

SEA-OPHTHAL-116

# Elimination of Avoidable Blindness and Launching of Regional Vision 2020

*Report of SEARO/IAPB Meeting  
New Delhi, 28–30 September 1999*

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## 1. INTRODUCTION

The World Health Organization South-East Asia Region, and the International Agency for Prevention of Blindness (IAPB) meeting on Elimination of Avoidable Blindness and the Regional Launching of VISION 2020 was convened from 28 to 30 September 1999 at the WHO Regional Office for South-East Asia, New Delhi. The meeting was attended by 17 participants from three “mega-countries”, in the Region with a population of over 100 000 000 (Bangladesh, India and Indonesia) and representatives from IAPB, international non-governmental development organizations (INGDOs), bilateral and multilateral agencies and WHO. The list of participants is at Annex 1 and the programme at Annex 2.

Professor (Dr) Modasser Ali (Bangladesh) and Dr Raj Kumar (Project Orbis) were nominated Chairperson and Vice Chair-person respectively. Dr Rachel Jose (India) was nominated Rapporteur.

The meeting was inaugurated by Dr Uton Muchtar Rafei, Regional Director, WHO South East Asia Region. In his inaugural address, the Regional Director outlined the programme and activities in the prevention of blindness supported by the Regional office ever since its inception. As a result of these, he said that blindness from xerophthalmia and trachoma had nearly been eliminated from the Region. However, unoperated cataract still remained a challenge. He referred to the disproportionate burden of avoidable blindness in the Region and felt that VISION 2020 was an opportunity for the Region to move towards achieving the goal of eliminating avoidable blindness. He welcomed the participation

of INGOs and other agencies and looked forward to working in close partnership with IAPB, and all its members and other interested parties.

Dr Serge Resnikoff, Team Coordinator, PBD, WHO/HQ, complimented the Region for spearheading prevention of blindness activities. He said that many of the experiences gained in SEAR had been used in the development of the Global Initiative. He said that it would be necessary to adapt and regionalize the global document and plan based on the region's priority needs. He hoped that this meeting would help in that process.

Dr Gullapalli N. Rao, Secretary-General, IAPB, stated that the opportunity for partnership with WHO and other interested parties was extremely promising as the Region moved forward towards the implementation of VISION 2020.

## **2. OBJECTIVES**

The objectives and expected outcome of the consultation which were spelt out by Dr Z. Jadamba, Ag. Director, Department of Social Change and Non Communicable Diseases were as follows:

- (1) To review the status of blindness globally and in the South-East Asia Region;
- (2) To share experiences with other stakeholders in the area of prevention and control of blindness;
- (3) To develop a draft regional strategy based on the Global Initiative for Elimination of Avoidable Blindness;
- (4) To develop a collaboration mechanism with the International Agency for Prevention of Blindness (IAPB) Task Force for the prevention of blindness; and

(5) To launch Vision 2020 South-East Asia Region.

The following were the expected outcome of the meeting:

- (1) A broad strategic action plan and framework for the development of a Regional Plan of Action for the elimination of avoidable blindness – Vision 2020.
- (2) Proposals for priority areas on an inter-country basis to facilitate resource mobilization.
- (3) Set of recommendations to help facilitating implementation of Vision 2020 strategies.

### **3. BLINDNESS SITUATION AND PROGRAMME DEVELOPMENT**

#### **3.1 Global**

A review of the global blindness scenario revealed that there were 180 million visually-disabled people in the world. Of these, 45 million were unable to move about without help (blind). Cataract was responsible for more than half of the blindness. Trachoma accounted for 15% of the global blindness. Childhood blindness was responsible for 4% of all blindness. Uncorrected refractive error, glaucoma, diabetic retinopathy and age-related macular degeneration made up for the remaining. Onchocerciasis was an important cause of blindness in Africa. However, this has not been seen in the South-East Asia Region. Eighty per cent of the blindness in the world is either preventable or curable (avoidable). Blindness is estimated to cost \$25 billion annually. The cost will be three times higher if indirect costs are also included.

At the present rate of intervention, blindness is likely to double to 90 million by 2020 AD. Struck by this frightening

prospect, WHO, in collaboration with international nongovernment development organizations, has launched a new initiative for the elimination of avoidable blindness. Vision 2020 is a worldwide initiative to eliminate avoidable blindness through mobilization of additional resources. The Director-General of WHO launched Vision 2020 in Geneva on 18 February 1999. A brief outline of the strategies at the global level was presented during the meeting.

