

Issue of Access to Eye Care in Côte d'Ivoire: The Case of Koumassi General Hospital in Abidjan

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Abstract

Background: Many individuals continue to face difficulties or insufficient access to eye care, leading to a potential risk of blindness. The objective of our study was to identify the factors that may limit patients' access to eye care at Koumassi General Hospital.

Methodology: This was a prospective cross-sectional study with a descriptive aim, conducted from 2 September to 1 November 2024 in the ophthalmology department of Koumassi General Hospital in Abidjan. All patients aged 18 years and above who attended a consultation and provided verbal consent were included in the study. Patients were interviewed using a structured guide. The parameters studied included patients' sociodemographic data, appointment waiting times, and consultation waiting times. The difficulties encountered by patients during their consultation journey and their overall level of satisfaction were also assessed.

Results: The most common age group among patients was 51 to 61 years (42%). The majority of patients were employed in the informal sector (42%). To obtain a consultation appointment, 42% of patients waited more than seven days, and 34% experienced waiting times exceeding two hours. Regarding these delays, 90% of patients considered the consultation waiting time unreasonable, as did 64% who found the appointment waiting time excessive. The main challenge faced during consultations was a lack of communication from practitioners. At the end of the consultation, only 10% of patients were fully satisfied.

Conclusion: This study revealed that factors influencing access to eye care at Koumassi General Hospital included slow consultations, a lack of information, and external constraints. These challenges are similar to those observed in other contexts across Africa and even globally. These findings highlight the need for organisational reform and increased awareness of eye care to improve healthcare coverage and contribute to reducing preventable blindness.

Keywords: Accessibility – Eye care – Blindness – Côte d'Ivoire.

Introduction

Vision is a fundamental element in social interactions. It plays a crucial role in recognising people and objects and in the development of social and family interactions. Good visual quality depends on the proper and optimal functioning of the organs responsible for vision [1].

Eye health and vision have extensive and significant impacts on many aspects of life, including health, sustainable development, and the economy. However, many individuals, families, and populations continue to suffer from inadequate access to affordable and high-quality eye care, exposing them to the risk of visual impairment or even blindness [2,3].

As such, eye health is a major public health concern, particularly in low-income countries, requiring innovative and well-integrated strategies to meet the growing demand. The consequences of inaction extend far beyond vision, affecting social integration and the future of economic productivity [4].

According to WHO estimates, at least 2.2 billion people worldwide suffer from visual impairment or blindness, with 1 billion of these cases being either preventable or untreated [5]. Access to eye care is therefore a crucial issue in low- and middle-income countries, as noted by Nkumbe H [6].

Delbano [7] highlighted that difficulties in accessing ophthalmic care are undeniable and are often the result of regions being medically underserved in terms of eye care practitioners.

WHO data indicates that most sub-Saharan African countries face a severe shortage of qualified eye health professionals, which could hinder the achievement of universal health coverage, particularly in specialised fields such as eye care. Estimates suggest that sub-Saharan Africa has approximately 3.6 million blind individuals and 17.4 million people with moderate to severe visual impairment [5,8]. Additionally, early screening and management of eye diseases help prevent complications that can sometimes be irreversible and lead to blindness.

In Côte d'Ivoire, a study by Diabaté et al. [9] on the aetiological profile of blindness among a group of blind individuals in the city of Bouaké revealed that 57.77% of blindness cases in their sample were preventable.

According to Ombwa E [10], limited access to eye care, a lack of awareness of blinding eye diseases, and poverty exacerbate health challenges in certain remote areas with limited access to eye care services.

In Cameroon, Noatina B et al [11] pointed out that 77% of health districts do not have an eye care centre. The implementation of primary eye care services is therefore crucial, as it could significantly improve healthcare coverage in rural areas.

Patients often face difficulties in accessing eye care due to a shortage of eye health practitioners, which undeniably constitutes a public health issue. The ophthalmology department of Koumassi General Hospital, located in the Abidjan district, experiences a high patient turnout, with an average of twenty-five consultations per day. However, patients face long waiting times in the reception area, and some are even seen sitting on the floor due to a lack of benches. Up to three (03) patients may have to share the same reading chart for visual acuity measurement.

