

VISION 2020

*Report of the Expert Group Meeting
New Delhi, India, 19–20 December 2007*



**World Health
Organization**

Regional Office for South-East Asia

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1. Introduction

“VISION 2020: The Right to Sight”-jointly launched by WHO and the International Agency for the Prevention of Blindness (IAPB) in 1999 as a global initiative-provides technical support to Member States of the WHO South-East Asia Region in scaling up efforts for the prevention of blindness and promoting advocacy for the right to sight worldwide. Most Member countries have adopted the goal of this global initiative, i.e. to eliminate avoidable blindness by the year 2020 by establishing sustainable, comprehensive eye health-care systems as an integral part of every national health system.

At the national level, a strong partnership among the Ministry of Health with other health-related ministries, national and international nongovernmental organizations (NGOs), professional organizations and civil society together implement the VISION 2020: Prevention of Blindness Programme under the guidance of a national coordinating committee.

To review progress and promote further strengthening of VISION 2020 programmes, the WHO Regional Office for South-East Asia convened a meeting of experts on VISION 2020 at the Regional Office in New Delhi on 19-20 December 2007. The experts included national programme managers and senior ophthalmologists from six countries of the Region, including the President of IAPB and the SEA Regional Chairperson of IAPB. Preceding this meeting, WHO/SEARO conducted a rapid situation analysis using literature review of available reports and documentation in addition to a questionnaire survey.

2. Objectives and expected outcome

2.1 Objectives

The following were the objectives of the meeting:

- (1) To review the situation in the Region;
- (2) To consult experts for their recommendations towards overcoming identified issues; and
- (3) To draft a regional policy that ensures successful implementation of the programme in each country.

2.2 Expected outcomes

- (1) Identifying the enabling factors for successful implementation of the programme in each country from the situation analysis, and at the Regional level.
- (2) Reviewing the existing strategic framework for VISION 2020 in the Region and recommending changes towards ensuring the successful implementation of the programme in the SEA Region.
- (3) Incorporating inputs from experts from the Region into the strategic framework for 2008-2015.

3. Inauguration

The Deputy Regional Director, Dr Poonam K. Singh, opened the meeting by delivering the message of the Regional Director, outlined the status of blindness control programmes in the Region, and elaborated on the challenges faced given the multiple partnerships across diverse settings and varying programme needs.

After the formal welcome of the participants, a round of self-introductions was completed, and the agenda for the meeting ratified by the group. Dr Tun Aung Kyaw (Myanmar) was nominated as moderator for agenda item 2, Dr Madan Upadhyay (Nepal) for agenda item 3, and Dr Watanee Jenchitr (Thailand) for agenda item 4.

4. Review of current and future scenario of VISION 2020: The Right to Sight

4.1 Regional overview

Dr Chamaiparn Santikarn, Regional Adviser, Injury, disability prevention and rehabilitation, World Health Organization, South-East Asia Regional Office, presented an overview of blindness prevention in the Region. She recounted the resolutions at different World Health Assemblies [WHA resolutions 22.29, 25.55 and 28.54 on blindness, WHA 45.10 on disability prevention and rehabilitation, WHA 51.11 on global elimination of trachoma and WHA 56.26 on elimination of avoidable blindness] and provided details of the two latest ones, WHA 56.26 and WHA 59.25, which served as background documents for this meeting.

The conclusions and recommendations of the fifty-third Session of the Regional Committee for South-East Asia in September 2000 were also recounted. It had been agreed at that Regional Committee session that human resources programmes in Member countries needed to be strengthened and made more comprehensive to attract greater participation of paramedical personnel. It had been noted that the Regional Strategy on VISION 2020 would be implemented in a phased manner, and that most countries accorded high priority to the prevention of blindness as is revealed by the number of cataract surgeries that are being performed. Suggestions including eminent ophthalmologists in the Regional Coordination Group that had been recently constituted by WHO, and of WHO supporting training for general practitioners in cataract surgery where necessary under the supervision of ophthalmologists to ensure quality and safety aspects. Further observations from the meeting of 2000 that were made were intercountry technical cooperation could be coordinated towards the production of high-quality intraocular lenses locally; the example of some countries in successfully introducing blindness prevention programme by utilizing the existing PHC infrastructure; and the key role played by local and international NGOs which was lauded. It was recognized that unintentional injuries and cataract increasingly contributed to the number of persons with visual impairment, and

that the commitment of professionals and paramedical personnel, and community participation were essential for the success of the programme. The resolution was adopted as SEA/RC53/R8.

