Informal Consultation

for the development of a draft action plan for the prevention and control of avoidable blindness and visual impairment for the period 2014-2019

In response to decision EB130/1, requesting the Director-General to develop a draft action plan for the prevention and control of avoidable blindness and visual impairment for the period 2014-2019

8 October 2012, Executive Board Room, WHO, Geneva
09:30 – 09:45  Welcome and introduction

09:45 – 10:00  Setting the scene

10:00 – 10:40  Goal, purpose, indicators and targets
                 Discussion

10:40-10:55    coffee

10:55 -11:35   Objectives 1 and 2
                 Discussion

11.35 – 12:15  Objective 3
                 Discussion

12:15 – 12:30  Wrap up
Informal consultation: Expected outcomes

1. Draft zero action plan reviewed, goal, purpose, objectives, actions, roles and responsibilities, indicators and targets understood and discussed;

2. Comments provided to the WHO Secretariat;

3. Agreement on the next steps for finalizing the draft action plan for submission to the 132nd session of the Executive Board.
Global estimates

285 million visually impaired*

39 million of whom are blind

* moderate and severe visual impairment and blindness (less than 6/18 in the better eye)

Data from Pascolini D and Mariotti S, 2011
Global causes of visual impairment (including blindness), 2010

- Uncorrected Refractive Errors: 42%
- Cataract: 33%
- Glaucoma: 2%
- Age-related Macular Degeneration: 1%
- Trachoma: 1%
- Corneal Opacity: 1%
- Diabetic Retinopathy: 1%
- Childhood Blindness: 1%
- Undetermined: 18%

Data from Pascolini D and Mariotti S, 2011
Global causes of blindness, 2010

- Cataract: 51%
- Undetermined: 21%
- Diabetic Retinopathy: 1%
- Refractive Errors: 3%
- Corneal Opacity: 4%
- Trachoma: 3%
- Childhood Blindness: 4%
- Age-related Macular Degeneration: 5%
- Glaucoma: 8%

Data from Pascolini D and Mariotti S, 2011
Decisions and list of resolutions

I. DECISIONS

EB130(1) Implementation of the action plan for the prevention of avoidable blindness and visual impairment

The Executive Board, having considered the report on progress in implementing the action plan for the prevention of avoidable blindness and visual impairment, noting that the current action plan will end in 2013, and being convinced that work should commence immediately on a follow-up plan for the period 2014-2019 to ensure that it can be considered for adoption in a timely way and in alignment with WHO's planning cycles,

(1) decided that a new action plan for the prevention of avoidable blindness and visual impairment for the period 2014-2019 will be developed;

(2) requested the Director-General to develop a draft action plan for the prevention of avoidable blindness and visual impairment for the period 2014-2019 in close consultation with Member States and international partners, and to submit this draft action plan for consideration, through the Executive Board at its 132nd session, to the Sixty-sixth World Health Assembly in 2013.

(Ninth meeting, 20 January 2012)
EB130/SR/9

EB130(2) Maternal, infant and young child nutrition: draft comprehensive implementation plan

The Executive Board, having considered the report on maternal, infant and young child nutrition: draft comprehensive implementation plan, as well as the report on nutrition of women in the preconception period, during pregnancy and the breastfeeding period, expressing appreciation for the work completed to date, and noting the draft resolution contained in document EB130/Conf/Paper No. 4, 5

1 Document EB130/8.
2 Document EB130/10.
3 Document EB130/11.
4 Included below.

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?

**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.

- 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. E.g. human resources, financial resource allocation, engagement with the private sector...

- Good practice exists but needs to be better documented and disseminated.

- More work needed on cost-effective tools for scaling up national responses to eye care, especially on the costs of a national comprehensive eye care package that integrates into the wider health system.

