WHO Monitoring Committee for the Elimination of Avoidable Blindness

VISION 2020 – The Right to Sight: The Global Initiative for the Elimination of Avoidable Blindness

Report of the First Meeting
Geneva, 17-18 January 2006
INTRODUCTION .............................................................................................................................3

SUMMARY OF DISCUSSIONS.......................................................................................................3

1. In WHO regions and Member States, what are the strengths, weaknesses, opportunities and limitations of VISION 2020 in achieving its objectives in (a) disease control, human resources and appropriate technology areas of activities; (b) performance of national, regional and international VISION 2020 partnerships; (c) public relations and advocacy for VISION 2020; (d) resource mobilization for VISION 2020? ............................................................................................................................3

   Eastern Mediterranean Region – Disease control................................................................3
   African Region – Disease control.........................................................................................4
   African Region and Eastern Mediterranean Region – Human resources and appropriate technology ......................................................................................................................4
   African Region and Eastern Mediterranean Region – Performance of national, regional and international VISION 2020 partnerships ..................................................................................5
   African Region and Eastern Mediterranean Region – Public relations and advocacy for VISION 2020 ..................................................................................................................5
   African Region and Eastern Mediterranean Region – Resource mobilization for VISION 2020 ..................................................................................................................6
   South-East Asia Region and Western Pacific Region – Disease control, human resources and appropriate technology .................................................................6
   South-East Asia Region and Western Pacific Region – Performance of national, regional and international VISION 2020 partnerships ....................................................................7
   South-East Asia Region and Western Pacific Region – Public relations and advocacy for VISION 2020 ............................................................................................................7
   South-East Asia Region and Western Pacific Region – Resource mobilization for VISION 2020 ..................................................................................................................7
   Region of the Americas and European Region ....................................................................8

2. What are the strengths, weaknesses, opportunities and limitations of VISION 2020 in achieving its objectives in the global agenda for the reduction of avoidable blindness? The principal working areas in the VISION 2020 global agenda were indicated to be: (a) to raise the VISION 2020 profile among key audiences; (b) disease control (cataract, refractive error and low vision selected as examples); (c) human resource development; (d) infrastructure and technology. ..........................................................................................................................9

   Raising the VISION 2020 profile among key audiences .......................................................9
   Disease control – Cataract ....................................................................................................9
   Disease control – Refractive error ............................................................................................10
   Disease control – Low vision ................................................................................................10
   Human resource development ...............................................................................................10
   Infrastructure and technology .............................................................................................11
3. **What are the strengths, weaknesses, opportunities and limitations of VISION 2020 in achieving its objectives in (a) building VISION 2020 international partnerships; (b) global public relations and advocacy for VISION 2020; (c) global resource mobilization for VISION 2020 and elimination of avoidable blindness?**

Building VISION 2020 international partnerships ...............................................................11
Global public relations and advocacy for VISION 2020 ........................................................12
Global resource mobilization for VISION 2020 and elimination of avoidable blindness......12

**CONCLUSIONS AND RECOMMENDATIONS** ..............................................................................13

ANNEX 1. World Health Assembly resolution WHA56.26 ......................................................16
ANNEX 2. List of participants........................................................................................................18
ANNEX 3. Agenda .......................................................................................................................21
INTRODUCTION

Since its launch in 1999, the major WHO activity in the field of prevention of avoidable visual impairment has been the Global Initiative “VISION 2020 – The Right to Sight”, a collaborative effort between the World Health Organization (WHO) and the International Agency for the Prevention of Blindness (IAPB) and its member organizations, in support of WHO Member States with a view to strengthening their health care systems to provide comprehensive eye care in a sustainable and equitable manner.

The implementation of the Global Initiative was the subject of the resolution on elimination of avoidable blindness (WHA56.26), adopted by the Fifty-sixth World Health Assembly in May 2003 (Annex 1). The resolution requests the Director-General of WHO, inter alia, to establish a global committee to monitor the implementation of the initiative.

To comply with the terms of this resolution, the WHO Monitoring Committee for the Elimination of Avoidable Blindness was established, with terms of reference approved by WHO headquarters and WHO regional directors. Members of the Committee were nominated and confirmed in accordance with these terms. The first meeting thus took place on 17-18 January 2006, the principal annual task being to monitor and track progress in the implementation of the Global Initiative, through review of reports and relevant data, and to assist in the preparation of periodic progress reports.

Dr Maria Hagan and Mr Richard Porter were elected Co-Chairpersons; Dr Richard Abbott, Professor Amel Meddeb Ouertani and Dr Madan Upadhyay acted as Rapporteurs. The list of participants is contained in Annex 2.

