them that this is a very simple process and how much it affects livelihood.

Rollo Romig: That's such a nice thing about this—that you can get buy-in from people just by screening them.

Etsegent Arega: Yes. I've seen that a lot.

Rollo Romig: Tell me about the validation that's been helpful for you in convincing people.

Etsegent Arega: During the pilot, even for us, it was a new project. Once the distribution happened, we waited for some time. We selected some professionals to do our validation in random houses, with random community members who had received the eyeglasses. Professionals went to the community members and checked different things: If they actually receive the eyeglass? Was the proper diopter given to that person? The professionals screened them again and checked the diopter.

More than 94% of the community members who received the glasses had the correct diopter. That was very helpful to show government officials and eye health professionals. I think it helped them understand that this is actually being done correctly.

Rollo Romig: One thing that we've heard in other countries is that a presbyopia program helps raise awareness across the board, and that benefits everybody. Do you find that that argument is helpful here?

 **Etsegent Arega:** One thing different in our country is that our health professionals are more concerned about the backlogs on cataracts and on trachoma. We've been asked why we are focusing on presbyopia and not on cataracts or trachoma. But presbyopia is also one of the most common reasons to have a refractive error, it's a very high number. Of course, cataracts should be addressed, too. One positive thing this project is also showing is that, during the screening, we are seeing a lot of community members coming for screening and then being diagnosed with cataracts and trachoma. It's very easy to treat the trachoma. They can go to the health centers. And even for cataracts, at least they can be screened. Usually there are other partners working on cataract campaigns. There's an increase in detecting other eye health problems while doing this project.

Rollo Romig: Not just eye health problems, because I know you're also testing for hypertension and diabetes at the same time. What led to the decision to choose hypertension and diabetes specifically?

 **Etsegent Arega:** How this all started is, initially, health extension workers take a blended learning module from Last Mile Health. There's the NCD, non-communicable disease, module that we teach as a refresher for health extension workers. In that module, one of the units is eye health. Within that eye health unit, we have refractive errors, and one is presbyopia.

 For anyone to be screened for presbyopia, from the Ministry of Health guideline, they should be first checked for other complications. Complications that are caused by hypertension and diabetes cannot be detected by a health extension worker. Once they are diagnosed, they should have a regular checkup. That's why we have integrated this.

If they're screened and if they have hypertension, they would go see an optometrist to see if they have any other eye complications. If they don't, of course they will be screened for presbyopia, and they will receive the near-vision glasses. During this, we have also detected some patients who had glaucoma and other complications. That's how that process started.

If a patient has hypertension, they will be referred to an optometrist. If they don't have any other eye problem, they'll be referred back to the health extension worker to receive the glasses for the presbyopia only.

Rollo Romig: So if they do have higher hypertension and diabetes, then you don't distribute near-vision glasses to them.

Etsegent Arega: Not immediately, because we want them to get checked for other complications first. If we just give them near-vision glasses, one, it might be the wrong diagnosis, and two, we would miss treating a patient for other complications at an earlier stage.

Rollo Romig: And similarly, if you find that they need distance vision correction, you refer them to an optometrist and you don't give them the glasses, because what they should be getting is bifocals?

Etsegent Arega: Yes. It might be different depending on what they have. It might be bifocals or they might just need treatment for their distance vision and they might not have a near vision problem. We don't want to miss that. That cannot be detected at the health posts. We have an optometrist at the health center who sees those patients and decides what they should receive. We have referrals back, because after they're evaluated by optometrists, some go back and receive the near-vision glasses.

Rollo Romig: Do you have data on how often the patients actually follow through on those referrals?

Etsegent Arega: Yes. When they're referred back, we have a paper that we give them to go back to the health posts. Both ways. When we refer them to the health center to be seen by an optometrist, we have a paper and we can follow that. We have the data on both sides.

Rollo Romig: Are people generally following through on those referrals?