## **3.2 Regional**

South-East Asia has a disproportionately high prevalence of blindness. One-third of the world's blind live in South-East Asia, which has one quarter of the global population. Of the twelve people going blind in the world every minute, four are from South-East Asia. The initiatives undertaken by SEARO in response to the global launch were reviewed under the following headings:

- Advocacy
- HRH development
- Filling knowledge gap

### **(1) Advocacy**

As part of its advocacy campaign, SEARO has developed an **Information Kit** for policy makers. The Regional Director of WHO-SEAR **launched Vision 2020 South East Asia** on 30 September 1999. **National launches** are planned from November 1999 to June 2000. All available WHO fora such as the Consultative Committee for Programme Development (CCPDM), Regional Committee (RC), Health Ministers' and Parliamentarians meetings have been used to announce Vision 2020 initiatives. The recently-concluded Regional

Committee meeting has identified Vision 2020 as a priority programme for the Region. The Regional Office has supported the participation of Member Countries in the recent IAPB meeting as well as in national and international professional society meetings held in the Region. These have helped in wider dissemination of information as well as in advocacy for Vision 2020.

### ***(2) Human resources for health***

SEARO has initiated a systematic inquiry of various categories of eye health workers in the Region. A study has been commissioned in five countries of the Region to assess the status of teaching of public health ophthalmology in undergraduate and specialty training programmes for ophthalmologists. Initiatives have been taken to train eye care managers to improve management practice in eye care. Training of paediatric eye care teams and establishment of pediatric eye care units is also proposed. Future initiatives include the training of ophthalmic instrument technicians as well as of enhancing the capacity of training institutions to increase the number of trainees and to improve the quality of training in SEAR countries. Training of community eye care workers has also been accorded a high priority.

### ***(3) Filling knowledge gap***

Reference has already been made to review public health ophthalmology teaching in undergraduate and speciality training in SEAR countries. It is expected that the results of the study will provide the needed information base for HRH policy development.

A study has already been initiated to determine the magnitude of the problem of ocular trauma and corneal ulcer in the Region as

well as to suggest intervention strategies. An intercountry consultation is proposed for December 1999.

### **3.3 Country Presentations**

#### ***Bangladesh***

Bangladesh has a population of 125 million. No population-based data on blindness for the country are available. Bangladesh is estimated to have 1.25 million blind (with a prevalence rate of 1.00%), 3.2 million with low vision (with a prevalence rate of 2.7%) and 5 million people with visual impairment.

Cataract, glaucoma, corneal opacity and childhood blindness are considered to be the main causes of blindness. It is expected that more reliable data on prevalence and causes of blindness will become available after the survey, that is currently underway. The number of blind persons in the country is expected to increase to 1.87 million from the present 1.25 million.

There is a strong NGO involvement in eye care. Presently, the government provides 500 beds, while NGOs provide 1 500 beds for eye care. Of the 500 ophthalmologists in the country, 300 are working for the government and 200 for non-government organizations. Bangladesh has an ophthalmologist-population ratio of 1:250 000 and one ophthalmologist for 25 000 blind persons.

Annually, about 60 000 cataract surgeries are done, three-quarters of it by non-government organizations. The present cataract surgical rate is 500/1 000 000 population/year. There is an estimated cataract backlog of 66 200.

Structural arrangements are being proposed with the appointment of a Programme Director in the office of the Director-General of Health, to be supported by three programme managers and necessary support staff. Efforts are also being made to integrate primary eye care services with primary health care. Refraction services were recommended at community clinics.

One consultant and one medical officer at the Thana level and one senior consultant with auxiliary manpower and necessary equipment are being proposed for the district level.

Two hundred doctors and 400 nurses need to be trained to increase the cataract surgical rate to 3 000/1 000 000 population/year. Structured training programmes will need to be established in some of the leading institutions in Bangladesh.

Mass campaigns for eye donations are being planned with the upgrading of an existing eye bank and establishment a new one.

The lack of political will and poor visibility of eye care programmes in the national health development agenda are considered to be major constraints. Vision 2020: The Right to Sight is an appropriate and opportune initiative to create an environment for a high level of national commitment.

