A conversation with VisionSpring, May 17, 2019

Participants

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Note: These notes were compiled by GiveWell and give an overview of the major points made by Ms. Gudwin, Ms. Yoba, and Mr. Kalita.

Summary


Scope of vision impairment issues

Myopia (distance vision impairment) requires prescription glasses and is a common diagnosis for children and adults. However, the majority of individuals with vision impairment (1.1 billion people) suffer from presbyopia, an age-induced stiffening of the lens resulting in near vision impairment. Presbyopia typically occurs around age 35-40 and can be treated with a pair of non-prescription reading glasses (basic magnifying glasses).

Overview of the Reading Glasses for Improved Livelihoods Program

VisionSpring developed its Reading Glasses for Improved Livelihoods (RGIL) program in collaboration with BRAC, a Bangladeshi NGO which operates one of the largest community health worker (CHW) networks in the world (approximately 60,000 CHWs). Through the RGIL program, BRAC CHWs—who sell a wide variety of health products and act as community educators—are trained to conduct basic vision screenings and sell reading glasses if appropriate.

Staffing structure

Individuals working on the RGIL program include:

- CHWs – The RGIL program is currently operating through a network of 25,000 BRAC-managed CHWs (40% of all BRAC CHWs), who are expected to sell approximately 2-3 pairs of reading glasses per month. Instead of a salary, these CHWs receive a commission on each item sold from their bundle of goods (including reading glasses).
• **Project specialists** – The RGIL program employs 90 project specialists, each responsible for a few upazilas (Bangladeshi administrative regions), to sell glasses and support new CHWs with selling glasses. Project specialists are community members that have had significant experience as CHWs and have demonstrated particular aptitude with vision screenings and the sale of glasses. Unlike CHWs, project specialists focus solely on the RGIL program and receive both a base salary and a commission on each sale.

• **Project supervisors** – Seven project supervisors are paid salaries to manage project specialists, collect and report sales of reading glasses, and monitor dropout rates and other potential issues with CHWs.

• **Dhaka office staff** – Senior-level staff (sector specialist, senior sector specialist, and program manager) are salaried employees based in a Dhaka office. The program manager (Mr. Kalita) spends two weeks of every month in the BRAC office and also conducts field work. The senior sector specialist is BRAC’s vision specialist and manages both the RGIL program as well as BRAC’s vision centers.

• **BRAC’s Health, Nutrition and Population Programme (HNPP) staff** – The RGIL program leverages HNPP infrastructure, specifically the 156 district-level HNPP supervisors (not paid by VisionSpring). RGIL project staff also report to the HNPP Programme Head and HNPP Director, who are also not paid by VisionSpring but are responsible for BRAC’s entire network of CHWs in Bangladesh.

**Program model**

The core focus of the RGIL program is to increase access to reading glasses by ensuring availability, affordability, and awareness—one or multiple of which are lacking in most Bangladeshi communities:

• **Availability** – The RGIL program largely operates in rural areas of Bangladesh, where the closest eye care facility may be at least 25 kilometers away. Outside of the RGIL program, reading glasses are under the purview of optometrists in Bangladesh, and only one optometrist exists for every 250,000 people in the country—with the majority of optometrists clustered in large urban centers.

• **Affordability** – The average RGIL customer earns $2.60 per day, leaving little discretionary income after paying for necessities (e.g. food, children’s school fees). Due to customers’ price sensitivity, reading glasses sold through the RGIL program are priced at 150 taka. VisionSpring formerly experimented with various pricing structures and found that below-cost pricing (e.g. 100 taka) achieves a very strong purchase conversion rate but is unsustainable, and that commercial pricing (e.g. 300 taka) results in a dramatic reduction in sales.

• **Awareness** – The majority of people VisionSpring speaks with in Bangladesh believe vision impairment is an inevitable feature of aging, unaware that their condition could likely be treated with a pair of basic reading glasses. Furthermore, due to optometrists marketing and pricing glasses as high-end fashion accessories in urban centers such as Dhaka, many people in Bangladesh associate glasses with wealth and social status and believe they would be unable to afford them. Customers are also unaware of the difference between prescription glasses and ready-made reading glasses and the price differential between the two products.
**Vision camps/adult health days**

A core component of the RGIL training curriculum—which was developed by VisionSpring and is implemented by BRAC—is teaching CHWs how to approach sales from both a door-to-door and events-based perspective. Since customers are typically not ready to make a purchase when approached at random, VisionSpring emphasizes the events-based approach, which includes:

- **Adult health days** – CHWs are trained to announce "adult health days" in a community, events during which individuals are screened for vision impairment, high blood pressure, and/or diabetes.
- **Vision camps** – CHWs also announce "vision camps"(by distributing flyers one week in advance), during which only vision screenings are held. If a CHW diagnoses an individual with presbyopia (blurry near vision), the patient can purchase and receive a pair of reading glasses directly at the event. Individuals determined to have distance vision impairment are referred to local hospitals or vision centers. VisionSpring believes that vision camps are a highly impactful approach, as individuals with vision impairment are able to congregate and feel more confidence and less stigma in purchasing glasses.