Etsegent Arega: I would say so. I'm sure we have a few drop-offs. I could have the number pulled out from our data. A lot of patients are going for the referrals. Of course, most people like receiving things for free. Eyeglasses are very expensive for the community members, so they would want to follow through, go see an optometrist, and come back and receive the eyeglasses if they can.

Rollo Romig: Are people sometimes annoyed if you don't give them the glasses right away?

Etsegent Arega: Yes. For example, at the health post we went to yesterday, people were waiting for us to get eyeglasses. I saw the chart and most of them either did not have presbyopia or they needed a referral. We explained to them that we will give them the eyeglasses if they need it, but they need further evaluation with another professional with more equipment.

Rollo Romig: I'd love to hear more about your whole approach to training. What I saw on Monday was the orientation, but they'd already gotten some training earlier. What was the initial training step that I didn't see?

 **Etsegent Arega:** The initial training is the NCD refresher training, which is given in a blended module. They have face-to-face learning days and they have self-learning days. We have this application, the Extension Essential app. On that application, we have different units. Some are covered during the face-to-face time. The others are self-learning. We have animation videos. We have quizzes. They take a pre-test and a post-test at the end.

The most helpful part of the blended learning module is that they can see the videos even after the training. They have a video they can open and refer to and see how the screening of presbyopia is done. In each unit, we have different animations and videos included in the application. They have that in the tablet. They have that on their phone. Anytime they want to refer back and refresh their knowledge, they can go through it. That's been very helpful. That is the major part of the refresher training.

What we did on Monday is [the orientation] and we have them for a whole day. We use some of the hours for them to actually practice, because skill building is different when you actually do it. It's very helpful. We want to be very mindful of the quality, so we do that practice session. And then we focus on the data. During distribution, the data collection is also a challenging part of the project, because we're distributing a large number of eyeglasses at the same time.

Rollo Romig: You're screening for several things at once, too.

 **Etsegent Arega:** They have to be very careful with the data. We used half of the orientation to show them how to make sure that data is collected properly.

Rollo Romig: What kind of personal data are you collecting from the recipients?

 **Etsegent Arega:** We have a registration sheet where it has the name, the age, the gender, the phone number if we need to contact them. The profession, which we have categorized based on what we saw, was very common in our pilots. At the end, we have the data for how many glasses were distributed in each health post, in each district, in each region. We have that aggregated as well.

Rollo Romig: That's great. One thing I've noticed in other places is that everyone takes data like this, but not everyone notes the profession. That's such important information to know what people need these glasses for.

Etsegent Arega: Initially in the pilots, we had a more exhaustive professional list. Based on our data from the pilots, we selected five professions that were common. We have included others as an option, but we try to collect at least those five professions.

Rollo Romig: It seems that Ethiopia has an unusually robust community health worker program. What do you think makes Ethiopia's program unusual, and why does it have that form?

Etsegent Arega: That might be a bit of a tough one for me to answer. The Health Extension Program is responsible for different modules. Of course, they work more on prevention. The training, what it includes, and what's integrated is what makes a difference in Ethiopia, in my

opinion. We have the RMNCH [reproductive, maternal, newborn, and child health] part, the prevention part, the NCD module, and the MCD modules, which are the major communicable diseases. I think the training modality is also a bit different, but of course I don't have the knowledge of comparing it to many countries.

Rollo Romig: In some places, health extension workers are volunteers, or they may be paid a stipend, but it's not their salaried job. Do you think that your approach with the eyeglass distribution would be transferable to a place that doesn't have such a strong salaried system, or do you think it would be difficult without this level of structure?

 **Etsegent Arega:** In my personal opinion, I think it would be very difficult. From my experience in countries where health extension workers are salaried, they are more responsible. They take on a lot of work for treatment or disease prevention, or whatever work they are given. They deliver better. In places where they're not salaried, I would think it would make the system much harder.

