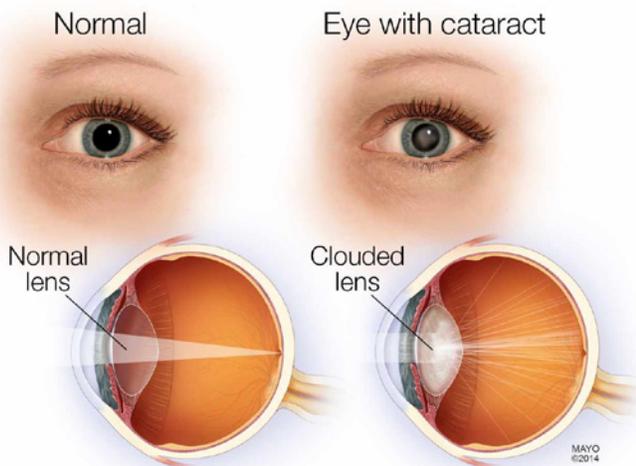


Nonprofits' Role in Reducing Cataract Rates Globally

“According to the latest estimates, **94 million people were visually impaired and 20 million people were blind because of cataracts, accounting for one third (33%) of all individuals with visual impairment and more than half (51%) of blind cases worldwide.**”¹ Globally, females compose the majority of cataract cases. However, men undergo cataract surgery more than females in the developing world. “Globally, the total number of cataract surgeries has increased in regions, especially Asia.”² Different countries' cataract surgical rates vary due to the barriers individuals all over the world encounter in pursuing cataract surgery. As the world's over-40-year-old population grows older, the rates of blindness caused by cataracts will increase. By continuing this comparative geographical survey about the world's cataract crisis, this report will illustrate ways that nonprofits can assist in reducing blindness due to cataract rates.

Generally, age, heat from the sun, and various medical diseases lead to cataracts as scientists research other causes for cataracts. During the 2013-2016 Ebola Outbreak in West Africa, the resulting uveitis (eye inflammation) caused cataracts.³ When compared to developed nations, “the prevalence of cataract also increases with age in developing nations although it often occurs earlier in life, and there is more of it.”⁴ Those inflicted with cataracts experience increased poverty due to an inability to work and are often unable to continue with daily activities.⁵ **According to researchers, reducing sun exposure can reduce the risk of developing cataracts.**⁶ **However, since achieving these objectives on a mass scale is unfeasible, cataract-inflicted individuals must undergo cataract surgery to fully regain their eyesight.**

Social problems, limited financial resources, and lack of access to adequate healthcare serve as significant obstacles for those trying to obtain cataract surgery in the developing world. The older, poor, and rural underprivileged populations are less likely to afford and access medical facilities than the affluent and privileged populations. A lack of knowledge about cataract surgeries and their local availability exist in local communities.⁷ The more uneducated the person, the more severe and lasting the cataracts and the more unable the person can work.⁸ **To solve these problems, nonprofits conduct**



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educational programs and public service campaigns about cataract surgeries and their local availability in the local communities. For those in rural areas, access to medical facilities is an even greater problem since most cataract surgical centers are in cities.⁹ Affordability in the developing world depends on the willingness and the ability of the healthcare system to provide adequate access to surgeries, and cover the costs of the operation, travel, loss of season work, and the availability of transportation.¹⁰ It has been found that the elderly also do not want to financially burden their families.¹¹ As with all healthcare systems, patients may not be able to access cataract surgeries due to an overwhelming demand for the procedure and not enough resources to perform the operations.

Cataracts cause a lack of quality of life. Cataracts cause a decrease in salaries from an inability to work, engagement of personal hygiene by themselves, and enjoyment in leisure activities.¹² Especially the elderly experience adverse psychological, emotional, and mental effects since they become solely dependent on others to carry out their existence.¹³ “Disability, including blindness, leads to social exclusion and stigmatization [especially of females], which in turn impedes access to social networks and formal services or social institutions.”¹⁴

In conclusion, Embrace Relief alleviates Africa's cataract crisis. **With a mobile clinic, Embrace Relief provides Africa with health screenings and cataract surgeries to prevent and remove cataracts, respectively. In this way, Embrace Relief gives low income Africans, especially those living in rural areas, the opportunities to prevent blindness and other cataract-related illnesses.** As a result, low income Africans can pursue normal lives, such as high social status, employment, family obligations, financial soundness, and independence to complete the most routine tasks by themselves.

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