**Vision screening process**

The main steps involved in vision screenings include:

1. **Distance vision test** – After being registered, a customer’s vision screening begins with a distance vision test using a tumbling E chart (alphabet-based charts are not used due to a high prevalence of illiteracy). If the customer fails the distance vision test, the CHW is trained to know that a referral is required, as basic reading glasses are not an appropriate treatment.

2. **Observation of symptoms** – If the patient passes the distance vision test, the CHW approaches the patient to observe any other potential symptoms of vision impairment not treatable with reading glasses. CHWs are provided with a guide but are able to easily identify symptoms once experienced. CHWs are not permitted to diagnose and treat these conditions, but give the customers a referral slip and encourage them to get further diagnosis and treatment. When referred customers are confirmed to have attended a hospital or vision center requiring diagnosis, the CHWs receive a commission.

3. **Near vision test** – After administering a distance vision test and observing patient symptoms, the CHW administers a near vision test by giving the tumbling E chart to the customer to hold. The CHW guides the customer through the chart. Based on the customer’s responses, the CHW will offer a suggested power of reading glasses as well as a text to read or an activity to do in order to test the customer’s comfort and visual acuity. If the customer continues to struggle or finds the glasses too powerful, the CHW will adjust the strength of the glasses up or down until the customer is comfortable. CHWs are also trained to identify whether a customer requires single-vision or bifocal reading glasses by asking a series of questions. For example, bifocals may be appropriate for shopkeepers and housewives but not for barbers or tailors.
CHWs typically conduct 30 to 50 vision screenings before feeling confident. Part of the role of RGIL project specialists and project supervisors is to guide CHWs and ensure they are confident and accurate in their screening and proficient with their sales.

**Program development timeline**

- **2006** – During the first year of RGIL operations in 2006, 50 CHWs were trained, and 209 pairs of reading glasses were sold across two upazilas.
- **2009** – VisionSpring conducted an impact evaluation of the RGIL program and subsequently began scaling the program across Bangladesh.
- **2011** – The RGIL program had achieved a total of 10,000 trained CHWs.
- **2014** – The RGIL program was operating across 456 upazila, a total of 20,000 CHWs had been trained, and staffing structure had undergone an optimization process.
- **2015** – VisionSpring, which had previously been paying high tariffs to import glasses, began purchasing glasses locally. To achieve this localized supply chain, it worked for 1.5 years with a Bangladeshi manufacturer to improve the quality of raw materials and design of glasses.
- **2016** – VisionSpring significantly improved marketing for the RGIL program. By late 2016 to early 2017, a total of 1 million pairs of glasses had been sold, and CHWs were annually screening approximately 1.2 million people.
- **2018** – The RGIL program has achieved a cumulative total of 6.9 million vision screenings, has sold a total of 1.4 million glasses, and is operating in 61 of 64 districts in Bangladesh. 75% of RGIL’s customers are first-time users of reading glasses.

**Program costs**

Although consumers pay for glasses distributed through the RGIL program, the cost is philanthropically subsidized. Funding for the program is largely allocated to BRAC for the cost of project staff, supply chain logistics, warehousing, and distribution of glasses. For its role as a technical advisor, VisionSpring incurs relatively low costs (e.g. staff time, travel).

**Procurement cost and sales revenue**

CHWs new to the RGIL program (approximately 4,000 per year) receive a freely provided seedstock of reading glasses and retain the full sales revenue earned from this stock. However, CHWs purchase any additional stock from BRAC at 115 taka per pair, sell the glasses at 150 taka per pair, and earn a commission of 35 taka per pair. BRAC retains a small revenue, equal to the purchasing price for CHWs (115 taka per pair of glasses) minus the price paid to the manufacturer (105 taka per pair of single-vision glasses and 110 taka per pair of bifocals—inclusive of cases, cleaning cloths, and a government tax). This revenue is then used by BRAC to purchase additional glasses from the manufacturer.

VisionSpring manages the relationship with the centralized glasses manufacturer in Dhaka and is involved in demand forecasting and purchase planning. BRAC’s purchasing division is responsible for purchasing glasses and managing the supply chain to ensure that glasses are distributed to CHWs. In order to prevent stockouts, BRAC maintains an inventory of glasses up to double the amount sold to CHWs.
VisionSpring's other reading glasses projects

Although the RGIL program is the largest source of glasses in Bangladesh, it is still unable to reach all potential beneficiaries. VisionSpring is therefore expanding the distribution channels for glasses to pharmacies and workplaces. Unlike the RGIL program, which is a fully tested and proven model, VisionSpring’s pharmacy and workplace programs are still at early stages of development. RGIL is also part of a joint initiative known as the Clear Vision Collective, which includes a comprehensive suite of interventions being implemented in tandem by 10 organizations plus the Ministry of Health to increase coverage of glasses and vision services utilization in a model district.