Rollo Romig: Because even when they're very engaged, there's a limit to what you can do.

Etsegent Arega: Yes. The amount of work they do and the load is not easy for them. Especially if you're doing this on a campaign, it takes a lot of energy to screen and distribute to that amount of people. I would think it makes it much harder to work in that kind of system.

Rollo Romig: I was really struck by what an engaged group it was at the orientation on Monday. It was a long day of training and learning. The health extension workers seemed really tuned in. They seemed to be enjoying themselves.

Etsegent Arega: The health extension workers are part of the community, so they're very happy to serve the community. Whenever there's something new that comes for the community, they are very excited to give that service. They're always excited to learn new things. I think that is the excitement that explains what you have seen on Monday.

Rollo Romig: There seems to be a lot of pride in this work, too.

 **Etsegent Arega:** Yes, of course. They serve their own communities. They live around there. They're neighbors to these people. They're very proud to do these things.

Rollo Romig: Do you have a sense that the eyeglasses program has been or will be helpful in getting more uptake for other non-communicable disease services?

Etsegent Arega: Yes. I believe it's going to be very helpful. We have research that we are working on this year to show that. We've been able to detect a lot of patients with hypertension. When they come for presbyopia screening or to receive the eyeglasses, the uptake of the NCD [screening] increases. Also, people have more trust in health extension workers, because they're not just screening them and saying, go back home, or go to the hospital in the city. They're actually giving them the service and giving them a solution right there.

Rollo Romig: Giving them an actual product is unusual?

Etsegent Arega: Yes. It's the first. Of course, they do give medications for some conditions, but it's a different kind of thing. You've seen it yesterday, when someone actually reads right after getting the glasses. The reaction is just amazing.

Rollo Romig: There's not a lot of instant gratification like that in life, and in health care.

Etsegent Arega: Definitely. [With other conditions], by the time the person is feeling better, they forget who was part of that.

Rollo Romig: Do you find that recipients have any doubts or questions about the glasses, or mostly do they just seem happy to have a solution?

Etsegent Arega: From what I've experienced so far, I don't think they have doubts. What I've seen more is that they want to use the glasses for more than just for the near vision problem. Some people want to use them as sunglasses. They want to use them for distance vision. That's why I found the bifocals you told me about in India very interesting. If we are able to do that, I think we'd have one more solution, even if the upper part of the lens is clear. If they wear it while walking, it wouldn't affect them.

Rollo Romig: Tell me how you go about spreading the word about the screenings and getting glasses.

 **Etsegent Arega:** We plan to distribute to more than 35 districts just before June. We have reached at least 20 by now. What we do is, we request a letter from the Ministry of Health. We tell them we're planning to distribute in this district within these two weeks. Then the Minister of Health will write a letter to the districts informing them that there will be a campaign and that it's planned for this time. That has to go through the process of the Ministry of Health, because we don't do it directly.

 Once the letter comes, we tell them to plan one week ahead of the campaign time to do some mobilization work. We have the health extension workers themselves inform the community. Then in some areas there are also village health leaders.

Rollo Romig: Tell me about the village health leaders. Who are they exactly?

Etsegent Arega: They might be religious leaders. They might be older, respected people in the community. What they do is inform an older person who's most respected in the mosque, and then they can transfer the message to the community when they gather people around.

Rollo Romig: At Friday prayers?

Etsegent Arega: Yes. There are different gatherings. They even use funerals. We've seen the extension workers screen people after funerals. They tell us that if there's a funeral, they'll go and inform everyone that they're screening. That one week, they use different methods to make sure the community is aware that there's going to be screening and distribution in the coming two weeks. That's been helpful.

I've found it interesting to see that people come more after they see other people receive the eyeglasses. Community members are the ones that are informing their friends and neighbors. That word of mouth is very helpful, because we see the number increasing significantly. Once they see someone else receiving it, once they see someone else is happy with eyeglasses, we get more community members coming in for screening. The first week of the campaign and the second week of the campaign are very different. In the second week and the last few days, we have a high number of people coming in.