### ***India***

India has a population of 1 000 million. National efforts for the control of blindness began with the establishment of a National Trachoma Control Programme in 1963. A survey by the Indian Council of Medical Research (ICMR), 1971-74, revealed a blindness prevalence rate of 1.38%, with cataract as the leading cause of blindness. Another national survey in 1986-89 showed that the

blindness prevalence rate had gone up to 1.49%. Cataract was found to be responsible for 80% of the blindness. There has been a decline in blindness due to trachoma and malnutrition.

### ***National Programme***

There is a national programme management cell in the Office of the Director-General of Health Services in the Ministry of Health at the centre, likewise, there are state ophthalmic cells. Regional Institutes of Ophthalmology and tertiary-level eye hospitals provide venues for training, research and complicated medical and surgical treatment. For district-level activities, there are district blindness control societies. Eye care services are also provided at district and sub-district hospitals.

### ***Programme Objectives***

- (1) Upgrade quality of cataract surgery
- (2) Expand coverage to underprivileged areas
- (3) Reduce backlog of untreated cataracts by 50% by 2001
- (4) Develop human resources and institutional capacity for eye care, particularly training of ophthalmologists in EECE/PCIOL cataract surgery
- (5) Promote outreach activities through public awareness
- (6) Establishment of district blindness control societies
- (7) Create an enabling environment for involving NGOs and private sector in eye care delivery
- (8) Develop mechanisms for cost recovery to sustain project activities beyond the project period.

***Strategies include***

- (1) Disease control
- (2) Human resource development
- (3) Infrastructure development and technology
- (4) Strengthening management information system.

***For disease control, the following have been identified as priority***

- (1) Cataract;
- (2) Refractive errors, and
- (3) Corneal blindness.

***Strategies to attain the goals include***

- (1) Bilateral cataract blind persons to be identified and transported to eye care facilities for the provision of surgical and follow-up services
- (2) Expansion of intraocular lens implantation surgery by training, provision of equipment and free IOLs for the poor
- (3) Development of eye care infrastructure through construction of eyewards and dedicated operation theatres
- (4) Improvement in the quality of eye care through training, supervision, monitoring and follow-up care.

***Major achievements***

- (1) A satisfactory increase in the cataract surgical rate has been achieved. About 3 million cataract surgery is being currently performed in India. Training of ophthalmologists in intraocular lens surgery has been vastly expanded.
- (2) There has also been satisfactory expansion of infrastructure within the country.

### ***Constraints***

- (1) Large number of eye surgeons in non-surgical positions and their high concentration in urban areas.
- (2) Sustainability of eye care programmes doubtful in the absence cost recovery mechanisms.
- (3) While human resources for eye care are concentrated in urban areas, the prevalence of blindness is high in rural and geographically-difficult areas, particularly among socially underprivileged group.
- (4) Increase in the population of the aged due to increase in life expectancy.

### ***Future challenges***

- (1) With changing demographic and epidemiological patterns, the focus may have to shift from cataract to other causes of blindness.
- (2) Improvement in quality of services and follow-up of operated cases.
- (3) Sustainability of eye care programmes.

## **Indonesia**

Indonesia is the fourth biggest nation in the world with a population of 210 million. Indonesia's National Eye Health programme has been developed since 1978. The National Committee for prevention of blindness consists of representatives from the Ophthalmologists' Association and non-government organizations, and is coordinated by Director-General of Community Health, Ministry of Health.

Two national eye surveys conducted in 1982 and in 1996, have shown that the prevalence of blindness has increased from 1.2% to 1.5%. About 52% of the blindness is due to cataract with a backlog of 1.5 million. Glaucoma, uncorrected refractive errors, corneal diseases and retinal diseases are among the other causes of blindness. The estimated percentage of the population with low vision is 1.10% and that with visual impairment is 1.80%. Currently, about 40 000 cataract surgeries and 1 500 glaucoma surgeries are being performed every year.

Indonesia has achieved remarkable success in the control of blindness from xerophthalmia. The prevalence rate, which was 1.33% in 1979 has been brought down to 0.33% in 1992. This is well below the level considered by WHO to constitute a public health problem.

The following were identified as major problems in programmes for eye care:

- (1) Lack of political will and national commitment. Since eye care is a low priority in the government's health programme, eye care receives only a very small proportion of the total health budget. Structurally, only a

sub-directorate with little authority and even less budget is responsible for overseeing eye care services.

