

## Willingness to Pay for Cataract Surgery in Pre-Operative Cataract Patients in Zaria

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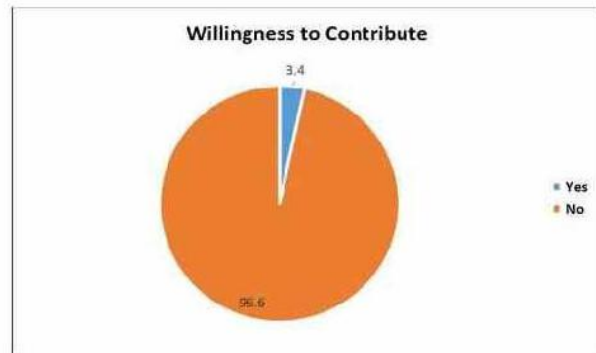
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**Introduction:** Cataract is the leading global cause of blindness accounting for more than half (51%) of the world's blindness and one third (33%) of visual impairment (blindness and low vision)<sup>1</sup>. It was also estimated that the backlog of cataract blind may reach 50 million by 2020.<sup>1,2</sup> In Nigeria, cataract is the leading cause of blindness accounting for 43%, with a low cataract surgical rate (CSR) of <500/million population.<sup>3</sup> This is grossly below the World Health Organization (WHO) target of 2000 – 3000/million population for developing countries<sup>3</sup>. More than 3.6 million people are blind due to cataract in Sub-Saharan Africa, and this number is projected to rise every year.<sup>4</sup> Cost is a major barrier in most low and middle-income countries (60 – 91%).

**Methods:** A cross-sectional hospital based study. Simple random sampling of consenting participants was taken from screened patients who presented for free cataract surgery at Ahmadu Bello University Teaching Hospital (ABUTH) in January 2017. Pre-tested Willingness to Pay (WTP) questionnaire was administered on them before the surgery. The data was analysed using Statistical Package for Social Sciences SPSS (Version) 23.0 (IBM SPSS Statistics, Chicago, USA). Ethical clearance was obtained and the study was conducted in compliance with the guidelines of the declaration of Helsinki.

**Results:** Total of 232 participants were enrolled. Males were 128 (55.2%). Age range: 15 - 89 years. Mean: 57 years, SD± 15.7. Over 60% were above 50 years of age and >90% had monthly income of <100,000 Naira. Only 3.4% signified their willingness to pay for cataract surgery (Figure 1).



**Fig. 1:** Willingness to contribute towards cost of cataract surgery

**Discussion:** Most people who access free services are the elderly and low-income earners as shown in this study with over 60% above 50 years of age and >90% monthly income <100,000 Naira. Studies in Tanzania and India demonstrated a similar trend.<sup>5</sup> Literacy level was used as a crude assessment of socio-economic status, we could not establish any association between that and willingness to pay. In China and India, WTP was associated with higher literacy level and socio-economic status in patients that presented for routine cataract surgery in hospitals.<sup>6,7</sup> The difference with our study is probably due to the mind set of people who may not be prepared to pay since the cataract surgery was advertised as free. Our finding that the cataract patients include a number who are “high-income earners” suggests that free services are being offered to and accepted by those with the capacity to pay.

**Limitation:** The study was conducted among participants in a screening exercise therefore, possibility of overestimation/bias is high more so that it was a free cataract surgery service.

**Conclusion:** Most of our patients are rather unwilling to pay for cataract surgery predominantly for socioeconomic reasons.

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