
WHO DISCUSSION PAPER: VERSION DATED 11 APRIL 2012

1. Purpose and scope of the paper

This paper is prepared to stimulate discussion among Member States and international partners and to be a resource for the WHO Secretariat in working with Member States and international partners to develop a draft action plan for the prevention of blindness and visual impairment for 2014-2019.

The paper is structured in five sections. The first section describes the scope and purpose of the paper. Section two provides a summary of the WHA62.1 Action Plan for the Prevention of Blindness and Visual Impairment 2009-2013 (Action Plan 2009-2013). The paper then reviews progress of the Action Plan 2009-2013 and then describes the key developments and the changing environment since the adoption of Action Plan, 2009-2013. The final section of the paper is a set of emerging areas for consideration, the main areas of which could form a set of objectives for inclusion in the updated action plan.

The development of this paper was coordinated by the WHO Prevention of Blindness and Deafness Unit in WHO Headquarters. It reflects recent thinking within WHO on the experience gained following the implementation of the Action Plan, 2009-2013. The paper also reflects on the responses received to the recent web-based consultation.

This discussion paper does not represent an official position of WHO.


The Action Plan 2009-2013 focused on the major causes of avoidable blindness, and was designed to expand efforts by Member States, the Secretariat and international partners in preventing blindness and visual impairment by developing comprehensive health programmes at national and subnational levels. The focus of Action Plan 2009-2013 was on low- and middle-income countries.

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2 The web-based consultation was run between 24 February and 16 March 2012 and asked Member States and international partners for their responses to the following: (i) how has the current action plan helped take forward your work on the prevention of avoidable blindness and visual impairment? (ii) over the lifetime of the action plan, what have been the main challenges in taking forward work on the prevention of avoidable blindness and visual impairment? (iii) should the updated plan have the same objectives as the current plan or should they be different – and if different, what should they be? and (iv) what are the priority areas of work that you would like to see in the updated action plan?

Action Plan 2009-2013 sets out five objectives. Each one had actions for the Secretariat, proposed actions for Member States and proposed actions for international partners. In total there were around 100 sets of actions, some broad and others more specific.

The five objectives of the 2009-2013 Action Plan

Objective 1: Strengthen advocacy to increase Member States’ political, financial and technical commitment in order to eliminate avoidable blindness and visual impairment.

Objective 2: Develop and strengthen national policies, plans and programmes for eye health and prevention of blindness and visual impairment.

Objective 3: Increase and expand research for the prevention of blindness and visual impairment.

Objective 4: Improve coordination between partnerships and stakeholders at national and international levels for the prevention of blindness and visual impairment.

Objective 5: Monitor progress in elimination of avoidable blindness at national, regional and global levels.


Successes to celebrate...

Action Plan 2009-13 provided a global set of objectives and tasks for addressing avoidable blindness and visual impairment. This has undoubtedly provided a shared vision on what needed to be done, and to some extent has clarified roles and responsibilities. The Action Plan was clear in recognising the emerging public health challenge of chronic noncommunicable eye disease. But the Action Plan 2009-2013 also highlighted the unfinished agenda of trachoma and onchocerciasis elimination.

Action Plan 2009-13 has been valuable for advocating resources and political commitment for investing in eye care provision. In some countries, Action Plan 2009-13 facilitated more effective interaction between the Government and international and domestic partners, and in some cases did result in an increase in resources provided by governments and donor agencies. In some countries Action Plan 2009-13 has been used to guide the development of national prevention of blindness plans and strategies, and national guidelines and standards for eye care service provision.

Action Plan 2009-13 also provided a mechanism for the WHO Secretariat to report on its progress in driving forward its work and some of the achievements have been described in the WHO Secretariat’s report to the Executive Board and World Health Assembly.4

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4 A report was submitted to the 130th Executive Board in January 2012 (http://apps.who.int/gb/ebwha/pdf_files/EB130/B130_8-en.pdf) and an updated one has been submitted to the May 2012 World Health Assembly.
... but despite the above, there have been shortcomings too.

