

This summer, thanks to the Class of 1995 Summer Service Fund, I had the opportunity to spend nine weeks working at salaUno in Mexico City. salaUno is an eyecare clinic that opened in August 2011 to address the shortage of high-quality, affordable cataract surgeries in Mexico. salaUno's model relies on high-patient volume and assembly-line-like efficiency to dramatically bring down the cost of cataract surgery (See *More About salaUno* below for additional information and details).



I arrived at salaUno planning to focus on two projects—identifying and addressing major barriers to treatment and helping salaUno evaluate their progress on a global level. While I did spend some time working on these projects, my work at salaUno ended up being much more varied than initially expected. The startup nature of salaUno provided for a very fast-paced work environment. While guidance was given at the start, lots of independence was required throughout my internship. I felt well respected as an intern and was

trusted with significant responsibility. I was given the opportunity to take initiative in areas that I recognized as having a lot of potential or needing change. As a result, I began to focus on projects beyond those discussed before I arrived. Working in an environment where my work and ideas were valued and taken seriously was very rewarding.

One project that I worked on through my entire time at salaUno was the design of a randomized controlled study comparing the effectiveness of the two types of cataract surgery performed at the clinic. salaUno is one of the only places in Mexico that performs SICS, an innovative technique that is significantly cheaper than FACO (the most commonly used cataract surgery procedure). Proof that SICS is just as safe and effective as FACO (studies in India are also going on at this time) could lead to the cost of



cataract surgery being dramatically lowered on a global scale. This 250 patient randomized controlled trial will be implemented at the end of the year.



I was also very involved in salaUno's weekly outreach camps in the outskirts of Mexico City. Every Saturday, salaUno partners with influential presences in smaller communities to host vision camps. During each outreach camp, around 100 patients receive free eye exams. Those diagnosed with cataracts, glaucoma, or diabetic retinopathy are provided with transportation (organized by the local partners) to and from salaUno's clinic in the center of the city. These vision camps are meant many of the barriers to treatment that bottom of the pyramid customers face. I attended many of these weekly camps, which gave me a chance to really interact with some of salaUno's

patients. I also worked on the operations and patient-flow at these outreach camps. Because they often take place inside churches, schools, or other places not perfectly suited to eye exams, accuracy of results has been an issue. In collaboration with doctors and optometrists and the director of outreach, we implemented changes meant to improve the accuracy and efficiency of eye exams.



Another accomplishment I am particularly proud of is the initiation of a partnership between salaUno and IPA (Innovations for Poverty Action). IPA is an MIT-born nonprofit that performs rigorous impact evaluations of global-challenge addressing initiatives. IPA's randomization studies are meant to determine which initiatives are making an impact and should be brought to scale. Offering a variety of pricing and services options is fundamental to salaUno's model. Patients who are able to pay more for additional conveniences (all patients receive the same quality in surgery) subsidize the cost of surgery for lower-income patients. After meeting with the director of IPA's Mexico City office a couple of times I put together a research proposal for a rigorous impact study that will optimize surgery pricing in order to increase access to salaUno's services. salaUno and IPA are now working with two professors to perform a rigorous study to determine appropriate price

points, how to best bundle prices, and how to communicate prices.

In addition to the above-mentioned projects, I worked on a number of other initiatives. I collaborated with Aravind Eye Clinic in India (salaUno's model is based off their work) to implement more comprehensive metrics to keep track of surgery complication rates. I looked in to a number of potential social-impact-specific certifications and metrics for salaUno to begin incorporating. As I said, overall, the work that I did at salaUno was much more varied than expected. However, this turned out to be a really good thing. I worked a ton because I enjoyed what I was doing. I learned a lot about salaUno's business model and the public health space in Mexico. I had the opportunity to work with a lot of different people with different focuses both inside and outside of salaUno. I also gained a much better understanding of what goes in to a capital intensive, skilled-labor-intensive start-up like salaUno. Because I was given the opportunity to take initiative where I saw it was needed, I was also able to make a meaningful, lasting impact in a number of different areas at salaUno.

Beyond the work experience, I also cannot speak highly enough about how wonderful living in Mexico City was. Friendly, welcoming local interns and employees at salaUno also helped me make the most of our experience outside of work. I had the chance to use and improve my Spanish. I ate incredible numbers of tacos and enchiladas. I lived with a couple of other Princeton students in an apartment three blocks from salaUno. We really took advantage of all that our neighborhood had to offer, visiting lots of art galleries, museums, markets, street-performances, and food stands. Great public transportation made it easy to explore the surrounding area as well. The city is broken in to many smaller neighborhoods, which make it feel manageable and safe for the most part. I can certainly envision myself working in Mexico City after graduating.



All in all, I could not have asked for a better summer experience and am very grateful to the Class of 1995 for making my work at salaUno possible. The experience gave me a rewarding and meaningful work experience. Day-to-day

challenges provided lessons that will certainly be valuable to me in the future. My work at salaUno has also greatly informed what I hope to spend the next few years focusing on. My time at salaUno made me realize that I might be more interested in the business and policy side of medicine than the clinical side. I am now more fully incorporating entrepreneurship into my studies. **Thank you Class of 1995 for making this incredible experience possible!**

More about salaUno

Cataracts are the second leading cause of disability in Mexico. 10% of Mexicans over the age of 50 have cataracts. This problem is expected to worsen, with the percentage of the population age 50+ projected to increase from 17.3% to 37.1% by 2050. Despite a backlog of 2 million cataracts and a yearly incidence of over 250,000 cataracts, only 150,000 cataract surgeries are performed annually in Mexico. Unfortunately, the options currently available do not meet patient's needs. Public providers lack in efficiency and private providers are too expensive.

salaUno is an eyecare clinic that opened in August 2011 to address the shortage of high-quality, affordable cataract surgeries in Mexico. salaUno works to eradicate needless blindness in Mexico. Inspired by Aravind, salaUno's model relies on high-patient volume and overall efficiency—for example, diagnosis works like an assembly line, doctors perform only the tasks requiring the highest skill level, and the OR has two operating tables—to dramatically bring down the cost of surgery. salaUno is one of the only clinics in Mexico that performs SICS, which costs about half as much as standard Phacoemulsification. Through labUno, salaUno has begun to vertically integrate, importing and distributing Aurolab lenses. As a result of these and other innovations, salaUno is able to offer cataract surgeries at a third of the average market price. Additionally, through a partnership with Fundacion Cinépolis, salaUno donates 100 free surgeries a month.

Since opening its pilot clinic in Mexico City, salaUno has seen over 10,000 patients at the clinic. 5,000 patients have received free eye exams at outreach camps in remote areas, which reduce barriers to diagnosis access. As of July 1st, salaUno has performed 1,512 cataract surgeries. 49% of paying patients were able to afford care because they opted for the more affordable SICS surgery. While 53% of patients had visual acuity less than 20/200 before surgery, 87% ended up with best-corrected visual acuity greater than 20/60.

With positive EBITDA and Cash Flow from the second month of operations, salaUno has shown that its model is financially sustainable. salaUno has the ability to lessen the burden on current public health providers by drastically increasing the number of available surgeries—in 2016, salaUno aims to perform 75,000 cataract surgeries. Furthermore, salaUno's model is one that has the potential to be applied across Latin America and adjusted to address numerous pressing health issues in the region.