Given these challenges, it seemed relevant to identify the difficulties encountered by patients during their ophthalmic consultations at this centre. Thus, the objective of this study was to determine the factors that may limit patients' access to eye care at Koumassi General Hospital.

Methodology

Our study focused on patients attending ophthalmology consultations at Koumassi General Hospital. It was a prospective cross-sectional study with a descriptive aim.

The study was conducted from 2 September to 1 November 2024, spanning a period of two months.

The study included all patients who attended an ophthalmology consultation during the study period and verbally consented to participate.

Patients who were not legally adults, i.e., those under 18 years of age, were excluded from the study. Additionally, patients who did not consent to participate or who faced language barriers that could compromise the accuracy of their responses due to the lack of an interpreter in their native language were not included.

Thus, 200 patients meeting the inclusion criteria were selected for the study.

To collect the necessary data, we used an interview guide administered to patients attending consultations. This guide, designed for ophthalmology patients, was divided into two sections. The first section focused on identifying patients' sociodemographic characteristics. The second section addressed the difficulties encountered by patients during their consultation.

The parameters studied included patients' sociodemographic data (gender, age, profession), their responses regarding difficulties in accessing eye care (appointment waiting time, consultation waiting time, and challenges during the consultation), and their level of overall satisfaction after the consultation.

Qualitative variables were expressed as proportions, while quantitative variables were presented as means with extremes. Data collection tools were processed using the Epi Info software, while Word and Excel were used for data analysis.

Ethical Considerations

Patients were informed about the objectives of the study, as well as their right to refuse participation or withdraw at any time without facing any consequences. Their participation was voluntary, with informed consent obtained through verbal agreement.

Confidentiality was strictly maintained by assigning an anonymous identification number to each survey form.

We obtained prior authorisation for the study from the medical and scientific directorate, with a copy sent to the sub-directorate of nursing and obstetric care and the administration of Koumassi General Hospital. The study also received formal approval from the hospital's director.

Results

Distribution of Patients by Gender

There was a male predominance, accounting for 58% of the patients. The sex ratio was 1.38.

Distribution of patients by age

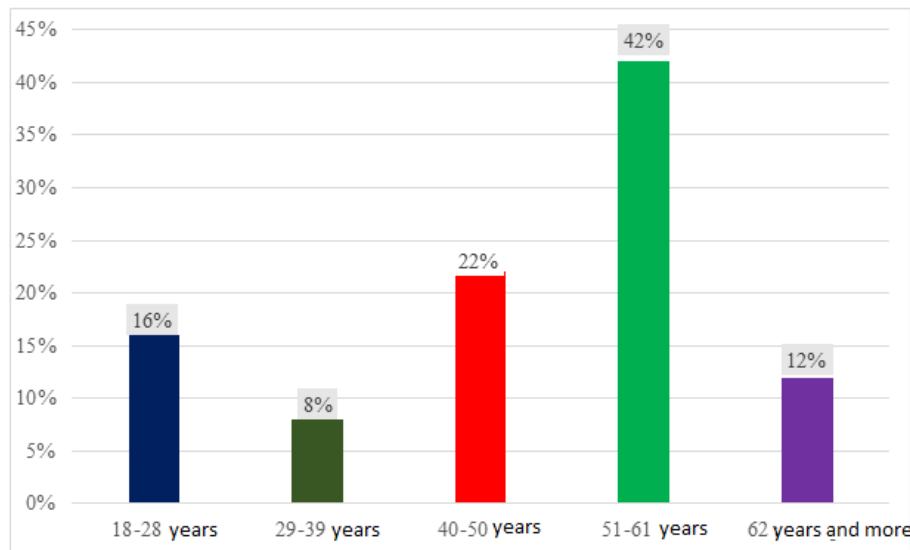


Figure 1: Distribution of patients by age group

Analysis of the figure shows that patients aged 51 to 61 made greater use of the ophthalmology department, followed by those aged 40 to 50.

Distribution of patients by profession

Patients working in the informal sector were the most represented at 42%, followed by the unemployed at 22%.