- (2) Eye care services are heavily dependent on NGO support, making them vulnerable to donor sensitivities.
- (3) Inadequate number, inappropriate mix and unequitable distribution of eye health manpower. Most of Indonesia's 600 ophthalmologists and 700 refractionists work only in big cities.
- (4) The high burden of blindness is further compounded by geographical difficulties. Two hundred and ten million Indonesians are scattered in 17 000 islands.

The goal of the Indonesian eye care programme is to reduce the prevalence of blindness rate to 1% by the year 2003 and 0.5% by 2020, to provide 50% demand of cataract surgery by 2003 and 100% by 2020, and to achieve a target cataract surgical rate (CSR) of 1000/1 000 000 population per year.

Several NGOs are helping the national blindness prevention programme. They include Dharmais, Hellen Keller International, Lions Clubs, Christoffel Blind Mission and Rotary Clubs among others.

### **3.4 Summary Report of INGDO Activities**

The participating INGOs reviewed their activities with particular reference to the Region.

The non-governmental organizations (NGOs) are involved in varied aspects of eye care in the Region. These include assistance to policy development, monitoring and evaluation of national

programmes, infrastructure development and human resources development.

The **World Bank** is assisting the Government of India with infrastructure development to increase the cataract surgical rate in seven project states.

**Christoffel Blinden Mission (CBM):** CBM is supporting 281 projects in seven countries of the Region with a total outlay of US\$ 6.19 million for 1999.

Future plans for the Region include increasing the cataract surgical rate in Indonesia, upgrading the Lahan Eye Hospital in Nepal, support to management training and human resources in India. Development of children's centres have also been identified as a priority for CBM action.

#### **4. SELECTED STRATEGIES FOR VISION 2020**

The participants appreciated the efforts made at the global level to formulate the strategy and actions required to achieve the objective of eliminating avoidable blindness by the year 2020. They felt that it was necessary for this consultative meeting to translate the Global Plan into regional plans of action based on the situation, needs and priorities of member countries. Subsequently, such plans would have to be refined at the national level so that the existing national programmes could be realigned, where necessary, towards the new objectives set for the programme.

The scope of consultation included review of current status as well as formulation of future strategies for the following areas:

- Advocacy and policy

- Structural mechanisms and linkages
- Reduction of disease burden
- Human resource development
- Infrastructure and technology
- Resource mobilization

## **4.1 Advocacy and policy**

### ***Political commitment***

The participants noted with satisfaction the political commitment of several Member Countries to prevention of blindness in the past. However, political commitments in some countries needed to be reiterated and reinforced. Vision 2020 was considered by participants to be an opportunity to reinforce and renew commitments to place prevention of blindness high on the national health agenda. **Advocacy workshops** were considered useful mechanisms to raise awareness among decision-makers.

### ***Professional commitment***

The participants also called on eye care providers, especially the ophthalmic professionals in the countries of the Region to become more sensitive to the needs of the community and devote some of their time to assist in the global effort. In this regard, the need to reorient the training of professionals to population health was recognized and emphasized. It will be worthwhile for WHO to support and participate in professional society meetings to orient the professionals to the objectives and goals of Vision 2020 and to

solicit their support. It was also suggested that VISION 2020 document be distributed to the relevant health care community.

### ***Public awareness***

It is not often realized by the people in this Region that there is a lot they themselves can do to protect their eye health. The need to take initiatives to create greater public awareness was further emphasized by the participants. In this connection, it was suggested that information materials should be developed both at the regional level and assistance provided for national-level activities. Advocacy material should highlight the burden caused by blindness on the individuals, the community and the nation. These include **human suffering, economic loss and early death**. The group felt that these were insufficiently recognized by the policy makers.

## **4.2 Structural Mechanisms and Linkages for Implementing Vision 2020**

### ***Regional Coordination Group***

The partnership with IAPB and INGOs and other interested agencies and parties was welcomed as a significant development. In order to facilitate coordination at the regional level, constitution of a Regional Coordinating Group with the participation of WHO/SEARO, Regional IAPB, NGO and the country focal points was considered a useful mechanism. The proposed terms of reference, channels of communication and composition are at Annex-3.