The agenda (Annex 3), which was approved with no modification, included the history and background of the VISION 2020 Global Initiative, as well as a historical overview of international activities in prevention of blindness. Presentations by WHO staff also included successes and challenges in the implementation of the agenda originally established at the launching of the initiative in 1999.

SUMMARY OF DISCUSSIONS

1. In WHO regions and Member States, what are the strengths, weaknesses, opportunities and limitations of VISION 2020 in achieving its objectives in (a) disease control, human resources and appropriate technology areas of activities; (b) performance of national, regional and international VISION 2020 partnerships; (c) public relations and advocacy for VISION 2020; (d) resource mobilization for VISION 2020?

Eastern Mediterranean Region – Disease control

Three principal weaknesses were noted for this region: (1) There has not been a recent study indicating the causes of blindness in the Region. (2) There is insufficient evidence-based prioritization of eye health activities. (3) Because of shifting population dynamics, new diseases that often lead to blindness are emerging and do not seem to be adequately addressed.

In the same vein, the following limitations were noted in the Region: (1) A proxy indicator (i.e., national cataract surgical rate) is used to measure the prevalence of cataract; however, subnational data are largely missing. (2) Eye medications and services are more expensive than can reasonably be afforded by large numbers of the population. (3) In most countries, the private sector is not part of the planning and implementation of general eye care delivery plans. (4) The distribution of eye care services throughout the Region is inequitable.

The Region does, however, have many strengths, among them the following: (1) Infectious diseases are being brought under control and do not pose a widespread threat. (2) There are
effective health information management systems in most countries. (3) Some areas have a strong private sector which can be tapped as a resource for other areas. (4) Under the guidance and influence of the IAPB Regional Chairman, the governments in the Region have demonstrated a high political commitment. (5) Overall, there is a strong technical base in the Region and almost all ophthalmological subspecialties, including low vision, are covered.

Within this context, three opportunities are particularly available: (1) There are many nongovernmental organizations and partners working in the Region. These need to be further developed and included in regional planning. (2) Technical cooperation between developing countries (TCDC) needs to be more fully explored. (3) The political commitment that has already been expressed needs to be guided and encouraged to continue the existing momentum and to add prevention of blindness plans to the national health agendas.

**African Region – Disease control**

Weaknesses in the control of eye diseases in the Region centre on the following primary issues: (1) Blindness is caused by both communicable and noncommunicable diseases. (2) The distribution of eye care services throughout the Region is inequitable. (3) The Region suffers generally from a low financial commitment to eye health care from local governments.

The limitations to improving this situation are essentially political: (1) Whereas the infrastructure that has been put in place to address onchocerciasis or trachoma is effective and is now being used in some countries as the base for addressing other infectious diseases, it does not exist everywhere. The Region thus requires much additional infrastructure development and maintenance. (2) In many countries, there is a lack of continuity among government officials, with the result that long-term planning and projects are difficult. (4) The limited financial and human resources in the Region are spread thinly by the many competing demands, particularly in relation to AIDS and malaria.

Through the work of many dedicated individuals, the Region is developing the following strengths: (1) As VISION 2020 workshops are held, the national authorities are putting together needs and resources baseline data which can be used as a guide for national priority-setting and for partners. (2) An increasing number of governments are giving their political commitment to the VISION 2020 goals and agenda.

In this context, the following opportunities are particularly evident: (1) The onchocerciasis programmes have provided community-based data and a structure and system for delivery, on which other efforts can be modelled. (2) The relationships with many nongovernmental organizations and partners working in the Region need to be further developed and these organizations included in regional planning. (3) The same is true of information and education in the communities, which need to focus on local groups. (4) Both the millennium development goals and the poverty reduction strategy papers point to the importance of blindness prevention in order to reduce poverty. These documents need to be used as the basis for activities in relation to VISION 2020.

**African Region and Eastern Mediterranean Region – Human resources and appropriate technology**

In both Regions, it is noted that two principal weaknesses create the primary difficulties: (1) The uneven distribution of human resources as well as of equipment and supplies. Some areas are extremely well supplied while others lack almost everything. (2) In poorer areas, essential equipment is generally not well maintained. This causes long delays or breaks in surgery schedules and lack of confidence among potential users of the available service. In the African Region, a third issue related to this is the lack of a general procurement system, again causing delays and lack of confidence as well as the inability to take advantage of economies of scale.
Strengths in the two Regions include: (1) many training opportunities and workshops, (2) use of the eye care team approach to care delivery, and (3) affordable technology, particularly in the African Region.

