## Liberia

"Alone, we can do so little; together we can do so much"

A few weeks ago, Liberia, a small country in West Africa made headlines: "JFK Medical Center Resumes Corneal Transplant Surgery". The announcement came on the heels of the centre's recent accomplishment of five successful surgeries by our young colleague, Shalini Singh. A corneal transplant is hardly news in India (and many other countries), but for Liberia, it marks a remarkable advancement in Liberia's healthcare landscape.

One of Africa's oldest republics, Liberia was devastated by long-running and ruinous civil wars and a rebellion in neighbouring Sierra Leone in the 1990s. Around 250,000 people were killed and many thousands more fled the fighting as the economy collapsed. By 2003 as the wars ended, most infrastructure in the country, including its healthcare facilities, was destroyed. A decade later, in 2014, Ebola swept through Liberia. Today, the country is slowly recovering from these multiple setbacks.

A majority of the population lives below the international poverty line; life expectancy is much lower than the world average and communicable diseases including tuberculosis, diarrhoea, malaria, HIV, and dengue are widespread. Crucially, there is an acute shortage of a trained healthcare workforce with an estimated 1 doctor serving a population of 75,000 people. Providing quality eye care in such a context would be a pipe-dream, leave alone performing complex and sophisticated procedures like corneal transplants. And yet, here is Liberia celebrating this milestone and making it to the news.

## LVPEI's partnership with Liberia

LVPEI's partnership with Liberia began about seven years ago. Lady Ellen Johnson Sirleaf, a Nobel Laureate and then President of Liberia, made an appeal to our Founder Chair, Gullapalli N Rao, to help set-up an eye care system in Liberia. Taking on this responsibility for Liberia would not have been an easy decision. But true to the traditions of LVPEI, we decided to take this less travelled path.

LVPEI, the government of Liberia, and the JFK Medical Centre (JFKMC), the largest medical centre in Monrovia, Liberia's capital, came together to set up a tertiary eye care facility. An old eye clinic at the JFKMC was renovated and transformed into a state-of-the-art eye centre through painstaking effort. Liberian nurses and physician assistants were trained at LVPEI as vision technicians, opticians, surgical assistants, anaesthesia technicians, and biomedical technicians. The Liberia Eye Centre (LEC) was formally inaugurated on July 24, 2017. The Late Sam Balasundaram and Rajshekar Varada ably led these efforts.

Gurcharan Singh, an LVPEI alumnus, became LEC's first ophthalmologist. He soon became a great ambassador for the Institute. Several of our ophthalmologists followed Dr Singh and today, Niranjan Pehere is the current head of LEC. We also embarked on a visiting faculty program to ensure regular sub-specialty care and the management of complex cases. Faculty members from tertiary and advanced tertiary eye care centres began making periodic visits to LEC. A few months ago, Subhadra Jalali, our senior retina specialist, was in Liberia performing complex retinal surgeries. This past week Swathi Kaliki, head of the Operation Eyesight Universal Institute for Eye Cancer, and Saumya Jakati, a pathologist from our group, were in LEC providing speciality care, training, and advocacy.

## **Ensuring long-term sustainable eye care**

From the outset, we decided that this initiative will not be just to provide clinical services. We incorporated plans to make long-term change, by empowering local human resources with the necessary education and technical skills. We began putting together an appropriate eye care model for Liberia and fostered a work culture of self-sufficiency and high-quality care while ensuring equity – the values that are at the core of LVPEI.

In August 2018 we started a unique Ophthalmology residency program at LEC. In this program, a Liberian resident ophthalmologist spends 9 months at LEC, Monrovia, and 3 months at LVPEI, Hyderabad, India every year. So far four ophthalmologists have graduated from this program and six resident doctors are under training. We have also started training an adequate bench strength of Liberian vision technicians and surgical assistants. Liberia has an existing eye health workforce of paramedical workers like ophthalmic nurses, non-physician cataract surgeons, refractionists, and others. We run education programs for these paramedical workers, along with short observerships for them to have first-hand experience of high-quality eye care service delivery. We connect with other ophthalmic fraternities in West Africa through local CMEs and online symposia – all aimed at building an echo system that would ensure sustainable and affordable quality eye care for the region.

## Impact so far

LEC marked its sixth anniversary this July. It has made a name for offering high-quality eye care and for the management of complex eye diseases locally. Since its inception, the centre has recorded 78,430 outpatient visits (40% non-paying) and performed 6,674 surgeries (48% non-paying). I can say with pride that the people of Liberia need not leave the country when seeking care for most eye conditions. What is most heartening is that LEC has now become a referral centre for eye care for neighbouring countries as well. One of the five patients on whom Shalini performed corneal transplant procedures had come from The Gambia.

Today, LEC offers one of the best opportunities for local ophthalmology residents interested in eye health and service delivery thereby participate in building a quality eye health system for the country and sub-continent.

I am fascinated by the LEC story. For over thirty years, LVPEI has been proof that eye care can work in low-resource settings. The Liberia eye centre shows that high-quality eye care can take root, even flourish, even after the deprivation of war and conflict. The singular impact of our work in Liberia shows that a consistent and honest strategic vision can catalyse change.

I am confident that Liberia will become a model for eye care delivery for the rest of Africa and other low-income countries around the world. We will continue to support and partner with all such programs at every level. This is our vision of global eye care.

As I sign off, let me end with Helen Keller's famous quote: "Alone, we can do so little; together we can do so much."