**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 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.
• Developed through a 2½ day retreat

• Uses the current action plan as its starting point and responses to the discussion paper

• Web based consultation:
  31 August – 8 October 2012

• Informal meeting in Geneva
  8 October 2012

• Draft goes to Executive Board in January 2013 and then to the WHA in May 2013
WHO reform and the draft action plan

• Working as one WHO

• An agenda that has a clear link to the broader aspirations of the organization

• Activities for the Secretariat that link to its six point agenda: promoting development, fostering health security, strengthening health systems, harnessing research, information and evidence, enhancing partnerships and improving performance

• Activities for the secretariat that are realistic (and will be budgeted)

• An action plan that enables accountability through a small set of indicators
The draft action plan for prevention and control of avoidable blindness and visual impairment is centered around **universal health coverage** achieved in the area of eye health through the provision of **comprehensive eye care services integrated into the national health system.**
And so, a proposed title for the action plan is…

Universal access to eye health: a global action plan, 2014-2019

With a vision…

A world in which no one is needlessly visually impaired, where those with unavoidable vision loss can achieve their full potential and there is universal access to comprehensive eye care services.
The draft action: based on a logical framework

1 Goal, 1 purpose and 3 objectives, each with:
• Measurable indicators
• Means of verification
• Assumptions that we are making if the objectives are to meet the purpose

12 areas of actions (three for Objective 1; six for Objective 2; three for Objective 3)
• With proposed inputs from Member States
• With proposed inputs from International Partners
• With inputs from the Secretariat
“Universal access to eye health: a global action plan 2014-2019”

Goal
To reduce blindness and visual impairment as a global public health problem

Purpose
To improve eye health through comprehensive eye care services integrated in health systems.

Objectives
1. Evidence generated and used to advocate for increased political and financial commitment of Member States for eye health

2. National policies, plans and programmes for eye health which are integrated into national health systems developed and/or strengthened and being implemented along the lines of the WHO health system building blocks

3. Multisectoral engagement and effective partnerships for improved eye health strengthened
# Goal

To reduce blindness and visual impairment as a global public health problem

<table>
<thead>
<tr>
<th>Measurable Indicators</th>
<th>Means of Verification</th>
<th>Important Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) Magnitude of blindness in the world</td>
<td>Collection of national and subnational epidemiological data and development of regional and global estimates</td>
<td>Human rights conventions implemented, equity across all policies, and people with blindness and visual impairment fully empowered.</td>
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<tr>
<td>(ii) Magnitude of severe and moderate visual impairment in the world</td>
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</table>

*Should global targets be attached to the agreed indicators?*
## Purpose

To improve eye health through comprehensive eye care services integrated in health systems.

<table>
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<th>Measurable Indicators</th>
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<th>Important Assumptions</th>
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<tbody>
<tr>
<td>(i) Eye care personnel per million population</td>
<td>Reports summarizing national data provided by Member States.</td>
<td>Services accessed fully and equitably by all populations.</td>
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<tr>
<td>(ii) Cataract Surgical Rate</td>
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</tbody>
</table>

Zero Draft "Universal access to eye health: a global action plan, 2014-2019"
Indicators and targets at the goal and purpose level...
Indicators… the rationale for their selection

- Previous experiences in monitoring prevention of blindness and visual impairment activities at national level
- Availability of data and feasibility of their collection
- Capacity of Member States to collect data and to add new indicators to those already in use
- Collated at the global level from national returns
Proposed national indicators...

1. Magnitude of blindness and visual impairment and their causes

2. Number of eye care personnel by cadre

3. Cataract surgical rate (number of cataract surgeries performed per year per million population)
Global targets...

• Action plan 2009-2013 did not identify targets
• Three options proposed for the new action plan
  Option A
  Option B
  Option C
Option A

1. Magnitude of blindness in the world reduced from 39m (2010) to 31m (2018) or by certain percentage (i.e. measuring prevalence)

2. Magnitude of severe and moderate visual impairment in the world reduced from 246m (2010) to 214m (2018) or by certain percentage
Option A:

**Advantages**

- Clear targets that the plan is aiming for;
- A target focusses political and technical inputs;
- Global health has experience of developing and using targets that are often aspirational rather than fully evidence based.

