Mapping Human Resources to Guide Ophthalmology Capacity-Building Projects in Honduras: Sub-national Analyses of Physician Distribution and **Surgical Practices**

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BACKGROUND:

- Cataracts are the leading cause of blindness globally¹
- Much of the developing world has inadequate access to cataract surgical services
- · Access is heterogenous even within a single country
- · Cataract surgical rate (CSR, surgeries per million people per year) is one measure of access
- CSR varies globally; targets may be best determined by age structure of the population²
- National-level data is inadequate for program development

METHODS:

- · Anonymous survey of all ophthalmologists in Honduras
- Questions included
- * Location * Surgical volume * Payer mix
- * Surgical approach * Physician age
- Multidimensional Poverty Index Oxford MPI³
- Department-level MPI
- United Nations population data from 2022
- Department-level population data
- ESRI ARC-GIS[®] mapping software

RESULTS:

- 61 of 102 ophthalmologists replied
- 85% (n=52) report performing cataract surgery
- National CSR = 1594
- Range by department from 0 to 4787
- 7 departments with CSR = 0
- Estimated 5.5 cataract surgeons per million people (global average = 14.1)
- Setting: 51% work only in private setting, 41% do some work in government or NGO setting

CONCLUSIONS:

 Survey, sub-national population, and poverty data can be analyzed with widely available mapping software to assess and then strategically develop surgical eyecare capacity

NEXT STEPS:

* Use these maps, current facility locations, population data, mapping software to guide service development, future facility locations

Sub-national analysis of access to cataract surgical care in Honduras informs thoughtful program development



Cataract Surgical Rate cataract surgeries per million people per year







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National

Cataract

1594

Sub-national

Cataract

surgical

rates: 0 -

4787

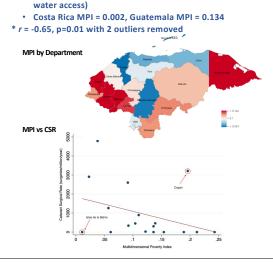
Global Health Impact:

POVERTY and ACCESS TO EYE CARE * CSR inversely correlated with poverty

* Outliers provide important insights * National MPI = 0.093 (range: 0.011 - 0.243)

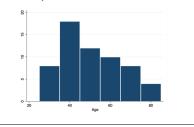
- 1. Access to care varies significantly within a country
- 2. Sub-national data and easily accessible mapping software enable thoughtful program development
- 3. Can be used to guide new facility placement, creative service provision through outreach

· Based on 10 indicators of poverty (nutrition, schooling,



AGE STRUCTURE of SURGICAL WORKFORCE

- Important for long-term planning
- · Appears to be stable into future if young ophthalmologists remain in country



References

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Link to Publication