Table 1: Distribution of patients by profession

Profession	Number	Percentage
Civil servant	24	12
unemployed	44	22
Informal sector	84	42
Housewives	40	20
Private sector employee	8	4
Total	200	100

The waiting period for the appointment to benefit from the consultation

Patients who had obtained an appointment after 7 days were the most frequent, accounting for 42% of the total, followed by those who had an appointment in less than 2 days (32%). Patients who had an appointment within 3 to 7 days accounted for 26%.

Waiting time on the day of the consultation before being seen by the practitioner

Patients who had waited two hours or more before being seen by the practitioner were the most represented at 34%.

Table 2: Distribution of patients by their estimated waiting time before being consulted

Waiting time for consultation	Number	Percentage
Half an hour	56	28
Three quarters of an hour	24	12
One hour	52	26
Two hours and more	68	34
Total	200	100

Patient' feedback on different waiting times

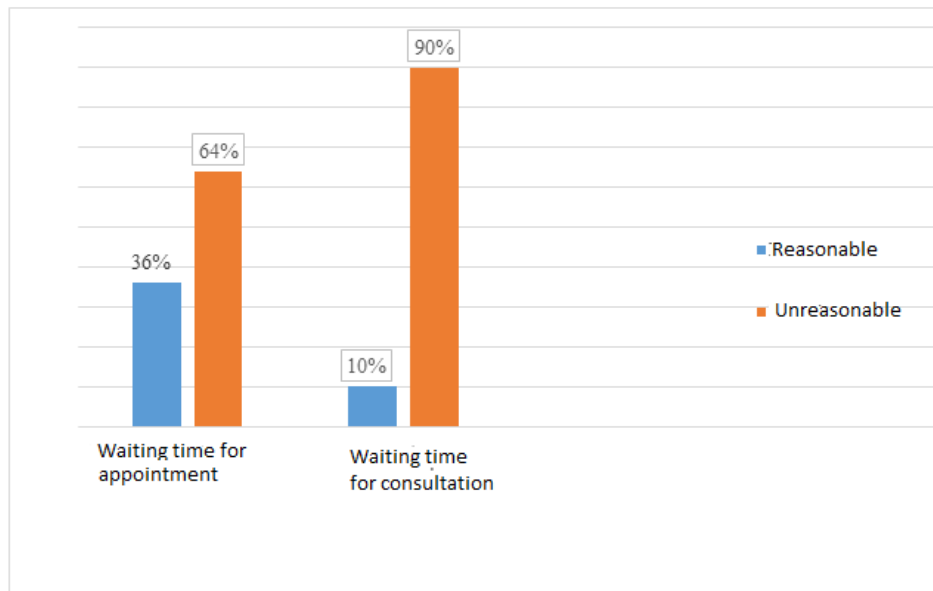


Figure 2: Distribution of patients by their perception of waiting times

Whether it was the waiting time for the appointment or the waiting time for the consultation, the majority of patients found this time unreasonable.

Difficulties encountered by patients in accessing eye care

Almost all patients (94%) felt that their treatment had not been clearly explained to them. The same was true of more than half the patients (60%) who felt that they had not received sufficient information about their disease.

Table 3: Distribution of patients by difficulties encountered

Difficulties encountered before and during the consultation	Number	Percentage
Lack of time for professional reasons	64	32
Cultural and religious influences	20	10
Lack of orientation instructions at reception in the centre	24	12
Lack of courtesy from care staff	40	20
Lack of sufficient information about the disease	120	60
Treatment instructions not clearly Explained	188	94
Poor doctor-patient relationship	28	14
Forced to undergo additional examinations outside the facility	64	32

overall patient satisfaction

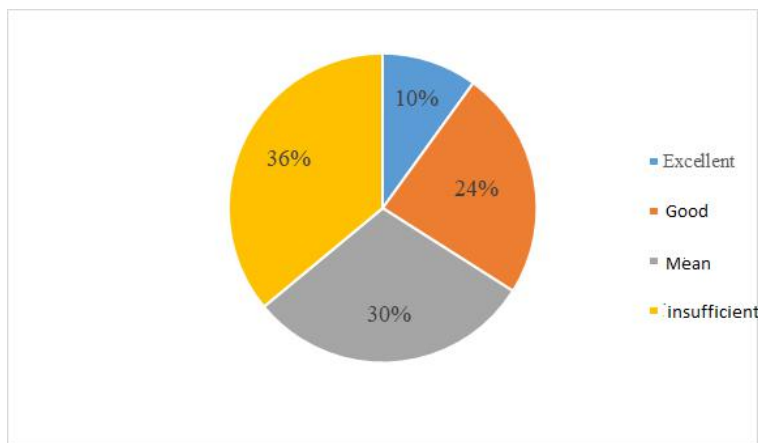


Figure 3: Distribution of patients by their level of overall satisfaction

At the end of their consultation, 36% of patients were insufficiently satisfied.