Available opportunities in the Eastern Mediterranean Region include a continuing increase in the number of training centres and, through arrangements with pharmaceutical companies, the local production of basic eye drugs.

In the African Region, opportunities for further pursuit include: (1) the standardization and distribution of a tool kit or package of equipment that can be made widely available to designated centres, (2) the modification of the WHO List of essential drugs to include more eye medications, (3) the development of more regional low vision centres, especially in the African Region, and (4) the training of more multidisciplinary teams to work together as eye care teams.

**African Region and Eastern Mediterranean Region – Performance of national, regional and international VISION 2020 partnerships**

VISION 2020 partnerships in the Eastern Mediterranean Region seem to be fairly strong at both the interregional and the regional levels, with much potential for future development being interregional refractive and low vision services. Weaknesses and limitations were not mentioned during the discussion.

In the African Region, the perception is that at both the regional and the national levels the WHO/IAPB partnership is weak, with insufficient communication between the two organizations and a general lack of information concerning their respective activities. Additionally, some partnerships in the African Region are disease-driven or the available funding is earmarked for specific activities, not necessarily in the best interests of the Region, or even of the continent as a whole. Another difficulty is that, while much relevant information is available via Internet, access in many countries is quite limited.

In contrast, in Anglophone Africa the onchocerciasis partnership is strong and is likely to continue. It is not as strong in Francophone and Lusophone areas of Africa. Other strong partnerships include government bodies such as the Economic Community of West African States (ECOWAS) and the West African Health Organization (WAHO), both of which can be encouraged to assist in the development of a regional procurement system, in addition to the long-term presence of many international nongovernmental development organizations (INDGOs).

Further opportunities include: (1) the possible expansion of the International Council of Ophthalmology’s (ICO) eye resident training project in Nigeria, (2) low vision training for Francophones at the new Nadi-Al Bassar centre in Tunisia, and (3) new regional WHO appointments dedicated to prevention of blindness activities.

**African Region and Eastern Mediterranean Region – Public relations and advocacy for VISION 2020**

In the Eastern Mediterranean Region and in northern African countries, knowledge about VISION 2020 is fairly widespread. Additionally, the IAPB Regional Chairman is a high-profile member of the ruling Saudi family who uses his influence effectively to strengthen VISION 2020 advocacy and media opportunities.

Strong advocacy, however, is not the case in the rest of Africa where there are many competing demands in relation to other diseases, although there is a well-thought-out advocacy plan in West Africa.
African Region and Eastern Mediterranean Region – Resource mobilization for VISION 2020

VISION 2020 partners in both the African and the Eastern Mediterranean Regions seem to lack sufficient tools and information in order effectively to make a case for prevention of blindness. Additionally, the skills necessary for effective resource mobilization are lacking. Efforts that are taking place suffer from poor coordination with other partners.

In the African Region, current strategies are lacking for systematic local resource mobilization. There is, in addition, a limited culture of local nongovernmental organizations and volunteerism.

A strong point in both Regions is that the international nongovernmental organizations operating in the area have made long-term commitments, as have Eastern Mediterranean governments. A key opportunity for the advocacy of the VISION 2020 agenda and related activities will be to use the millennium development goals and the poverty reduction strategy papers, as well as the emergence of health insurance, to support the need for programmes and projects devoted to blindness prevention, specifically within the context of VISION 2020.

South-East Asia Region and Western Pacific Region – Disease control, human resources and appropriate technology

In the group discussion on VISION 2020 implementation in the lower-/middle-income and low-income countries of the two Regions, disease control, human resources and appropriate technology were considered together, the following points being brought out:

The lack of data and/or the duplication of data and data collection were expressed as major weaknesses related to the planning and monitoring of disease control in the countries of Asia and the Pacific. Limited resources and lack of government support were also felt to be a challenge. Concerning human resources, the major weaknesses were found to be: (1) the inadequate number of training opportunities, and (2) the inequitable distribution of both training opportunities and trained individuals among and within some countries. It was also noted that, in some cases, non-physicians were trained to operate on cataracts, a situation which has both positive as well as negative aspects.

In contrast, it was realized that some countries in the two Regions did not experience the above weaknesses and, in fact, provided good models for service delivery and for training which could be adopted outright or adapted to local conditions. In addition, government resources in some countries are adequate fully to support VISION 2020 implementation. Another strength noted is that the prevalence of trachoma in this part of the world is declining.