In January 2006 the VISION 2020 Monitoring Committee met at Geneva for an overview of VISION 2020 implementation over the period 1998 to 2005, and to analyse the regional and global situation vis-a-vis achievements, opportunities, weaknesses and limitations. The findings of this meeting were summarized, and the proposed global agenda for raising the profile of VISION 2020 included a comprehensive mapping to ensure the inclusion of all stakeholders, that VISION 2020 is linked to disability, socioeconomic and development agendas, and customizing messages directed to specific audiences.

Further, the situation at the Regional Office was clarified, wherein the Disability, Injury Prevention and Rehabilitation (DPR) technical unit handles the issues of:

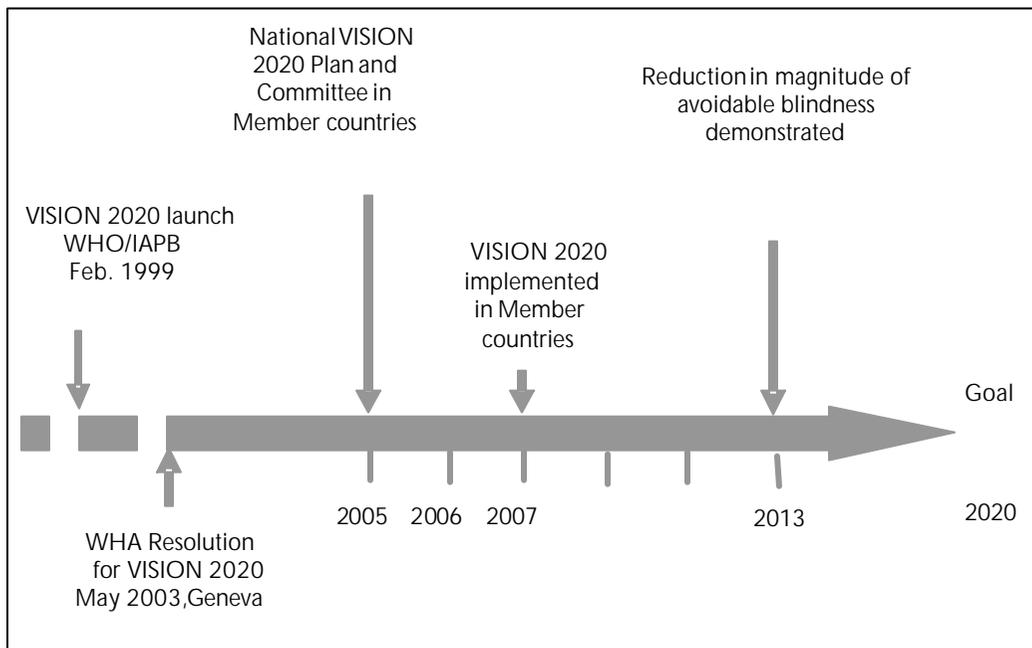
- (1) Injury prevention [all transport injuries, especially road traffic injuries, drowning, falls, burns, violence (suicide, assault) and acute trauma care (pre-hospital, hospital)];
- (2) Disability prevention and rehabilitation, including deafness/speech disability, physical impairment and mobility disability, intellectual disability and blindness; and
- (3) Community-based rehabilitation and institution-based rehabilitation.

At the core of the unit is the Regional Adviser perceiving extensive experience and expertise in injury epidemiology and prevention, and one secretary, working with a “zero” budget at Regional Office. The source of money for blindness prevention at the country level could be deployed subject to MOH prioritization in each country.

Recently in SEARO, an ophthalmologist with experience in community eye health was recruited, with extra-budgetary funds received, to conduct a situation analysis from November 2007. The situation analysis forms the working paper for this meeting, along with the existing Strategic Framework, both of which will be reviewed and used to draft a strategic framework for the Region

for the period 2008 to 2015 using the inputs and recommendations of experts gathered at this meeting to ensure the successful implementation of a viable and sustainable VISION 2020 programme for each Member country. The targets and timeline for VISION 2020 for the SEA Region were presented for consideration by the experts. This is depicted in figure 1.

Figure 1: Targets and timeline for VISION 2020 at the SEA Regional Office



4.2 National programmes

Situation analysis: Dr Noela Marie Prasad, Temporary International Professional, DPR/SEARO, presented to the group the following:

Rationale

Though data from recent surveys on the prevalence of blindness in the Region has not been reported/collated through existing WHO extrapolations on the pooled estimates, it is estimated that 75 to 80% of all cases of blindness is due to avoidable causes

(2002). A situation analysis was, therefore, undertaken to provide updated baseline information prior to further strategic planning.