### ***Dedicated PBL posts***

As Vision 2020 heavily depends on coordination at all levels, participants expressed the view that the establishment of dedicated focal points, both at the level of the Regional Office as well as the country level, was essential to ensure coordination among many partners, so vital for the success of VISION 2020.

### ***Special relations with IAPB***

The participants recognized that suitable mechanisms were needed to involve all concerned partners. In this connection, it was stressed that the WHO Regional Office and the Regional IAPB should work in close cooperation and coordination, combining WHO's technical strength and IAPB's strength for resource mobilization and networking.

### ***Collaborating Centers***

Collaborating centres can be a useful mechanism to bring together resources. In this connection, the need to further avail of the services of WHO collaborating centres was emphasized. More of these will need to be identified in the future.

### ***Non-governmental organizations***

NGOs and bilateral donor agencies were commended by the participants for their support to blindness prevention programmes. It was suggested that these agencies intensify their efforts to provide further assistance. VISION 2020 provided such an opportunity very well.

### ***Technical cooperation between the countries***

The participants recognized that the 10 developing countries of SEAR were in different stages of development as far as prevention of blindness was concerned. There were wide variations even between different parts of the same country. This called for more equitable distribution of resources and greater coverage of affordable eye care services throughout Member Countries. The countries of the Region provide for many opportunities for technical cooperation among developing countries (TCDC) and this should be exploited to the full as the objective of VISION 2020 was adopted as a goal by the countries.

### **4.3 Disease Burden Reduction**

The following were identified as priorities for disease control in the next five years. The priorities would change with time and with changes in disease epidemiology.

<b>Priority for Disease control</b>
Cataract
Trachoma and other causes of corneal blindness
Refractive errors and low vision
Vitamin A Deficiency and Childhood blindness
_____
Glaucoma
Diabetic retinopathy

#### ***Cataract***

This is the commonest cause of blindness in the Region. The following were identified as key strategies to overcome cataract blindness:

- (1) Improve cataract surgical rate (CSR) in the region.
- (2) Improve quality/outcome of cataract surgery.

***Measures recommended***

- Lack of political commitment and understanding by the bureaucracy to be addressed by conducting an intercountry advocacy workshop.
- Address issues of lack of awareness and barriers by epidemiological assessment and appropriate interventions.
- Develop appropriate infrastructure and human resources to address needs.
- Self-monitoring systems to be advocated and promoted during residency training.

***Trachoma***

Trachoma exists in pockets in India, Myanmar and Nepal. The following strategies were recommended to control blindness from trachoma.

***Measures recommended***

- Rapid assessment for trachoma mapping.
- Advocacy to policy makers.
- Increase awareness of trachoma and its treatment in primary health care.
- Implementation of SAFE strategy.

***Childhood eye health***

The recommendations of WHO/IAPB workshop, held recently in Hyderabad, were adopted the in the following areas:

- Prevention/promotion at primary level
- Improve referral system
- Developing capacity for surgical treatment (ophthalmologists, nurses, anaesthetists).

### ***Low Vision***

Services were considered to be almost non-existent in the Region.

#### ***Measures recommended***

- Epidemiological assessment
- Training
- Creation of model centers
- Availability of low vision devices
- Low vision services to become an integral part of eye care services

The recently-formed Asia-Pacific group on low vision services will come up with the initial set of recommendations and priorities for the Region.

### ***Refractive errors***

- Develop models that can provide referral services at the community level
- Training of refractionists
- School screening

### ***Glaucoma and diabetic retinopathy***

The group concluded that the problem of glaucoma is underdiagnosed and diabetes is on the rise.

#### ***Measures recommended***

- Create public awareness for early detection and control
- Develop effective comprehensive service delivery models
- Eye camp services should include screening for glaucoma
- Measures to identify the size of the problem to be initiated

## **4.4 Human Resource Development**

Human resource development is an important component of VISION 2020. The need to review and suitably modify existing training programmes at all levels was emphasized by the participants. In this connection, training of mid-level eye care workers was greatly stressed.

### ***Increasing productivity of ophthalmologists***

Participants noted to their dismay that more than half of the ophthalmologists in many countries of the Region were not operating on cataracts and many were doing far less than what they could comfortably operate on. Suggestions were made to examine the barriers impeding the productivity of ophthalmologists.