The following opportunities were found to be particularly relevant: (1) Use WHO collaborating centres more effectively. (2) Improve the quality of training, particularly to include courses in community eye care. (3) Develop effective national monitoring (data collection) systems. (4) Strengthen the infrastructure for delivering primary eye care. (5) Develop new sources for financing eye care and training. (6) Link VISION 2020 activities with other government programmes designed to reach widely dispersed populations, for example diabetes control, neonatal care and primary health care. (7) Target messages specifically to the increasing elderly population, likely to vote (if given the opportunity) in favour of prevention of blindness programmes focused to meet their needs.
South-East Asia Region and Western Pacific Region – *Performance of national, regional and international VISION 2020 partnerships*

The following weaknesses and limitations were pointed out: (1) In some countries, coordination of VISION 2020 implementation remains insufficient at the national level. (2) There is a lack of documentation concerning performance at national and regional levels. (3) There seems to be a great deal of duplication and overlapping of effort, in addition to non-optimal utilization of available resources. (4) Professional groups (particularly ophthalmological and optometric societies) are not adequately represented in national bodies (which has partly led to (3) above). (5) There is a lack of transparency and understanding, among eye health care providers, of the selection process used by IAPB in the area.

Strengths include the fact that several national VISION 2020 or prevention of blindness committees in both Regions are functioning well, and national plans for blindness prevention have been created and are being implemented.

Opportunities in the area include the following: (1) A regional WHO Collaborating Centre (CERA – Centre for Eye Research Australia), currently applying for redesignation, is developing a training programme for ophthalmologists and other eye care practitioners in low vision, community eye health and eye care programme management. A scholarship programme is also being planned. (2) It will be important to link prevention of blindness activities in the area with those of other programmes, particularly noncommunicable diseases.

South-East Asia Region and Western Pacific Region – *Public relations and advocacy for VISION 2020*

In this part of the world, public relations and advocacy seem to have many weaknesses and limitations, among them the following: (1) Messages and information have not sufficiently reached professional groups. (2) Governments have not generally identified VISION 2020 as a priority. (3) Public education on prevention of visual impairment varies considerably from country to country. (4) Local media are not adequately interested in the topic. (5) In some areas, there is widespread illiteracy and lack of education. (6) Resources in the area are generally not plentiful. (7) Culturally, there is a pervasive belief in destiny/fate, and loss of sight is perceived as a normal ageing process. (8) More material and guidance for advocacy are needed.

Efforts to date have reaped success through VISION 2020 advocacy workshops, which have aided in sensitizing eye health care professions, governments and nongovernmental organizations to their respective work and in improving collaboration among the three groups.

Specific opportunities for strengthening advocacy in this area of the world include the following: (1) Interaction with other like-minded groups, particularly professional or health-related organizations. (2) Creation of a health media centre. (3) Making World Sight Day more attractive to media. (4) Creation of a consortium of parliamentarians who can speak in favour of relevant aspects of the VISION 2020 agenda. (5) Use of the deliberations and outcome of the World Health Assembly to raise interest.

South-East Asia Region and Western Pacific Region – *Resource mobilization for VISION 2020*

As with public relations, this has not been a strong set of activities. Weaknesses and limitations include the following: (1) Sporadic, rather than consistent, efforts to raise funds locally. (2) A strong cultural belief that it is the individual's responsibility to help him/herself. (3) Community resources have not been tapped. (4) Many competing demands, with funds tending to go to other health and social problems. (5) Resources are poorly distributed in the areas, with some countries being quite wealthy and others having a poor financial base.
Region of the Americas and European Region

Generally speaking, the prevention of blindness is for the most part not a public health issue in a large percentage of countries in the two Regions. Many of these countries have long solved their infrastructure problems, and health care delivery systems are functioning efficiently. Consequently, the focus of discussion settled on issues related to partnership and communication.

The following weaknesses in communication were noted: (1) Lack of communication between the VISION 2020 IAPB coordinating office in Paraguay and the VISION 2020 WHO office in Bogotá, as well as lack of communication between the VISION 2020 office in Bogotá and the WHO Regional Office in Washington. (2) Lack of communication between VISION 2020 and national societies of ophthalmology. (3) Duplication of efforts – no need to establish national VISION 2020 committees in the countries where there are already prevention of blindness committees. (4) In the European Region, national societies of ophthalmology do not get enough information on VISION 2020. (5) Communication seems to work well at a global level, but is not always successful at the regional and national levels. For example, when IAPB Paraguay approached national societies of ophthalmology in the Region of the Americas, there were misunderstandings which could be attributed to insufficient communication.