Objectives

The goal of conducting a situation analysis was to provide an update on the current scenario of visual disability and rehabilitation, including VISION 2020, in countries of the South-East Asia Region. The specific objectives were:

- to ascertain the prevalence and pattern of morbidity related to blindness and visual impairment in Member countries;
- to document the infrastructure and human resources deployed in the field of control of blindness, and to record the strategies employed for control of WHO and VISION 2020 priority eye diseases;
- to confirm the status of the programme with regard to development and implementation of a VISION 2020 national plan;
- to assess the strengths and weaknesses of the current programme, and to thereby obtain viable suggestions and recommendations for successful implementation of sustainable programmes in each country.

Methodology

The methodology adopted was fact-finding from national reports and a questionnaire survey. The survey instruments were framed so as to assess compliance of programmes being implemented for eye health in Member countries with VISION 2020 objectives and targets. The International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10): H54 (9) definitions for visual impairment, low vision and blindness were followed.

Phase 1 questionnaire was developed to provide information on magnitude of disability, causes, policy and legislation, disease control strategies, human resources, infrastructure, community participation, and programme management of VISION 2020 and eye health programmes in Member countries.

The second phase questionnaire covered the strengths of the programme and how these could be sustained or enhanced, and information regarding the weaknesses with suggestions on how these can be overcome, while requesting recommendations for programme sustainability.

Results

Ten out of the 11 countries had responded to the questionnaire. Prevalence studies had been conducted in various sample populations using different methodologies, therefore precluding pooling of estimates.

- Rapid assessments of cataract surgical services or of avoidable blindness reported prevalence of blindness between 3% and 4.03% in the population over 50 years of age; one study in people over 40 years of age found a prevalence of 4.1%, and surveys that included people of all ages report prevalence of blindness to be 0.5% to 0.8%. Assessments in the Region among people 40 years of age or older reported prevalence of visual impairment as high as 25.1% in Timor-Leste to less than 8% in Indonesia. Prevalence in the general population was 21.63% in DPR Korea and 1.11% in Thailand.
- The major cause of blindness is cataract; causes of visual impairment include uncorrected refractive errors and low vision. Corneal injury and ulcers, childhood blindness from vitamin A deficiency, glaucoma, diabetic retinopathy, and age-related macular degeneration also contribute to avoidable blindness.
- Infrastructure at the apex (tertiary care facilities) is stronger than at the base of the pyramid, and integrated services delivery at the primary level is poorly implemented in most countries. Inadequate training facilities and lack of trained manpower remain a challenge.
- VISION 2020 national plans have been developed and implementation has commenced in all countries except Maldives.
- The areas of strength expressed by some, but not generally applicable to all countries, included the

availability of low-cost equipment and consumables for improving eye sight and preventing blinding conditions; strong political and increasing financial commitment to the national programmes; good integration of primary eye care within existing national primary health-care service systems; coordination with and strong support by other sectors in expanding primary eye care; evolving a strong research infrastructure that supports the effective implementation of various public health interventions, and the availability of human resource training facilities. The existing mechanism for programme management, monitoring mechanisms and coordination at the national level is weak in some countries.

Country profiles were then summarized as in the table below:

	Total population (year)	Children =15 years of age (%)	Elderly =40 years of age (%)	V2020 plan developed	Implementation of plan since	Cataract Surgical Rate (CSR) per million Population (year)
Bangladesh	140 000 000 (2005)	38%	21.6%	Yes	18 June 2005	1000 (2006)
Bhutan	637 000 (2005)	33%	21.9%	Yes	27 July 2000	1905 (2006)
DPR Korea	23 610 000 (2005)	26%	36.8%	Yes	August 2005	Data not available
India	1 097 000 000 (2005)	35%	26.5%	Yes	2001	4550 (2006-2007)
Indonesia	222 050 000 (2006)	28%	28.9%	Yes	14 October 2003	Data not available
Maldives	298 842 (2006)	33%	17.3%	No	–	Data not available
Myanmar	55 400 000 (2005-2006)	33%	28.9%	Yes	October 2000	853 (2007)
Nepal	25 800 000 (2006)	39%	20%	Yes	September 2001	2100 (2006)
Sri Lanka	19 670 000 (2005)	25%	34.8%	Yes	Data not available	Data not available
Thailand	62 800 000 (2006)	22%	37.4%	Yes	10 May 2000	2388 (2006)
Timor Leste	1 015 187 (2004)	45%	22.5%	Yes	2007	15 000 surgeries since 2000

The observations of the Expert Group following a review of the situation analysis and after sharing their experiences from national, regional and global perspectives are summarized briefly below. However, the strengths of successfully implemented national VISION 2020 programmes that have been stated below are based on the information received from some countries and the general observations of the experts, and thus may not be generalized for all Member countries in the Region.