### ***Team building***

Team building was considered a key element in HRH development policy. While achievements of individual professionals have been truly remarkable, the number of blind people in the world despite the plethora of health workers was considered to be a sad commentary on our health system. Team building is essential for concentrating efforts on the needs of the most needy as well as to increase the existing output. The details proposed by the group for the eye care team is as at Annex-4. In this connection, strong emphasis was laid on training a new cadre of workers for refractive services. Training opportunities, deployment and career ladders for these should be examined closely.

### ***Continuity of learning***

Education systems should be developed to respond to the life-long learning needs of the eye care workers. A critical review of graduate as well as residency programmes in ophthalmology was considered essential to realign them to the goals of VISION 2020.

### ***Standardization and accreditation***

The educational system currently in vogue left much to be desired. A strong need was felt to promote uniform curricula, education materials and duration of training. Methods for standardization and accreditation also needed to be put in place. The following actions were recommended:

- Review current status
- Review systems –duration, training, certification
- Set minimum basic standards

### ***Directory of Training Institutions***

The group was informed that IAPB is compiling a directory of training institutions as well as preparing an inventory of training materials.

### ***Priority areas for action***

The following were identified as priority regional projects for action:

- Examining productivity of ophthalmologists
- Examining barriers to team work
- Assessing current status with regard to number and distribution
- Examining capacity of existing training institutions as well as means to enhance their capacities.
- Explore feasibility of establishing new institutions.

### ***Leading institutions***

Following were identified as lead institutions for Inter-country project development for Human Resources:

- R.P. Centre, All India Institute of Medical Sciences, New Delhi, India
- L.V. Prasad Institute Hyderabad, India
- Aravind Eye Hospital, Madurai, India
- Public Health Institute, Korat, Thailand
- Primary Eye Care Training Centre, Sintgaing, Myanmar

- B.P. Koirala Lions Centre for Ophthalmic Studies, Kathmandu, Nepal
- Cipto Hospital, Jakarta, Indonesia
- National Institute of Ophthalmology, Dhaka, Bangladesh.

## **4.5 Infrastructure Development**

### ***Available models***

With regard to infrastructure development, the participants recognized the existence of a number of appropriate models for the delivery of cost-effective high quality, high volume eye care in a sustainable manner, in some countries of the Region. These models could be replicated with suitable adaptations.

### ***Refractive services***

The participants stressed the need to include refractive services and provision of spectacles as an integral part of eye care services. Participants also stressed the need to create a cadre of workers for refractive services with suitable career ladder for them.

### ***Low Vision services***

Participants expressed the view that there is an increasing need for low vision services as they were virtually non-existent in this Region. This should become an integral part of national programmes in a phased manner. There is paucity of information on the availability of low vision services in the Region. More information about low vision is needed. Also needed are, creation of model centres, provision of low vision services through

appropriate manufacture and distribution systems. The recently-formed Asia-Pacific group on low vision is expected to come up with the initial set of recommendations and priorities for the Region.

### ***Integration with primary health care***

The participants reiterated that this new concerted initiative should be based on the principle of delivering essential eye care as an integral part of primary health care and was not meant to be a vertical programme. Such an approach of integrated eye care delivery would permit intra and intersectoral collaboration and community participation so essential for sustainable national programme development. Many of the components in VISION 2020 also cut across a number of clusters and departments within WHO. This called for greater collaboration between the relevant teams, groups, departments and clusters.

### ***Quality Assurance***

The group felt that greater emphasis needs to be placed on quality assurance, through training, practice guidelines, quality monitoring and assessment. Ensuring quality should be a major thrust of Vision 2020 because in the past, poor quality services had often given a negative image of the eye care services. This is one of the reasons why even when services are available, they are not taken up because of poor quality.