Despite the successes described above, there is little evidence that most low- and middle-income countries have significantly increased their investment in eye care services. In particular, it appears that there has been insufficient attention to integrating eye care into primary health and ensuring strong linkages with the wider health systems agenda.

Despite considerable political support from Member States and international partners when Action Plan 2009-13 was adopted by the World Health Assembly, ambitious aims in Action Plan 2009-13 have not been supported by the necessary resources for its implementation. The WHO Secretariat costed its own activities at around US$14m over the five years of the Plan but almost no resources were subsequently identified. Indeed over the lifetime of the Action Plan staffing in WHO at both headquarters and in the regions has decreased significantly.\(^5\) A second challenge for Member States and international partners was that the majority of activities were not costed. As a result, raising resources in a strategic manner was difficult. A series of meetings for Member States and international partners organized by the Secretariat and/or others failed to result in adequate resources to support the tasks set out in Action Plan 2009-13.

Given the resources available, there has been an effort to prioritise tasks and activities. But on reflection, the breadth and depth of tasks set out in Action Plan 2009-2013, meant that it was always going to be unrealistic to implement fully. A particular challenge was that some of the tasks were also difficult to measure.

Alignment of Action Plan 2009-13 with relevant plans and strategies within WHO and those of other partners was less optimal than it could have been – and as a result it may be that opportunities for synergies were lost. For example, the linkages with trachoma and onchocerciasis control programmes were not strong, nor were the links with the broader noncommunicable disease agenda. In other cases, where these linkages were identified, for example, with health system strengthening activities (for example in terms of human resources for health, and access to medicines and technologies), more work remains to be done. There may also have been missed opportunities to link disease specific initiatives (for example cataract surgery and trachoma and onchocerciasis elimination programmes) with the broader development of comprehensive eye care systems (e.g. diabetic retinopathy, low vision and refractive error services). A specific challenge was the time taken to align Action Plan priorities under the VISION 2020 Global Initiative with those under Action Plan 2009-13.\(^6\)

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\(^5\) At the start of Action Plan 2009-13, there were 8.5 full time equivalent (FTE) professional positions working on the prevention of avoidable blindness and visual impairment in headquarters (2 on onchocerciasis, 2 on trachoma, and 4.5 on the broader agenda). In 2012, there are 3.5 FTE professional positions (2 on onchocerciasis, 0.5 on trachoma and 2.0 on the broader agenda). At the regional level, there were FTE positions in 5 regions at the start of Action Plan 2009-2013. In 2012, there are FTE positions in 4 regions.

\(^6\) VISION 2020 is the global initiative for the elimination of avoidable blindness, a joint programme of WHO and the International Agency for the Prevention of Blindness with an international membership of NGOs, professional associations, eye care institutions and corporations. (http://www.vision2020.org/main.cfm.)
Although the Executive Board and World Health Assembly report provides a mechanism for the WHO Secretariat to report on its activities, there has been no effective mechanism in place for Member States and international partners to report on their progress.


There are a number of areas where the landscape has changed since the adoption of Action Plan 2009-13. Some of the key areas are outlined below.

a. Political
The adoption of the Political Declaration on NCDs at the United Nations General Assembly in September 2011 focused on cardiovascular diseases, cancer, diabetes and chronic respiratory disease alongside tackling the main risk factors (tobacco use, alcohol).\(^7\) Stepping up action in these areas may offer the opportunity to add eye disease control components and eye diseases were mentioned in the Political Declaration, alongside other conditions such as oral health and kidney disease.

Increasingly leaders are considering adopting innovative multidisciplinary responses to control chronic eye diseases, for example by:
- Enhancing key stakeholders’ understanding and contribution to the multidisciplinary approach service provision for addressing chronic eye diseases; and
- Bringing leaders from different sectors together to form dynamic, results-oriented partnerships.