Other weaknesses and limitations include the following: (1) Resource allocation. Lack of coordination between VISION 2020 (IAPB VISION 2020 regional and national chairpersons) and ministries of health concerning how financial and human resources should be allocated. (2) Professionalism. Presentations on VISION 2020 should be made by a panel of experts and should focus on current relevant issues. (Universal talks on public health by speakers covering the whole topic do not appear professional enough and are obsolete.) (3) Management and training. Not enough experience and education are provided to medical personnel on how to build eye care teams. (4) IAPB membership and election of regional chairs. It is not transparent enough as to how the regional chairs and co-chairs are selected. It appears that highly qualified persons from the regions and countries are not considered. This may, or may not, be the result of communication issues.

There are many strengths in the two Regions related to VISION 2020 implementation. Particularly pertinent are the following: (1) Many prevention of blindness programmes are already in place and will continue as public PBL programmes. Prevention of blindness has a long history and much experience in the Regions, not originating with VISION 2020. (2) Two organizations – namely, Lions and Rotarians – do a great deal in relation to the VISION 2020 agenda. (3) Regarding low-cost medicine, Brazil is beginning the local production of generic medicines which will include some eye medications.

In line with the regional strengths, the following opportunities were delineated for the further promotion and implementation of the VISION 2020 agenda:

National VISION 2020 coordinators

(1) If VISION 2020 coordinators are not available in some countries, the national societies of ophthalmology can be approached to find volunteers and to provide offices.

(2) VISION 2020 national coordinators should be closer to ministries of health, to share their agendas.

(3) National societies of ophthalmology should lobby for more government support through the social security systems (for example, in Brazil, the Government supports cataract control).
Awareness and advocacy

Plans should be made for more presentations on VISION 2020 during national and regional ophthalmology meetings.

2. What are the strengths, weaknesses, opportunities and limitations of VISION 2020 in achieving its objectives in the global agenda for the reduction of avoidable blindness? The principal working areas in the VISION 2020 global agenda were indicated to be: (a) to raise the VISION 2020 profile among key audiences; (b) disease control (cataract, refractive error and low vision selected as examples); (c) human resource development; (d) infrastructure and technology.

Raising the VISION 2020 profile among key audiences

The following weaknesses and limitations were given: (1) A comprehensive knowledge of and strategy for key audiences and stakeholders has not yet been achieved, particularly for specific socioeconomic groups, large countries (e.g. China), professional groups and WHO regional offices. (2) Professional groups have not yet internalized nor taken ownership of VISION 2020. (3) There appears to be incomplete recognition of other stakeholders. (4) Advocacy tools and skills are not customized to target audiences (5) Current information is good for interested audiences but not yet customized to capture disinterested audiences. (6) Information is not yet culture-sensitive and region-specific.

Strengths include: VISION 2020 launches, workshops, World Sight Day, the VISION 2020 logo, VISION 2020 presentations.

The following opportunities for targeting messages were noted: (1) Advocacy material and events can work within links to disability. (2) Material can stress the potential alleviation of socioeconomic burdens and poverty. (3) As blindness affects a disproportionate number of women, links can be made with groups supporting the empowerment of women. (4) Requests to participate in conferences of professional groups and organizations with the above interests. (5) Advocacy should target at least three levels: public, professional, policy-makers.

Disease control – Cataract

Weaknesses and limitations in this area were noted: (1) Insufficient number of surgeries in some areas. (2) Overemphasis on the number of surgeries and not enough emphasis on their quality. (3) The general approach does not sufficiently target vulnerable groups, especially women. (4) Lack of screening. (5) Many people with advanced cataract are not reached. (6) In many cases, data collection is largely from the public sector and it is difficult to include data from the private sector. In other areas, most data are from the private sector and do not include the public sector.

Strengths in the treatment of cataract: (1) Treatment is based on a cost-effective intervention with, generally, highly successful results. (2) There are some very successful programmes which can serve as models. (3) The most effective technology is now generally affordable.

Opportunities for further action: (1) Making links with primary health care and community-based interventions to strengthen screening and referral. (2) Making links with health insurance schemes to increase the affordability of surgical services for patients.
Disease control – Refractive error

Weaknesses and limitations: (1) Estimates of the magnitude of blindness and low vision have not captured refractive error, including presbyopia. (2) There is a mismatch of magnitude of need and the availability of mid-level and community-based staff trained to handle it. (3) Refractive error is not appreciated as a serious health problem. (4) Possible strategies have not been translated into implementable plans. (5) A public health approach for refractive error control has not yet been adopted.

Strengths: (1) The remedy is very workable, with immediate results to the patients. (2) Affordable technology exists and can be made available.

Opportunities: (1) Refractive error, especially presbyopia, targets the policy-makers’ age group. In principle, this should enable the generation of adequate revenue. (2) Optometry Giving Sight should be more extensively explored for resource mobilization.