- Increasing availability of low-cost equipment and consumables has accelerated efforts at improving eyesight and preventing blindness.
- Countries which have successful programmes are evolving strong research infrastructure so as to provide evidence to support effective implementation of various public health interventions in order to scale up VISION 2020 programmes.
- There is a strong political commitment and increasing investment to the national programmes in the recent past.
- Countries with good national primary health-care service systems have found this beneficial when attempting to integrate primary eye care within the existing system.
- Strong coordination with and support by other sectors facilitates the intensification of primary eye care.
- The availability of training facilities for the training of trainers and the primary eye care workforce.

The challenges that need to be resolved, especially in some countries where the programme needs to be intensified so as to ensure successful implementation of VISION 2020, include the following issues:

- Some countries, especially the least developed ones, are still trying to cope with affordability and inadequate accessibility to primary eye-care services.
- The Expert Group felt that there is an inadequate utilization of subsidized primary eye-care services by the

- population. Many are not even aware that such services are available can be easily accessed.
- Competing priorities for health-care resources is an impediment to the expansion of facilities and human resources for primary eye care. There is also an inequitable distribution of existing eye-care infrastructure and resources, with relative neglect of primary eye care.
 - In some, there is inadequate financial support for a sustainable nation-wide VISION 2020 programme, since implementation has been reliant on external resources.
 - There is an inadequate and inequitable ratio of trained primary eye care human resources to the population in need of such resources.
 - A few countries have not yet fully implemented the national VISION 2020 programme, due to inadequate coordination of the programme at both the regional and national levels.
 - Information on eye-care services that is required for effective planning and allocation of resources is inadequate, especially regarding primary eye care.
 - There is lack of awareness in the general population with regard to available preventive interventions for eye health, and of relevant simple and effective eye-care services.
 - A majority of potential beneficiaries, especially those from remote locations, have poor access to essential medicines, equipment and consumables, public health interventions and centres providing basic health care due to transportation and communication difficulties.
 - There is poor community ownership of the VISION 2020 programme, and inadequate intersectoral and interdisciplinary collaboration.
 - In the education sector, there is a need to set the basic minimum or optimal standards of primary eye care, and education on eye health within and among the countries of the Region.

Recommendations

Though the planning and ratification phase appears to be on track, plans for the implementation of VISION 2020 lag behind in spite of most countries having in place a national coordinating body for the implementation of the VISION 2020 programme. The recommendations in this regard are:

- Improving the referral and feedback system, and ongoing assessment of the impact of interventions on the visual status and quality of life of the beneficiaries are essential for planning towards the optimization of service utilization.
- Most services are delivered with the top-down approach and focus on secondary- or tertiary-level care; it is essential to foster community ownership through primary eye care leading to programme sustainability. Interventions and strategies for disease control should be periodically reviewed for relevance and effectiveness based on current evidence.
- Rapid assessments of avoidable blindness (RAAB), preferably on the population aged 40 years of age and above, may be conducted in countries where no recent survey of visual impairment or blindness has been conducted. This can also be repeated periodically in all SEA Region Member States if no other representative national survey is planned, so as to generate evidence from reports of scientifically rigorous and representative population-based surveys of visual impairment and/or blindness in countries of the Region. A valid inventory of centers and persons with relevant technical expertise and of products should be developed and revised every year by the MoH focal person / unit.
- Training of human resources for eye care should be comparable across Member countries, with accreditation of training and clear career paths for all levels of professionals.

- A broader consideration of health care financing is required in view of the inequity and access problems for poorer populations.
- Priority technical assistance should be provided to Maldives for developing and commencing implementation of a national VISION 2020 plan, and to Indonesia for planning to take measures that reduce its burden of avoidable blindness in an effective manner. Coordination with the NGOs working in Timor-Leste should be the first step towards developing local infrastructure and training human resources in the country.

The Expert Group also observed that there could be some limitations of the situation analysis as above, which could be as follows:

- Most national programmes are not adopting and using the available monitoring and evaluation tools developed by WHO and IAPB, and this was an impediment to conducting a systematic rapid assessment.
- The majority of the information for situation analysis on national programmes was collated from sources other than national reports, because a national database was not available and neither did national data coordinators/programme managers have the data at hand.
- There was information on some successful programme experiences of public health interventions that are effective as pilot projects or when implemented in a small area, but there is not much evidence on their effectiveness and utility when used on a mass scale.
- Evidence to support the magnitude of the problem, on the deployment of resources and on coverage/utilization of services was also incomplete.