### ***Financial self-sufficiency***

Several models of self-sufficient eye care delivery systems have been developed in the Region. Future efforts should concentrate on

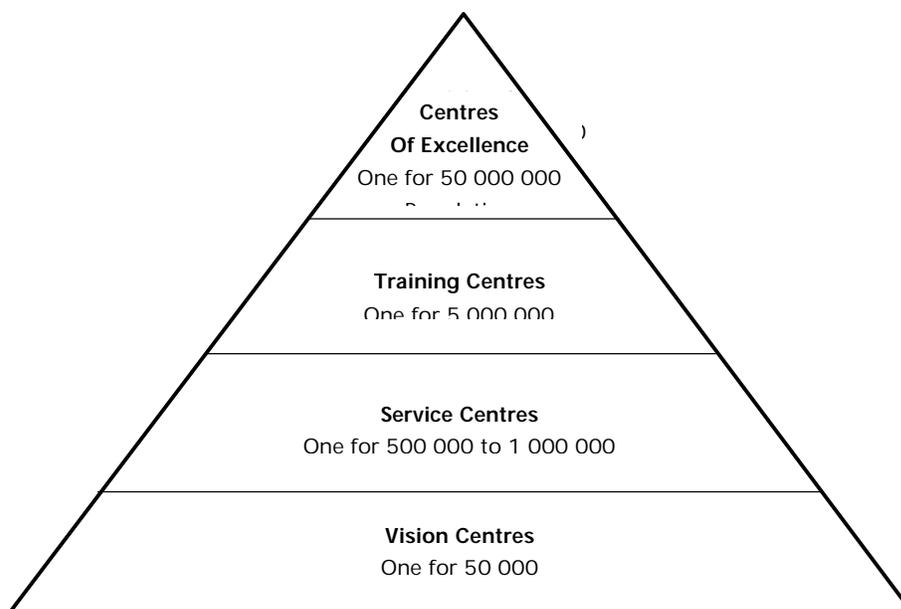
developing sustainable models without much dependence on external support. User fees may be considered appropriate. Quality eye care services will go a long way by enhancing willingness to pay.

### ***Technology, supplies and equipment***

The Region was considered to be self-sufficient in this regard in terms of the range and capacity. Governments, however, need to facilitate easy flow of goods between countries.

### ***Suggested Structure***

The following pyramidal structure was suggested for adoption by



the countries with suitable modification:

## **4.6 Monitoring and Evaluation**

The epidemiological and other data pertaining to prevention of blindness were still incomplete and inadequate for programme management and evaluation in a number of countries. There is a need to strengthen data management in all countries with adequate mechanisms for feedback to the various levels.

The group recommended the establishment of baseline status for disease control, human resources and infrastructure.

## **4.7 Resource Mobilization**

There is a lack of reliable economic data on the cost of blindness and the cost required to prevent or control blindness. That blindness prevention is among the most cost-effective of health interventions needs to be re-emphasized. The amount of resources needed for Vision 2020 will need to be worked out. Potential sources were identified as follows.

### ***Within SEARO***

- Different Technical Units/Departments
- ICP mechanism
- Country programmes

### ***Global Programme***

- Task Force
- Partnership Committee

### ***Other UN Agencies***

- UNICEF, FAO
- WFP, UNDP

***International Non-Government Development Organizations***

***Foundations, charities, religious organizations***

***Financial Institutions:***

***World Bank, ADB***

***Industry***

While additional resources are no doubt needed to address the needs envisaged for VISION 2020, participants expressed their views that in many situations, the available resources, both human and infrastructure, were inadequately and sometimes inappropriately used. The inappropriate deployment of trained ophthalmic personnel in positions where their knowledge and skills could not be fully utilized was a case in point. The converse that many qualified ophthalmologists wished to continue general practice rather than switch over to ophthalmic practice when suitable administrative arrangements were made also needed to be taken into account. Streamlining of management and greater accountability were also considered essential in this regard.

***Proposed action for the first year***

- (1) Establishment of RCG.
- (2) Convening of an Intercountry Meeting on Vision 2020 (Indonesia).

- (3) Review of programme status by each Member Country (RCG to develop a common format).
- (4) Review of NGO activities in the Region (INGOs and NNGOs).
- (5) Review of human resources at all levels.
- (6) Development of regional projects and exploration of funding.
- (7) Assessment of coverage, outputs and outcomes—RCG to provide tools and formats.

## **5. RECOMMENDATIONS**

The meeting made the following recommendations:

- (1) The adoption of VISION 2020 by the Region and Member States would require a coordinating mechanism in place to maximize inputs from the various partners. For this purpose, a Regional Coordination Group be set up at the regional level, with specific terms of reference.
- (2) Given the greater role that the WHO Regional Office would now have to play in such a coordinating mechanism, NCD Unit in SEAR be further strengthened by the appointment of full-time staff dedicated to the prevention of blindness.
- (3) As many of the components of VISION 2020 cut across various departments within WHO, a group consisting of relevant departments be constituted in the Regional Office.
- (4) While mobilizing resources to support new and more extended activities, there was an opportunity to optimally utilize the existing resources (human as well as infrastructure)

which were quite considerable in several countries. The under utilization of the present eye care services offered by many facilities indicated that various financial and non-financial barriers existed that need to be studied and overcome. For this purpose, SEARO should undertake operations research to identify and overcome the barriers.