Discussion

The results of this study highlight several difficulties encountered by patients during ophthalmology consultations at Koumassi General Hospital.

Waiting Time and Delays in Care

One of the main issues identified is the prolonged waiting time, both for obtaining an appointment and on the day of the consultation. More than half of the patients considered these delays unreasonable. This negatively impacts overall satisfaction at the end of the consultation, even when all stages of care have gone smoothly.

Studies conducted in other countries, such as Delbano [7] in France, showed that waiting times for ophthalmic care remain a recurring problem. Similarly, Raymond J [12] and Lewallen [13] found that most of patients had to wait several months before securing an ophthalmology appointment, indicating that healthcare facilities may be overwhelmed and that the supply of care does not always meet the growing demand.

This issue was also observed in our study, where 42% of patients waited more than seven days for an appointment, and 34% spent over two hours in the waiting room before being seen by a doctor on the day of their consultation. This highlights the need to strengthen capacity in the ophthalmology sector [14,15].

Lack of Information and Communication

Another major concern is the insufficient information provided to patients about their health conditions. In fact, 60% of patients reported not receiving enough information about their illness. This lack of communication between healthcare providers and patients can be a source of stress and dissatisfaction.

Additionally, 94% of patients in our study stated that they had not received clear instructions regarding their treatment plan. The absence of adequate explanations about treatments can further exacerbate feelings of insecurity and confusion. A similar issue was identified in a study by Noatina B. et al. [11] in Cameroon, which found that poor communication of health information was a significant barrier to effective patient care.

External Factors Affecting Access to Care

Work-related constraints were cited by 32% of patients as a barrier to accessing ophthalmic care, with 42% of them working in the informal sector. This phenomenon has also been observed in research conducted in sub-Saharan Africa [5]. where informal employment and inflexible working hours were found to restrict access to healthcare.

In this study, 10% of patients reported that their cultural or religious beliefs influenced their decision to consult an ophthalmologist. This underscores the importance of considering sociocultural factors in the acceptance of medical care. Similar findings were reported by the literature who noted that in other low-income countries, traditional beliefs are a major obstacle to seeking medical consultation [16,17].

Patient Satisfaction

Overall patient satisfaction was low, with only 10% of patients rating their experience as excellent. This suggests that many aspects of ophthalmic healthcare services require improvement.

For instance, 20% of patients felt that the medical staff were not courteous during their consultation process, and 14% were dissatisfied with the doctor-patient relationship. A similar study conducted in India by Glesener [18] on ophthalmic care found that staff courtesy played a key role in enhancing the patient experience.

Suggestions for Improving Accessibility and Quality of Care

Decentralising healthcare services and increasing staff numbers could help improve patient care by reducing congestion in major medical centres. This would also bring healthcare services closer to remote populations, a factor already recognised in the literature as crucial for improving healthcare accessibility in other sub-Saharan African countries [19,20].

Moreover, strengthening the availability of medical staff directly addresses the issues of long waiting times and service saturation, ensuring more efficient and timely care for patients.

Conclusion

This study revealed that several factors influence access to ophthalmic care at Koumassi General Hospital, including slow consultations, a lack of information, and external constraints. These issues are similar to those observed in other contexts across Africa and even globally.

Actions must be taken to improve communication between healthcare providers and patients, increase the availability of medical staff, and enhance infrastructure. Additionally, targeted interventions that consider the needs of rural populations and patients' professional constraints are necessary to make ophthalmic care more accessible to all.

These findings call for organisational reforms and increased awareness of eye care to strengthen healthcare coverage and contribute to reducing preventable blindness.

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