**Disadvantages**

- No scientific evidence underpinning an assumption for a linear trend. The targets selected may or may not be appropriate;
- Methods used for 2004 and 2010 estimates not truly comparable, makes assumptions even more difficult;
- Wide confidence intervals with the 2004 and 2010 estimates make setting of 2018 targets difficult;
- For such a target to be measured, sufficient national data points need to be available.
Option B

Undertake further work to develop global targets

Advantages

- Opportunity for a more scientifically robust approach with greater ownership

Disadvantages

- Even allowing for further work, significant assumptions are likely underpin the targets set
- Additional resources required to undertake this work
- Recommendations emerging from this work may be that global targets cannot be set on the basis of current and extrapolated data

Possible way forward

Establish a Working Group with representatives from all 3 constituencies
Option C

Conclude that global targets are not feasible, encouraging Member States to refer to their *national targets*

**Advantages**

- Insufficiently evidence based targets are not included
- Resources that would be used for this work could be allocated elsewhere

**Disadvantages**

- There will not be any overarching global target on the magnitude of blindness and visual impairment for the action plan
Goal and purpose: issues for discussion

• Name for the plan
• The vision
• The Goal and purpose
• Indicators
• Global targets
  – Reduction in numbers or prevalence
  – Undertake further work
  – No global targets
### Objective 1

<table>
<thead>
<tr>
<th>Evidence Generated and Used to Advocate for Increased Political and Financial Commitment of Member States for Eye Health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Measurable Indicators</strong></td>
</tr>
<tr>
<td>Number (%) of Member States that have undertaken and published prevalence surveys over the last five years in 2018.</td>
</tr>
<tr>
<td>Number (%) of Member States completed and published eye care service assessment over last five years in 2018.</td>
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<tr>
<td>Observation of World Sight Day.</td>
</tr>
<tr>
<td><strong>Means of Verification</strong></td>
</tr>
<tr>
<td>Epidemiological assessment on prevalence of blindness and visual impairment and their causes shared with WHO by Member States.</td>
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<tr>
<td>Eye care service assessment results addressed in published national and sub-national policies and plans for eye health</td>
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<td>Reports of national, regional and global events.</td>
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<tr>
<td><strong>Important Assumptions</strong></td>
</tr>
<tr>
<td>Global financial environment and competing agendas mean that advocacy efforts are successful in increasing investment in eye health.</td>
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<tr>
<td>OBJECTIVE 1 Action 1</td>
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<tr>
<td>Undertake population based surveys on prevalence of blindness and visual impairment and their causes</td>
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<td>OBJECTIVE 1</td>
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<td>Action 2</td>
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</table>
**OBJECTIVE 1**

**Action 3**

<table>
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<tr>
<th>Proposed inputs from Member States</th>
<th>Inputs from Secretariat</th>
<th>Proposed inputs from international partners</th>
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<tbody>
<tr>
<td>Document examples of best practice in eye health programmes and use them to advocate for improving eye health programmes throughout the world.</td>
<td>Identify and document successful interventions and lessons learnt.</td>
<td>Advocate on the need to document best practice.</td>
</tr>
<tr>
<td>Publish results and share with national policy makers and with WHO.</td>
<td>Develop tools and then provide Member States with tools and technical advice.</td>
<td>Support Member States in documenting best practice and disseminating results.</td>
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<td></td>
<td>Collate and compile reports from Member States and share internationally.</td>
<td>Identify additional resources to complement government investment.</td>
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</table>
Objective 1: issues for discussion

- The objective
- Framework for monitoring
- Actions
  - Proposed inputs for Member States
  - Inputs for Secretariat
  - Proposed inputs for international partners
### OBJECTIVE 2