Disease control – Low vision

Weaknesses: (1) Low vision falls between professional groups and is not, consequently, really "owned" by any one group. Refractive services are not necessarily medical services. (2) The level of expertise is generally low, with consequent few models. (3) Low vision devices and training are generally expensive.

Strengths: (1) Some countries have effective national programmes. (2) The cost of services is gradually being reduced. (3) Awareness among medical professionals is increasing. (4) The capacity to train professionals in low vision management is increasing.

Opportunities for moving ahead with low vision care include the following: (1) Making increased use of the Hong Kong low vision centre for patient and professional training and for ordering low-cost low vision devices. (2) Taking more advantage of existing training opportunities for professionals.

Human resource development

This is an area that seems particularly to require a closer look, as well as the addressing of creative and politically acceptable solutions.

Weaknesses and limitations: (1) The unmet need for trained persons at all levels is high. (2) In some areas, the distribution of qualified personnel is inequitable, with larger urban centres leaving rural areas unserved. (3) The eye care team concept is weak and underutilized. (4) Unless adequate, continuing postgraduate education is in place, the level of skills and competencies is not updated to provide appropriate care. (5) Many personnel lack skills in new techniques. (6) Productivity is low, due sometimes to inefficient management of time, sometimes to difficulties with equipment or environmental issues, sometimes to motivational issues. (7) The "brain drain" – competent individuals tend to move to areas where they receive the most personal reward, these often not corresponding with the areas where their services are most needed. (8) Many areas lack a human resource development policy. (9) Professional rivalries often interfere with cooperation and collaboration.

Strengths: (1) There is a wide spectrum of staff. (2) It is relatively easy to add material and numbers of students to already existing training programmes. (3) Training capacity is increasing.

Opportunities for moving ahead: (1) To approach societies of eye health care professionals and foundations for scholarships and other training grants. (2) The human resource development working group within IAPB needs to move ahead to develop strategies and a sustainable work plan.
Infrastructure and technology

While progress has been made in this area since the launch of VISION 2020, severe weaknesses and limitations remain. Three of the most glaring are the following: (1) The lack of maintenance systems. This contributes largely to the low productivity indicated under "human resource development". (2) The lack of procurement and distribution systems, another huge contributor to lack of productivity and also to unnecessary expenses. (3) Product development tends to be business-driven, rather than driven by service/care needs.

Since the launch of VISION 2020, some infrastructure and technology successes have resulted: (1) The affordability of essential products, particularly intraocular lenses, is increasing. (2) The VISION 2020 list of standard equipment and medicines has made it relatively easy to equip a new eye unit fully or to re-equip an existing one. (3) The IAPB technical working group evaluates technologies for appropriateness in various settings where the VISION 2020 agenda is most pertinent.

Opportunities to make improvements in this parameter: (1) Development of regional procurement programmes for low vision devices, spectacles and surgical consumables. (2) Promotion of public-private partnerships in technology development that guide product development, rather than focus on the use of products already on the market.

3. What are the strengths, weaknesses, opportunities and limitations of VISION 2020 in achieving its objectives in (a) building VISION 2020 international partnerships; (b) global public relations and advocacy for VISION 2020; (c) global resource mobilization for VISION 2020 and elimination of avoidable blindness?

This set of questions focused on issues related to communication and consensus-building on a global scale with regional and national partners. Although the terms of the partnership between WHO and IAPB are specifically defined in a Memorandum of Understanding between the two organizations, many issues pertaining not only to this partnership, but to the potential partnership of organizations whose active participation would strengthen the VISION 2020 agenda, were brought out, paving the way for the possible expansion of the present partnership or for the modification of the current ways of interacting.

Building VISION 2020 international partnerships

The following weaknesses and limitations were pointedly presented: (1) Lack of information exchange between national and international organizations. (2) Lack of a list of contact persons at all levels. (3) Financial limitations of WHO. (4) Lack of information on and understanding of the functioning of WHO and IAPB and how VISION 2020 collaboration actually works.

In spite of the above weaknesses, a few strengths were noted: (1) The overall goal of the initiative is a positive one and generally garners a great deal of support. (2) The support and expertise of WHO is a strong asset in most regions. (3) Growing government commitment to prevention of blindness in some countries, vis-à-vis the World Health Assembly resolutions.