- (5) The political commitment of some Member countries to prevention of blindness in the past was available, while this was lacking in some other countries. SEAR should undertake to develop 'Advocacy materials' and assist the needy countries in organizing "Advocacy Workshops".
- (6) SEARO should continue to expand and intensify its initiatives for data collection from Member Countries for policy development and effective programme planning and monitoring. This should include information on all categories of human resources, infrastructure and technology as well as disease burden.
- (7) The participants agreed in principle to the development of project proposals under VISION 2020 and recommended the following proposals for submission to the IAPB Task Force for funding:
  - Managerial training in eye care delivery including middle-level workers;
  - Pilot project for the manufacture of affordable (low cost) optical devices;
  - Training of "teams" in paediatric eye surgery.

## Annex 1

### LIST OF PARTICIPANTS

#### **BANGLADESH**

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#### **INTERNATIONAL NON-GOVERNMENTAL ORGANIZATIONS AND DONOR AGENCIES**

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**WHO SECRETARIAT**

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WHO/HQ

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## **Annex 2**

### **PROGRAMME**

#### **Tuesday, 28 September 1999**

- |             |   |
|-------------|---|
| 0830 - 0850 | Registration of participants  |
| 0900 - 0945 | Inaugural session   |
| 1000 - 1230 | Plenary session <ul style="list-style-type: none"><li>• Global Blindness Status and Progress on Prevention of Blindness<ul style="list-style-type: none"><li>– Dr S. Resnikoff, WHO/HQ</li><li>– Dr G.N. Rao, IAPB</li></ul></li><li>• Status of Blindness and Progress in the South-East Asia Region<ul style="list-style-type: none"><li>– Dr Sawat Ramaboot, WHO/SEARO</li><li>– Mr R.D. Thulasiraj, IAPB, South-East Asia</li></ul></li><li>• Country Presentations: Bangladesh, India and Indonesia</li><li>• Discussion</li></ul> |
| 1400 - 1630 | Plenary session <ul style="list-style-type: none"><li>• Role of International Non-governmental Organizations</li><li>• Vision 2020 – Strategic plans and Technical Cooperation with member countries: Dr R. Pararajasegaram, WHO/HQ</li></ul>   |

**Wednesday, 29 September 1999**

0900 - 1230            Group Work on Drafting Regional Strategy for Vision 2020.

1400 - 1630            Group Work (continued)

**Thursday, 30 September 1999**

1000 - 1200            Plenary Session

- Recommend Regional Plan of Action 2020
- Closing

1200 - 1300            Press conference and Launching of Regional Vision 2020

## **Annex 3**

### **PROPOSED REGIONAL COORDINATION GROUP**

#### **Composition**

National focal points (10)  
WHO (NCD/PBD)  
IAPB Regional Chair  
Member INGOs of IAPB Task Force  
WHO Collaborating Centres (PBL)  
Plus? World Bank, DANIDA, DFID

#### **Chair**

INGOS by rotation for two years.

#### **Secretary**

Chairman of Regional IAPB

#### **Secretariat**

Regional IAPB Secretariat (now at Aravind Eye Hospital, Madurai).

#### **Channel of communication**

From Secretary of RCG to Secretaries of National Committees.

#### **Terms of Reference**

- Coordination
- Review meetings at regional level
- Advocacy
- Resource mobilization
- Regional projects and initiatives
- Documentation and dissemination of information
- Develop guidelines

**Annex 4**

**PROPOSED EYE CARE TEAM**

(1) Ophthalmology Technician	1 per 50 000 population
(2) Ophthalmologist)	1 per 50 000 to 100 000 population
(3) Eye care manager	1 per programme
(4) Ophthalmic Nurse	1 per 50,000 population
(5) Patient counsellors	2 per programme
(6) Instrument Maintenance Technician – Bio Medical	1 per programme
(7) Administrative Assistant	1 per programme