<table>
<thead>
<tr>
<th>Measurable Indicators</th>
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<tbody>
<tr>
<td>National policies, plans and programmes for eye health which are integrated into national health systems developed and/or strengthened and being implemented along the lines of the <strong>WHO health system building blocks.</strong></td>
<td>Number (%) of Member States with policies and/or plans for eye health.</td>
<td>Reports summarizing data provided by Member States.</td>
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<td>Number (%) of Members States with an eye health/prevention of blindness committee, and/or a national prevention of blindness coordinator, or equivalent mechanism in place.</td>
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<td>Number (%) of Member States that include products for eye care as part of their national list of essential medicines.</td>
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<td>OBJECTIVE 2 Action 1</td>
<td>Proposed inputs from Member States</td>
<td>Inputs from Secretariat</td>
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<td><strong>Provide leadership and governance</strong> for developing/updating, implementing and monitoring national/sub-national policies and plans for eye health.</td>
<td>Develop/update national/sub-national eye health and blindness prevention policies and plans, including indicators and targets, engaging key stakeholders.</td>
<td>Provide Member States with the existing WHO tools and technical advice, including evidence on good leadership and governance practices in developing, implementing, monitoring and evaluating comprehensive and integrated eye care services.</td>
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<td>Establish/maintain a coordinating mechanism (e.g. national coordinator, eye health/prevention of blindness committee, other national/sub-national mechanism) to oversee implementation and monitoring/evaluating the plan/policy.</td>
<td>Establish/maintain global and regional staff for eye health/prevention of blindness.</td>
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<td>Establish country positions for eye health/prevention of blindness where strategically relevant and resources allow.</td>
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## OBJECTIVE 2 Action 2

<table>
<thead>
<tr>
<th>Proposed inputs from Member States</th>
<th>Inputs from Secretariat</th>
<th>Proposed inputs from international partners</th>
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</thead>
<tbody>
<tr>
<td>Secure adequate <strong>financial resources</strong> to improve eye health and provide comprehensive eye care services integrated into health systems through national policies and plans</td>
<td>Agree and provide funding for eye health within a comprehensive integrated eye care service</td>
<td>Advocate at national and international levels for adequate funds to implement national/subnational policies and plans.</td>
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<td>Provide technical support to assist Member States secure the financial resources needed</td>
<td>Identify sources of funds to complement national investment in eye care services</td>
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<td>Proposed inputs from Member States</td>
<td>Inputs from Secretariat</td>
<td>Proposed inputs from international partners</td>
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<td>Undertake planning of human resources for eye care as part of wider human resources for health planning. Provide training and professional development for eye health professionals. Ensure retention strategies for eye health staff are in place and being implemented. Identify, document, and share best practice with regards eye health human resource development.</td>
<td>Provide existing WHO tools and technical support to Member States. Collate and share best practices.</td>
<td>Advocate on the importance of developing a sustainable eye health workforce. Support training and professional development through national coordination mechanisms. Support Member States in collection and dissemination of data.</td>
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</table>

**OBJECTIVE 2 Action 3**

Develop and maintain a sustainable workforce for the provision of comprehensive eye care services as part of the broader human resources for health workforce.
**OBJECTIVE 2**

**Action 4**

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<tr>
<th>Proposed inputs from Member States</th>
<th>Inputs from Secretariat</th>
<th>Proposed inputs from international partners</th>
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<tbody>
<tr>
<td>Provide and/or coordinate universal access to comprehensive and equitable eye care services, including rehabilitation services for the visually impaired and blind. Establish eye care quality standards and norms.</td>
<td>Provide existing WHO tools and technical support to Member States.</td>
<td>Advocate on the importance of comprehensive and equitable eye care services. Provide eye care services, including rehabilitation services in line with national policies and plans through national coordination mechanisms. Monitor, evaluate and report on service provided in line with national policies and plans through national coordination mechanisms.</td>
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<tr>
<td>OBJECTIVE 2 Action 5</td>
<td>Proposed inputs from Member States</td>
<td>Inputs from Secretariat</td>
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<tr>
<td>Make <em>essential medicines, diagnostics and health technologies</em> of assured quality with particular focus on vulnerable groups and underserved communities.</td>
<td>Ensure a national list of essential medical products, national diagnostic and treatment protocols, and relevant equipment exists. Ensure that essential medicines, diagnostics and health technologies are available and accessible.</td>
<td>Provide technical assistance through existing WHO tools.</td>
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<td>OBJECTIVE 2 Action 6</td>
<td>Proposed inputs from Member States</td>
<td>Inputs from Secretariat</td>
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<tr>
<td>Include indicators for the monitoring of eye care service provision and their quality as part of a <em>national information system</em>.</td>
<td>Adopt a set of indicators and targets within the national information systems. Analyse and interpret data. Share data with WHO.</td>
<td>Provide technical support to define appropriate indicators and targets using existing WHO tools. Collate and disseminate data reported by Member States annually.</td>
</tr>
</tbody>
</table>
Objective 2: issues for discussion