Pharmacy channel expansion

Approximately 200,000 rural medical providers (typically family businesses without pharmacy training) operate in Bangladesh, although these pharmacies are fragmented and not an official component of the health system. Rural medical providers typically sell general health products such as toothbrushes, as well as a variety of medicines. While most do not have medical certifications, they are often the first place community members turn to for care.

VisionSpring aims to increase its market penetration in Bangladesh by distributing eyeglasses through rural medical providers, a project which has never before been attempted in the country. The same training, product, marketing materials, and other core components of the RGIL program are being applied to VisionSpring's pharmacy program, although the specific costs and prices as well as the management structure are different.

At the end of 2018, VisionSpring had introduced reading glasses into 71 pharmacies in areas of Bangladesh where the RGIL program is currently active. VisionSpring believes that once it has achieved maturity, the program will be supplying glasses to 5,000 pharmacies.

Collaboration with Jeeon

Jeeon, a technology-focused Bangladeshi social enterprise, has observed that pharmacies sell a large amount of counterfeit drugs and also have limited ability to diagnose patients or distinguish between diseases. Its approach to improving case management and quality of stock in pharmacies has been to introduce handheld devices that guide providers.

VisionSpring has been growing its pharmacy program in concert with Jeeon's program. By the end of 2019, VisionSpring expects to be distributing glasses through 200 of the 700 pharmacies that are currently part of Jeeon's network. It has been observing very high first-time wearer rates (84%) within the first three months of glasses becoming available at a pharmacy, although it expects these rates to reduce to 50-60% over time. Purchase conversion rates have also been very high (78%), indicating that customers are visiting pharmacies with the intention to purchase glasses.

Distribution of contraceptives through pharmacies

The Blue Star Programme (BSP), a USAID-funded entity, was the first group that attempted to organize rural medical providers in Bangladesh—with the aim of distributing contraceptives. Currently, 5,000 to 6,000 pharmacies distribute contraceptives through the support of BSP.
Clear Vision Workplaces

Bangladesh is one of the world's largest exporters of garments, comprising 90% of the nation's export industry earnings. In urban centers, where optical shops may be only 20 minutes away, 65-85% of garment workers who require glasses for their daily work do not have them.

VisionSpring is beginning to expand vision services to workplaces, primarily garment factories, through its Clear Vision Workplaces (CVW) program. In addition to using the RGIL training to enable workers to identify peers in need of vision correction and dispense reading glasses, the CVW program includes the employment of optometrists to provide prescription glasses to workers.

Through the CVW program, major international brands have introduced vision screenings directly into their supply chain management. In 2018, 25,000 factory workers received vision screenings through the program, and commitments have been made for additional screenings through 2021.

Clear Vision Collective

VisionSpring and 11 other organizations (the Clear Vision Collective) have jointly initiated an effort to improve access to and uptake of vision health services by simultaneously deploying each organization's strategy. The organizations launched this joint effort in Sherpur District, which is approximately five hours north of Dhaka and has a population of approximately 1.3 million people.

The core strategies for the Clear Vision Collective's work in Sherpur District include:

- **Increasing coverage of reading glasses through CHWs and pharmacies** – Although the RGIL program already operates in Sherpur District, VisionSpring believes that a maximum of 20% of people in the district who need glasses currently have them. Its plan is to dramatically increase coverage by increasing the number of CHWs selling glasses from 250 to 600 and introducing readers sales through rural medical providers and pharmacies in the district.

- **Operating vision centers** – BRAC with OneSight and the Dr. K. Zaman BNSB Eye Hospital with Orbis have opened four vision centers, which will serve as the main points of referral if RGIL CHWs determine that customers require more advanced care, including prescription glasses, eye-related medicine, diagnosis of diabetic retinopathy, cataract, etc. Vision centers will also enable school-based vision screenings by training teachers to identify children in need of glasses.

- **Operating optical shops** – Essilor’s business arm, New Vision Generation 2.5, will open 25 optical shops staffed by refractionists that can prescribe glasses but nothing more complex. It is currently experimenting with how to train individuals who are not optometrists to provide basic refraction services that could fulfill the requirements for 70% of prescriptions (not complex refraction services or astigmatism).

- **Performing cataract surgeries** – A government hospital as well as the Dr. K. Zaman BNSB Eye Hospital will be accepting referrals for cataract surgeries made from all of the other points of care.
Beginning in 2021, the Clear Vision Collective will use the learnings from its work in Sherpur District to decide upon expanding the program to neighboring districts.

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