Opportunities to eliminate the weaknesses were felt to be the following: (1) Clarify the roles of WHO and IAPB, making it apparent to outsiders and insiders alike "who does what". (2) Develop a new framework of nongovernmental organizations, including new ones, national and supranational ophthalmological societies, foundations and national governments, to work together to further the VISION 2020 agenda.
Global public relations and advocacy for VISION 2020

One weakness was listed: Communication and information exchange among VISION 2020 partners. (See "1. Region of the Americas and European Region" for details and examples.)

Opportunities to improve public relations and communication: (1) Use local, known persons for communication. (2) Use channels of communication that include professional societies, government and WHO, as well as IAPB. (3) Consider using more often languages other than English for communication.

Global resource mobilization for VISION 2020 and elimination of avoidable blindness

A principal weakness in the area of global resource mobilization was felt to be the fact that, in some regions, some drugs are very high-priced, and coordinated efforts are lacking to make these drugs as well as modern equipment available at low prices. This is in sharp contrast to the strength in other regions, where the right personnel are effectively mobilized to identify sources for obtaining funds and supplies.
CONCLUSIONS AND RECOMMENDATIONS

The members of the Monitoring Committee acknowledged substantial progress in the implementation of the VISION 2020 Global Initiative. To ensure the full achievement of the objectives of the initiative, the following recommendations were made.

Disease control

Cataract

1. There needs to be better balance between the quality of cataract care and the numbers of surgeries performed.
2. The most needy and underserved populations still need more attention.
3. Data collection needs to be more complete, to include indicators for visual outcome of cataract surgeries and to include data from both the public and the private sectors.
4. Eye care services need to be linked to primary health care and community-based interventions.
5. Alternative means of financing cataract surgery need to be explored.

Refractive error

1. Refractive error has not been sufficiently addressed as a public health issue.
2. As populations age, there should be greater recognition of refractive error, particularly presbyopia, as a large, unmet need.
3. The technology for treating refractive error has become increasingly affordable, which should allow for better general coverage of services.
4. Sight-screening programmes must include the provision of eye care services, including eye glasses.

Low vision

1. Low vision devices and services, including client training, have grown increasingly affordable, allowing for broader geographical coverage.
2. Available scanty data indicate that coverage is still poor.
3. Regional training programmes have been set up, but need to be more widely available for eye health care providers.
4. As yet, there is a very small number of working models for service delivery.
Infectious diseases (*onchocerciasis and blinding trachoma*)

Because partnership programmes for both these diseases are well established and are operating effectively, the Committee recognized the extant risk of donors and other supporters not continuing to sustain these programmes until their goals are met and recommended that advocacy materials be targeted to address this issue.

*Childhood blindness*

The Committee noted the paucity of accurate information on blindness in childhood and supported efforts to collect and collate, at country level, information on childhood blindness and on childhood blindness programmes.

**Human resources**

1. While many training opportunities have been made available since the launch of VISION 2020, the current level of skills and competencies in many areas, particularly eye conditions in children, is still not adequate to provide appropriate care. In addition, the distribution of qualified personnel does not match the populations in need.

2. The productivity of eye health care providers is often low, due sometimes to inefficient management of time and facilities, sometimes to issues with the equipment or the environment, sometimes to motivation.

3. Management and team-building skills are essential in human resource development and need to be included in entry-level as well as in inservice training programmes.

4. Human resource policies in some countries do not meet the needs of VISION 2020 in developing comprehensive eye health care services.

**Infrastructure and technology**

1. Progress has been made in the procurement of affordable low vision devices and the production of low-cost consumables (e.g. intraocular lenses, eye surgical kits).

2. The list of standard equipment and medicines used by VISION 2020 member organizations has made it relatively easy to equip a new eye unit fully or to re-equip an existing one.

3. Regional and national procurement and maintenance systems for VISION 2020 projects are needed.

4. Opportunities for public-private partnerships in technology development should be exploited.

**Raising the profile of VISION 2020**

1. To ensure inclusion in activities and planning, a comprehensive mapping of all current and potential stakeholders is needed.

2. VISION 2020 links to disability and to socioeconomic and development agendas should be developed and promoted.

3. Messages to specific audiences need to be customized.
Partnerships

1. The excellent WHO/IAPB coordination at the global level is not often replicated at regional and country levels.

2. Better coordination among existing and potential partners, including professional groups, is needed at all levels.

3. There is sometimes a lack of clarity and understanding among health care providers of the VISION 2020 structure and operation in relation to prevention of blindness (PBL) activities and programmes.

4. Improved communication among all stakeholders is needed. It is also important to ensure that appropriate messages are delivered by the most appropriate people.

Monitoring and evaluation

1. Monitoring and evaluation at regional, national and subnational levels, especially data-gathering, need to be strengthened. The lack of data in some areas makes difficult the accurate assessment of VISION 2020 progress.