Rollo Romig: We could even see that a little bit yesterday at one health center, because we were there longer. All the local elders showed up just to see what was going on.

Etsegent Arega: And they were happy to tell their community. In the districts we worked during the pilots, we had a higher number of community members coming for screening and distribution, because this was done almost two years ago. The word of mouth has really helped. There are members who have actually seen the benefits. The demand was even higher.

Rollo Romig: In the pilot, what were some things that you learned? Especially things that you decided to do differently because you found it didn't work.

Etsegent Arega: One of the methods we used during the pilot was we had different times for screening and distribution. One week was used fully for just screening and the second week was used for distribution. We learned that you'd have some dropouts. And it was harder for the health extension workers to register again to see if the person screened is also getting the eyeglasses.

Rollo Romig: That adds a step.

Etsegent Arega: Yes. During this scale up, we are doing the screening and distribution at the same time, which has been very helpful. I think that's the main change that we've made. Even now, during the scale up, in terms of how we collect our data, in terms of how to make things better or easier for health extension workers, we have changed some things in our data collection methods. We've been making some minor changes.

Rollo Romig: Tell me a little about the logistics side of things. What are some of the logistical challenges, since you're dealing with this physical thing that you've got to ship around and transport?

Etsegent Arega: I wish you were able to see our storage. Based on the population of the districts, we dedicate the number of eyeglasses. Within that district, there are health posts and health centers. We have to decide how many we have to give each health post. Of course, we add based on the demand. All that packing is one logistic challenge. It's doable, but it needs a lot of manpower to count and pack those eyeglasses.

Initially, we used to deliver the eyeglasses using cars. That was more expensive, but as of last month, we signed an MOU with the Ethiopian Post Office. We package at our storage or at the warehouse. The Ethiopian Post Office comes and packs them into another package, and they

take it. We have it delivered to the district before we arrive, and we receive it from the Post Office. One, it's safer, two, it's less expensive than using cars to deliver the eyeglasses.

Rollo Romig: Then once they're in that region, you need to deliver them by car to the local health posts?

Etsegent Arega: Yes, we have no other option. Our team has to go to each health post and deliver them.

Rollo Romig: So, the glasses are primarily distributed at the health posts, but the community health workers will find other opportunities to screen and distribute, right?

 **Etsegent Arega:** Yes. They go door to door for other services. They use that time for advocacy. Screening door to door is much harder, but when they have a gathering, they can dedicate a space, have the Snellen charts posted, and do the screening. They use the door-to-door method to create more awareness.

Rollo Romig: To tell people about the screening opportunity?

Etsegent Arega: Yes. But the actual screening and distribution, they do it at gatherings more than door to door.

Rollo Romig: You mentioned the help you get from the post office with getting the glasses around the country. Are there other ways that the government has been helpful with the logistics part of things?

 **Etsegent Arega:** This year we have not involved the government in the logistic parts. That is the future plan if this will be taken over by the government. Where the government has been very helpful, starting from the Ministry of Health, the Ministry of Finance, is on the logistics of actually getting the eyeglasses in the country. Even getting an exemption on the tax payments was very helpful for us.

Rollo Romig: I saw in an earlier interview with Abraham that the customs part of it had been a bit of a challenge.

Etsegent Arega: Yes. The clearance part was a challenge. Getting the support from the Ministry of Health and the Ministry of Finance was very helpful. That is the reason we got the exemption.

Rollo Romig: So you imagine that in the long term, the Ministry of Health will take over the program in order to scale it to the whole country?

Etsegent Arega: That's the hope. It might take some time because we're just getting this started, but yes, that's the hope.

Rollo Romig: They'll follow the pattern you've developed?

Etsegent Arega: Yes. If we figure out the best pattern. This will be easier for the government to take over.