With regards to trachoma and onchocerciasis elimination, there has been ever greater political commitment to eliminate these two diseases. In January 2012, the London Declaration on Neglected Tropical Diseases announced a new, coordinated push to accelerate progress toward eliminating or controlling 10 neglected tropical diseases (including trachoma and onchocerciasis) by the end of the decade.\(^8\) At the same time, WHO published a roadmap that laid out the next steps in relieving and, in many cases, finally ending the misery caused by these ancient diseases of poverty.\(^9\)

Recent research has described experience in Member States in securing the political support of high level decision-makers in prioritizing investment in eye health.

b. Public health impact

\(^8\) [www.who.int/neglected_diseases/London_Declaration_NTDs.pdf](http://www.who.int/neglected_diseases/London_Declaration_NTDs.pdf)
In 2011, WHO published updated data on blindness and visual impairment. These data describe the significant global burden of blindness and visual impairment with an estimated 285 million people visually impaired, of whom 39 million are blind. The main cause of blindness was cataract (51%) and the major causes of visual impairment are uncorrected refractive errors (43%) and cataract (33%). The poor and least educated communities are the most affected. Overall, 80% of blindness and visual impairment is estimated as avoidable.

c. Public health response
Provision of effective and accessible eye care services is the key to controlling blindness and visual impairment. Public health interventions for preventing and treating the major causes of blindness and visual impairment remain much the same as when the Action Plan was published. Many remain highly cost effective, for example, cataract surgeries, trachoma, and the provision of eye glasses. However, over the last five years there has been increased interest in the use of telemedicine for diagnosis, treatment and to support education and skill transfer. To guide public health responses in addressing chronic noncommunicable eye diseases, the Secretariat is preparing a Technical Series Report to be made available in early 2013.

In 2011, a global roadmap for the control, elimination and eradication of neglected tropical diseases (including trachoma and onchocerciasis) was launched. The roadmap sets targets for 2012–2020.

There is ever increasing recognition that comprehensive eye care services need to become integrated with primary health care and wider health systems development. This is especially important, for example, for preventing visual impairment from diabetes retinopathy, retinopathy of prematurity and indeed for the prevention and management of almost all causes of avoidable blindness and visual impairment. The last few years have seen an ever increasing focus on health systems and as part of this, the benefits that come from integrating programmes. There is potential to streamline health promotion for eye care alongside wider health promotion initiatives, such as preventing tobacco use and a healthy diet. Multisectoral action is also crucial for preventing a range of chronic noncommunicable eye conditions (e.g. vision loss associated with diabetes, prematurity, as well as accidents and violence) as well as trachoma and onchocerciasis. A recent discussion paper for consultation looks at this for NCDs in more detail.10

Through the establishment of the Global Health Observatory, there is the opportunity to monitor better the prevalence of eye disease and interventions (for example cataract services and human resources for eye health) using an agreed set of indicators.

d. Partnerships

Partnerships for eliminating trachoma and onchocerciasis (The WHO Alliance for Global Elimination of Trachoma by the Year 2020 and the regional onchocerciasis programmes) have being strengthened by the recent global neglected tropical disease elimination efforts described above.

e. Financial
In the current financial climate, a major challenge is to ensure that countries and their partners are investing adequately in the most cost-effective interventions. A key issue is to ensure that ministers of finance and health and their development partners mobilize adequate, predictable and sustained financial resources and include the prevention of avoidable blindness and visual impairment in development cooperation agendas and initiatives.

Over the last few years, there has been increasing discussion around raising additional resources for health through innovative financing. Following the 2009 recommendations of the High-Level Task Force on Innovative Financing, the principles of a global levy on tobacco products have been developed. The 2010 WHO World Health Report subsequently highlighted innovative financing as a key way of supplementing national health budgets, whether directly in countries or via global pooled mechanisms. Overall, noncommunicable diseases, including chronic eye disease financing has been relatively absent from the global innovative financing for health debate but national examples do exist, for instance, via the implementation of National "sin" taxes to finance national health programmes. Fiscal policy options include taxation for products such as tobacco and alcohol, and potentially for foods that are unhealthy, as well as consideration of subsidies and incentives.

