

"In pharmacies it's a product, not a health care product": Anupam Sengupta of VisionSpring on demedicalizing reading glasses and supporting distribution via pharmacies in Bangladesh

Ambika Samarthya-Howard

May 14-15, 2024

Ambika Samarthya-Howard: Can you please introduce yourself?

Anupam Sengupta: My name is Anupam Sengupta. I'm the program manager of the Reading Glasses for Improved Lives program. RGIL.

Ambika Samarthya-Howard: Partnerships are important in this work. What do you think makes a good partnership?



Anupam Sengupta: For example, the state minded people were involved in the setup, and worked activities. Not fully 100 percent but parallel work. I will give you two examples. One is Clear Vision Collective, CVC. In the same field we are working for the blind, maybe, there might be a cataract [partner] or something like that.

But all the partners are obviously active. Someone does cataracts, someone does myopia, a specialist team does the RGM. But, when people are coming, they are looking for all kinds of benefits. People don't know what kind of problem they have.

Ambika Samarthya-Howard: So it's figuring out what the work chain is, and then figuring out if it goes into that chain?



Anupam Sengupta: Yes, and I think it is even the geographical context also. Maybe there is someone working in some district, but our presence is not there. Again, there are two types of partnerships. One is both your authors together, for the situation, you need the technical support, you need the monetary support. Someone gives monetary support, technical support; someone gives the people support, then I have the human resource for this one.

We started only in [one district] in 2006. But 2006 to now, 2024, we cover 61. We are going to bring another big program for microfinance, where there are 50 million beneficiaries. So, we also did the same partnership there, but the modalities are different.



Again, there is another called Sajida Foundation. They have the infrastructure help program. But we just entered there, with our technical support. Then SMC, a social enterprise, is doing the contraceptive pill and other things. Maybe they have a product for the household investment program. They have a catalog. It is Laksha specific. The name is different, but the work is the same. So, we just do the partnership there. Maybe two, or three points we have to highlight. Geographic area, common interest, and also common work activities.

Ambika Samarthya-Howard: And then what about with the pharmacy work? How do you decide which pharmacies you're going to be in, which pharmacies you're not going to be in?



Anupam Sengupta: To select the pharmacy, there are a few criteria. The pharmacy should [have] a secondary school certificate. And it should have a drug license from the government. And mainly we should feel [that they are] interested in doing the pharmacy program. Like, mission alignment and their commitment and their skills. And willing to take the training and other things. If he's interested and he's willing to give time to get himself trained to support the customer, then we select those pharmacies.

Ambika Samarthya-Howard: Who trains them and what does that training look like?



Anupam Sengupta: VisionSpring will train them. It is a day-long training, starting from 10:00 am till 5:00 pm. Those trainings are near VisionSpring and teach how to handle customers, customer service, and a few others; distance vision and how to refer and how to support cataract patients. These are included in the training. After getting the training, he's able to conduct near vision [screenings] and dispense the glasses. And he is also able to consult with the patient, how to use the eyeglasses.

Ambika Samarthya-Howard: And what has been the response of the pharmacists?



Anupam Sengupta: Pharmacists are doing good and their response is positive. Not every pharmacist. A few pharmacists in Sherpur are doing really good. Their average sales are

around 50 to 20 pairs per month. And they screen around 50 to 60 people every month. So, they are supporting a few other pharmacies because there is a little margin of profit. He is making, for example, 20,000 [around \$167.50] , and the reading glasses give them only 500 [around \$4.20]. So, the portion is very limited. But a few take it as passion and the opportunity to serve the community people. So, the pharmacists who are taking this opportunity to serve the community people, not for the profit, they are doing good.

Ambika Samarthya-Howard: Do people trust the pharmacist to screen them?



Anupam Sengupta: So, this is an issue and we are facing challenges. There is a trust issue. But through the CVC campaign and our other campaigns, we are trying to break this myth. And for near vision, we are trying to promote that there is no specialist doctor needed. The pharmacist can help you with this. So gradually we are trying to break the hurdle through the CVC campaign and other campaigns, and we are succeeding.



Before the camp day, we're making our service. The next day, one eye camp will be conducted in that pharmacy. When a patient comes, we talk about the near vision, how it works and why you should not go to the doctor for that.

Ambika Samarthya-Howard: So you do a camp in the pharmacy and you mic that camp?



Anupam Sengupta: Yes. One day before the camp day and the next 10 to 12 days.

Ambika Samarthya-Howard: And do you have the same price point as you do in the eye camp?



Anupam Sengupta: No. In pharmacy, there are three categories of product, starting from 150 [taka] [around \$1.26], and we have metallic products, which sell for 200 [around \$1.67]. And we have a comparatively higher end product, which sells for 300 [around \$2.51]. So, there are three choices a customer can make.

Ambika Samarthya-Howard: What do you see that people choose?

Anupam Sengupta: In the pharmacy, people are choosing the 300 [around \$2.51] metallic products. Some people are willing to spend 50 or 100 taka [\$0.42 or \$0.84] more to get the quality product. So quality is a concern. And after getting eye glasses for 150 [taka] [around \$1.26], if it's broken or damaged, when the next time comes, they want to try some good quality products.

Ambika Samarthya-Howard: So, most of the people who go to the pharmacy, they're not poor. They're at a better income level?



Anupam Sengupta: Yes, there are mixed customers in different groups. But 150 [around \$1.26] is very little as far as their income. So for seeing clearly, they're willing to spend this 150.

Ambika Samarthya-Howard: A lot of times people are thinking about eyeglasses as healthcare, but one of the things that we notice is that if you think about it as a product, like a sales product, it actually helps expand access. Do you feel like that's what the pharmacists are doing?