• The objective
• Framework for monitoring
• Actions
  – Proposed inputs for Member States
  – Inputs for Secretariat
  – Proposed inputs for international partners
<table>
<thead>
<tr>
<th>OBJECTIVE 3</th>
<th>Measurable Indicators</th>
<th>Means of Verification</th>
<th>Important Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multisectoral engagement and effective partnerships for improved eye health strengthened</td>
<td>Number (%) Member States that refer to a multisectoral approach in their national eye health/prevention of blindness plans and policies.</td>
<td>Reports that summarize data provided by Member States.</td>
<td>Non health sectors invest in wider socioeconomic development.</td>
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<td></td>
<td>The WHO Alliance for the Global Elimination of Blinding Trachoma by the year 2020, African Programme for Onchocerciasis Control, and Onchocerciasis Elimination Program for the Americas delivering on their strategic plans.</td>
<td>Annual reports and partnership indicators.</td>
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<td></td>
<td>Number (%) of Member States have eye health incorporated into relevant poverty reduction strategies, initiatives and wider socioeconomic policies.</td>
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<tr>
<td>OBJECTIVE 3</td>
<td>Proposed inputs from Member States</td>
<td>Inputs from Secretariat</td>
<td>Proposed inputs from international partners</td>
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<tr>
<td><strong>Action 1</strong></td>
<td>Engage <em>non-health sectors</em> in developing and implementing eye health/prevention of blindness policies and plans.</td>
<td>Ministries of Health to identify and engage other sectors.</td>
<td>Assist Member States in identifying and engaging non-health sectors.</td>
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<td>Share experiences with WHO.</td>
<td>Share experiences with WHO.</td>
<td>Collate and share Member State experiences.</td>
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<td>Support Member States in collecting and disseminating experiences.</td>
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<td><strong>OBJECTIVE 3</strong></td>
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<td><strong>Action 2</strong></td>
<td><strong>Proposed inputs from Member States</strong></td>
<td><strong>Inputs from Secretariat</strong></td>
<td><strong>Proposed inputs from international partners</strong></td>
</tr>
<tr>
<td>Enhance effective international and national <em>partnerships and alliances.</em></td>
<td>Promote participation and where necessary establish partnerships and alliances that harmonize and align with national priorities, policies and plans.</td>
<td>Where appropriate participate in and lead partnerships and alliances that support, harmonize and align with Member State priorities, policies and plans.</td>
<td>Promote participation and actively support partnerships and alliances that harmonize and align with Member States’ priorities, policies and plans.</td>
</tr>
<tr>
<td>OBJECTIVE 3 Action 3</td>
<td>Proposed inputs from Member States</td>
<td>Inputs from Secretariat</td>
<td>Proposed inputs from international partners</td>
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<tr>
<td><strong>Integrate eye health into poverty reduction strategies, initiatives and socioeconomic policies</strong></td>
<td>Identify and incorporate eye health in relevant poverty reduction strategies, initiatives and socioeconomic policies.</td>
<td>Develop and disseminate key messages for policy makers.</td>
<td>Advocate for the integration of eye health into poverty reduction strategies, initiatives and socioeconomic policies.</td>
</tr>
</tbody>
</table>

Zero Draft "Universal access to eye health: a global action plan, 2014-2019"
Objective 3: issues for discussion

• The objective
• Framework for monitoring
• Actions
  – Proposed inputs for Member States
  – Inputs for Secretariat
  – Proposed inputs for international partners