Rollo Romig: Are security challenges a concern? I know the security situation differs around the country. Have you encountered that as a problem?

Etsegent Arega: Yes. Some areas we are not able to reach because of security issues. There are some health posts we can't go and see ourselves or deliver eyeglasses to. We've tried to find ways to use the system that the government has in place, using health centers and ambulances to deliver them to some health posts.

It's not just security. Some areas are hard to reach using cars. They're very remote. The roads are not constructed. We've had that challenge.

Rollo Romig: I imagine that remoteness must be a big challenge in general because Ethiopia is such a rural country. I was struck by the fact that Dire Dawa is the second biggest city in the country, and it's only half a million people. It's very spread out.

Etsegent Arega: Yes.

Rollo Romig: How have you been confronting that particular challenge? This is, I'm sure, the challenge you're always confronting at Last Mile Health.

Etsegent Arega: We try to use whatever system is in place. In areas we can't reach, we make sure to bring the health extension workers closer, to where we can at least travel to and give them the eyeglasses. We've used donkeys and carts to deliver the eyeglasses to them. We've used motorcycles in some places.

The best part is the health centers. The leaders at the health centers have been very helpful in these areas. They know some areas are challenging due to security or because of the roads. In those areas, we've tried to mitigate by using the system already in place.

Rollo Romig: Right now, you're distributing the eyeglasses for free. Do you imagine it will always be a free model, or do you talk at all about charging for glasses at some point, maybe at a subsidized price?

Etsegent Arega: Honestly, we haven't had that discussion yet, because we're just getting started. I would think first you'd have to convince people that this is actually useful and it would change their lives. I believe this is a conversation that would come a bit later on.

Rollo Romig: You're working towards this milestone of distributing 100,000 glasses by next month, right?

Etsegent Arega: By February, yes.

Rollo Romig: It seems you're well on your way with that.

Etsegent Arega: Yes. We're very excited about that.

Rollo Romig: Congratulations. I think you've estimated that 10 million Ethiopians might need near vision glasses. Is that right?

Etsegent Arega: Yes.

Rollo Romig: What steps do you think are necessary to get to that level? One step you mentioned is the Ministry of Health taking it over. What else do you think needs to happen that's maybe not already in place?

Etsegent Arega: I think system integration would be very helpful. Of course, we're trying to do that now with the NCDs, the non-communicable diseases. It's easier to do it with other systems, integrating it with other care that is being given, instead of having campaigns just for presbyopia. I want to see this integrated with other health care issues. It would be less costly. It would have more effect, because you'd create more awareness. Also, you'd be doing two things simultaneously. I believe that's how health care should be. If one person comes, you should be able to give them all the services. At some point, if it's integrated, I think it would be more helpful to reach the 10 million.

Rollo Romig: If you were giving advice to a counterpart in another country who was working at a similar organization, or someone at a Ministry of Health in another country who wanted to start a program like this but hadn't yet, what's some of the key advice that you would give them?

Etsegent Arega: To start with, the awareness creation should start from the leaders, from the Ministry of Health, Ministry of Finance, Ministry of Education. Once you have the buy-in from them, it's easier. The easiest part is to convince the community, because they need the service. Especially if you're giving it for free. They'd be happy for you to give them a solution to their problem.

Another advice would be to get eye healthcare professionals involved. Also, we've learned a lot about logistics. We've improved the process a lot. Of course, it should be cost effective. I've worked as a MERL person, so I'm also focused on how you collect the data, because that data is going to be used for further scale up for other countries. That is what's going to show how far you can reach. It's a combination of the whole process.

Rollo Romig: Thanks so much.

ICON LEGEND

Rollo Romig is the manager of Solutions Insights Lab. He is the author of I Am on the Hit List: A Journalist's Murder and the Rise of Autocracy in India, which was named a finalist for the Pulitzer Prize in General Nonfiction.

** This interview has been edited and condensed.*