Anupam Sengupta: Pharmacies are motivating and circulating [that reading glasses] are a demedicalized product. But people still believe it's a medical product and needs a specialized doctor. So, the pharmacy program is trying to break this belief. And for the near future, we are trying to serve the customer directly from the pharmacy. When a patient goes to the hospital, there are many costs involved, like transportation costs, time and food costs, [doctors' fees], other costs, and everything all together. So, all together, they spent 1,000 to 1,200 [taka] [around \$8.37 to \$10.05] to get the same reading glasses we are dispensing to them from the pharmacies. So, we try to convey this message to the customer [that] you don't need to go to the hospital and spend 1,200 [\$10.05] for the same glasses.

Ambika Samarthya-Howard: How are you trying to convey the message?

 **Anupam Sengupta:** There are a few techniques. When the customer comes to the pharmacy, in the medicine, there is the expiry date and the price. When a customer tries to see the expiry date and he is struggling to see this, that time we offer the service. You are facing a near vision problem. There is a free eye check opportunity. You can check your eyes. If you find a problem, you can purchase reading glasses with only 150 taka [around \$1.26]. And you should not go to the hospital. We convey this message.

Anupam Sengupta: In pharmacies it's a product, not a health care product. A demedicalized product. In pharmacies we are trying to promote this as a product, not a medical arm.

Ambika Samarthya-Howard: You were explaining to me yesterday the difference between the technical camp in the morning and the BRAC [Bangladesh Rural Advancement Committee] camp. Can you talk about that a little bit?



Anupam Sengupta: [In the technical camp,] the optometrists are trained from any institute. At the eye care institute, they train for one year. After that, they join the BNSB Hospital or any other hospital.

Ambika Samarthya-Howard: Got it. And you were saying that they're allowed to give glasses away for free, but with the BRAC one they're not?



Anupam Sengupta: No, they are not the technical ones. For a long time, from the start of this program, that is 2019, their model was to increase capacity. So if anyone needs glasses, but cannot purchase them, they provide free glasses to the poorest people.

Ambika Samarthya-Howard: But you were saying that with the BRAC campaign, they don't have the same authority to do so?

Anupam Sengupta: This is the decision from BRAC.

Ambika Samarthya-Howard: Who does the screenings at BRAC?



Anupam Sengupta: The initial screenings are [done] by the [community] health worker. Then they gather at the eye camp. So around 10 to 15 people there. And then the program officer, who trained by the BRAC office, for around three to five days. The initial training is for three days, and every year they have the refresh of training.

Ambika Samarthya-Howard: Yesterday when we went to the eye camp, we were speaking to those community health workers. Were they the same people you were doing the screening inside?



Anupam Sengupta: No, those were other people. And at the moment, I only introduced you to one person, called Forpu. They not only passed five years, but also the full package of eye care. Distant vision and near vision. And cataract also. So we have a good training manual, which explains everything. And we told you that there is a two day training. One day is theoretical training – knowledge gathering, and [the other day] is practical training.

Ambika Samarthya-Howard: Are the women I was speaking to, the community health workers, also trained?

Anupam Sengupta: Yeah, they're also trained.

Ambika Samarthya-Howard: Why didn't they do the screenings yesterday?

Anupam Sengupta: [The women were] just there so they could give you an interview.

Ambika Samarthya-Howard: Was there anything that you learned yesterday from what people said that was surprising?

Anupam Sengupta: The community people?

Ambika Samarthya-Howard: Either the community people or the people who didn't buy the glasses. Was there anything that happened yesterday that was surprising for you?

Anupam Sengupta: Not surprising, because it is their choice. They said that they do not need the one plus pair of glasses. So she's thinking that if the [power] will be increased, then they will buy the glasses.

And another one, the choice of the frame. He did a good quality frame. That's why he did not buy from this camp. He will buy from the other shops. The spectacle shops, maybe pharmacy shops, or other where there is an eye care center.

Ambika Samarthya-Howard: When you were talking to the community health workers, did anything they say was surprising to you?

Anupam Sengupta: We received a message from the field worker there. Sometimes people refuse to buy their glasses [because of] the choice frames, the model choice. After a long journey, I found a man who didn't buy his glasses. And very easily, he said, "I need glasses, but I will not buy these, due to the design." So this is the one practical [thing] I found that day.

A second thing is that these women who need plus one glasses, but refuse to buy, because she needs time to think for herself, make the decision. It's two things.

Ambika Samarthya-Howard: When we were talking with the three community health workers, did any of their responses surprise you?

 **Anupam Sengupta:** One thing I noticed is that when people are not interested in buying the glasses, they receive counsel, "If you take these glasses, then your income will be increased." This is very important.

Ambika Samarthya-Howard: And do people get convinced by that?

Anupam Sengupta: Yes. They said that. After that, they purchased the glasses in that community. Another thing is that you analyze their age. With BRAC, like 10 years, then 12 years, and one is five years plus. But knowledge is the same for that. And their capacity is also the same.

Ambika Samarthya-Howard: Thank you.

ICON LEGEND



Advocacy



Money



Supply



Demand generation



Partnerships



Technology



Distribution channel



Regulation



Training



Media campaigns and marketing



Screening

Ambika Samarthya-Howard (she/her) is Solutions Journalism Network's Chief Innovation Officer. She strategizes on communications, metrics, impact, product and technology, leveraging platforms for the network and creating cool content. She also leads the Solutions Insights Lab, an initiative of SJN that uses targeted research and analysis to identify and interrogate what's working and what's not in a particular sector or field. She has an MFA from Columbia's film program and has been creating, teaching and writing at the intersection of storytelling and social good for two decades. She has produced content for Current TV, UNICEF, Havas, United Nations Population Fund (UNFPA) and Prism.

** This interview has been edited and condensed.*