2. The principle of prioritization needs to be expanded beyond disease control to include also adequate geographical coverage.

Development of integrated comprehensive eye health care

1. An increasing number of countries have now developed national prevention of blindness plans in line with VISION 2020 priorities.

2. Care must be taken to avoid duplication committees and programmes.

3. Prevention of blindness plans need to lead to the development of comprehensive eye care services integrated within national health care systems.

4. There is a danger of the Global Initiative losing momentum through lack of resources to implement national VISION 2020 plans.
ANNEX 1

World Health Assembly resolution WHA56.26

Elimination of avoidable blindness

The Fifty-sixth World Health Assembly,

Having considered the report on elimination of avoidable blindness;¹

Recalling resolutions WHA22.29, WHA25.55 and WHA28.54 on prevention of blindness, WHA45.10 on disability prevention and rehabilitation, and WHA51.11 on the global elimination of blinding trachoma;

Recognizing that 45 million people in the world today are blind and that a further 135 million people are visually impaired;

Acknowledging that 90% of the world’s blind and visually impaired people live in the poorest countries of the world;

Noting the significant economic impact of this situation on both communities and countries;

Aware that most of the causes of blindness are avoidable and that the treatments available are among the most successful and cost-effective of all health interventions;

Recalling that, in order to tackle avoidable blindness and avoid further increase in numbers of blind and visually impaired people, the Global Initiative for the Elimination of Avoidable Blindness, known as Vision 2020 – the Right to Sight, was launched in 1999 to eliminate avoidable blindness;

Appreciating the efforts made by Member States in recent years to prevent avoidable blindness, but mindful of the need for further action,

1. URGES Member States:

(1) to commit themselves to supporting the Global Initiative for the Elimination of Avoidable Blindness by setting up, not later than 2005, a national Vision 2020 plan, in partnership with WHO and in collaboration with nongovernmental organizations and the private sector;

(2) to establish a national coordinating committee for Vision 2020, or a national blindness prevention committee, which may include representative(s) from consumer or patient groups, to help develop and implement the plan;

(3) to commence implementation of such plans by 2007 at the latest;

(4) to include in such plans effective information systems with standardized indicators and periodic monitoring and evaluation, with the aim of showing a reduction in the magnitude of avoidable blindness by 2010;

(5) to support the mobilization of resources for eliminating avoidable blindness;

¹ Document A56/26.
2. REQUESTS the Director-General:

(1) to maintain and strengthen WHO’s collaboration with Member States and the partners of the Global Initiative for the Elimination of Avoidable Blindness;

(2) to ensure coordination of the implementation of the Global Initiative, in particular by setting up a monitoring committee grouping all those involved, including representatives of Member States;

(3) to provide support for strengthening national capability, especially through development of human resources to coordinate, assess and prevent avoidable blindness;

(4) to document, from countries with successful blindness prevention programmes, good practices and blindness prevention systems or models that could be modified or applied in other developing countries;

(5) to report to the Fifty-ninth World Health Assembly on the progress of the Global Initiative.

Tenth plenary meeting, 28 May 2003
A56/VR/10
ANNEX 2

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ANNEX 3

AGENDA

Opening of Meeting  
Election of Officers  
Adoption of Agenda

1. Presentations by WHO/PBL staff

VISION 2020 – History, structure and functions

Disease control:

- Cataract
- Trachoma
- Onchocerciasis
- Refractive errors
- Low vision
- Childhood blindness

Human resource development

Appropriate technologies

Implementation of resolution WHA56.26:

- VISION 2020 committees, plans, their implementation, partnerships
- WHO's contribution to VISION 2020

The role of VISION 2020 in the prevention of visual impairment and future challenges

2. Assessment of VISION 2020 implementation in the WHO regions

Strengths, weaknesses, opportunities and limitations of VISION 2020 in achieving its objectives in the following areas:

- Disease control, human resources and appropriate technology areas of activities in Member States and the regions
- Performance of national, regional and international VISION 2020 partnerships in Member States and the regions
- Public relations and advocacy for VISION 2020 in Member States and the regions
- Resource mobilization for VISION 2020 in Member States and the regions
3. **Assessment of VISION 2020 implementation globally**

Strengths, weaknesses, opportunities and limitations of VISION 2020 in achieving its objectives in the following areas:

- Global agenda for the reduction of avoidable blindness
- Building VISION 2020 international partnerships
- Global resource mobilization for VISION 2020 and elimination of avoidable blindness

**Conclusions and Recommendations**

Closure of Meeting

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