5. Key issues emerging and suggested agenda for the action plan 2014-2019

In the light of this report, four areas have been identified below that may be useful for Member States and international partners to explore as they support the WHO Secretariat in developing the updated action plan. Although not exhaustive, the areas and the issues raised may provide a useful framework for thinking about priorities for the 2014-2019 Action Plan. These areas are followed by a possible set of prerequisites, all potentially important for supporting the four areas. The experience with Action Plan 2009-2013 suggests that it would be helpful if the objectives and actions of the draft 2014-2019 Action Plan fit within a logical framework and that the impact of actions and activities can be measured. A particular challenge is to be able implement a sufficiently ambitious action plan in light of the decrease in the Secretariat staff that is described on page 3.

1) Measuring the magnitude of vision loss
In all countries a priority is to assess the magnitude and causes of blindness and visual impairment and changes over time. A standardized approach to periodic data collection needs to be adopted and implemented.
2) **Strong health systems to reduce the burden of visual impairment**

Developing and strengthening national policies, plans and programmes for the prevention of blindness and visual impairment is critical. Although a number of eye disease programmes have had considerable success, there remains the need to even better integrate eye diseases control programmes into wider health care delivery systems, especially within primary health care. Strengthening comprehensive eye health services and wider health service delivery needs to go hand in hand. Examples include human resources, financial resource allocation, effective engagement with the private sector and social entrepreneurship, and paying attention to vulnerable communities. There are an ever-increasing number of countries with experience in developing and implementing effective eye health services. These experiences need to be better documented and disseminated.

Strengthening the understanding on the most cost-effective tools for scaling up national responses to eye care is also essential. There is more work that is needed in this area, especially on the costs of a national comprehensive eye care package that integrates into the wider health system.

Despite the focus of Action Plan 2009-2013 on the control of the causes of blindness and visual impairment, there might be opportunities to broaden the scope of all areas of prevention (primary, secondary and tertiary). The challenge is to be sufficiently ambitious and broad but at the same time experience has demonstrated that resources are likely to be limited and that the 2014-2019 Action Plan needs to be extremely well-focused.

3) **Advancing multisectoral action**

Elimination of avoidable blindness is significantly dependent on the progress of other global health and development agendas, such as the provision of clean water and sanitation. Where appropriate, eye health should therefore be included into broader noncommunicable and communicable disease frameworks, with the identification of appropriate interventions to contribute to poverty eradication. Although there are a limited number of proven risk factors for the major causes of blindness, those supported by evidence (e.g. diabetes mellitus, smoking, premature birth, rubella, vitamin A deficiency) need to be addressed where appropriate through multisectoral interventions. A major challenge will be to see how the vision loss agenda is incorporated into wider health policies and strategies and development (including post-MDG) initiatives.

4) **Monitoring and evaluation**

Setting national targets with clear monitoring mechanisms is a priority for measuring the outcomes of interventions and the effective delivery of eye care delivery services. It is important that such approaches are integrated into national health information systems and that data are collated at regional and global levels.

To drive the above areas forward, there are a number of prerequisites. Three are identified as follows:
• strong partnerships both nationally and internationally, with plans and programmes that are aligned;
• adequate and sustainable financing; and
• research and development.

The principles of effective global health partnerships are as applicable to eye health as other areas. It may be helpful for the 2014-2019 Action Plan to be seen as the overall roadmap for the activities of international partners in preventing avoidable blindness and visual impairment to ensure focus and maximize the use (and impact) of resources.

In terms of financing, there remains considerable work that is required in articulating the amount of funding required at global and national levels for tackling eye diseases (a global and national “price tag”) and then being able to advocate for these resources effectively. Using the recent work done on how to engage with decision-makers to secure resources for eye health (page 4) is important.

Critical is a robust operational research and development framework to underpin any action plan, and the 2014-2019 Action Plan is likely to be no different. Research and development is needed to progress in all the areas above and a set of costed priorities should be included. Examples could include: access to eye health care services, how best to integrate human resources development within the health sector, and how to most effectively finance eye services in low- and middle-income settings. Other priorities have been described in a report of a meeting of international partners in 2010.

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