4.3 Global perspective (IAPB)

The International Agency for Prevention of Blindness (IAPB) Chairperson for the South-East Asia Region, Dr Rabiul Husain, presented the information on the global status of VISION 2020 programmes that was previously presented at the 2006 review meeting in Geneva of the VISION 2020 monitoring committee. The background document for this presentation was the IAPB publication, "State of the World's Sight-VISION 2020: The Right To Sight, 1999-2005".

5. Review of the Strategic Plan for VISION 2020: The Right to Sight: Elimination of avoidable blindness in the South-East Asia Region

The Expert Group concluded that in order to scale up effective, sustainable and comprehensive eye health care through expansion and intensification of VISION 2020: the Right to Sight in the Region for the period 2008-2015, the following broad framework of strategies needs to be adopted by the Member States and WHO in collaboration with its partners.

- Accelerating and intensifying an integrated approach for VISION 2020, to reduce avoidable blindness through strengthening the primary eye health-care workforce, improving basic health infrastructure and adopting available simple, relevant and cost-effective technology at various levels within existing national health systems while maintaining autonomy of primary eye health programmes.
- Advocacy for promoting VISION 2020 by strengthening the health information base among various levels of health functionaries, especially regarding public health interventions for the population, through collecting and documenting experience on successful eye health-care interventions in order to facilitate evidence-based policies and strategies in support of VISION 2020.

- Enhancing partnerships within and among countries, national centres of excellence and WHO collaborating centres, professional organizations, financial institutions, and between national and international nongovernmental organizations and WHO to mobilize additional resources for intensifying VISION 2020.
- Improving the coordination at the regional, intercountry and national levels, strengthening existing national VISION 2020 entities by empowering them and ensuring that they are provided adequate resources to discharge their responsibilities.

6. Development of the Medium-term Regional Strategic Plan 2008-2015

The prime focus of the Regional Strategic Framework is to ensure the implementation of the WHO-resolutions-WHA56.26 and WHA59.25 – at the regional and national levels. In order to achieve this, it is essential that:

- (1) The coordination mechanism at the WHO Regional Office in South-East Asia and the appropriate staff and unit to be responsible for such coordination should be strengthened. A debate on this subject could be initiated at the next session of the Regional Committee with a recommendation to pass a resolution to implement this through creating a staff position at the WHO Regional Office in South-East Asia for the prevention of blindness and other disabilities.

An alternative mechanism of coordination that was proposed was to revitalize the Regional Coordination Group formed in 2001 so as to work through a virtual network. The group would be responsible for initiating regional and intercountry activities, supporting national programmes, and maintaining databases and the information system, and could work with the support of WHO collaborating centres and national centres of expertise. Their meetings with the WHO collaborating centres and national centres of expertise

could be conducted along with other events, such as the meetings of IAPB regional assemblies, by piggybacking the annual and biannual meetings, conferences, seminars and training workshops of eye health professionals, or any other forums where personnel responsible for national and international VISION 2020 programmes congregate.

- (2) The Ministry of Health in each Member State should have a dedicated unit or section for VISION 2020, preferably headed by a senior eye health professional, to strengthen coordination and the monitoring of national VISION 2020 programmes.
- (3) There is a need for increased investment in comprehensive eye health care, especially to intensify primary eye-care services by utilizing public, private and even external (in some countries) sources of funding.
- (4) Professional societies involved in eye health care should be urged to pass resolutions endorsing VISION 2020 programmes with their full support and a commitment to expanding eye health programmes.
- (5) In order to generate Public Awareness, eye health promotion efforts need to be intensified through inter-disciplinary and cross-speciality collaboration. Promotion of eye health as part of general health promotion activities and its inclusion in school curricula should be advocated so as to induce a behavioural change among all stakeholders. National focal persons/units have to be assigned the responsibility of coordinating strategies and deploying resources and material for the promotion of eye health. Advocacy would be required to place emphasis on major sight-threatening eye conditions and, therefore, expand the scope of programmes which are cataract-centric.
- (6) A review of published literature and reports of scientifically rigorous and representative, population-based surveys of visual impairment and/or blindness in countries of the Region are necessary to develop and share reliable evidence-based information. In this regard, rapid assessments of avoidable blindness (RAAB) advocated by WHO and IAPB should be

conducted in some countries where no recent information on visual impairment or blindness is available. RAAB may also be repeated in some Member States every five to ten years if no other representative national surveys are planned. However, since almost all countries of the Region report a high prevalence of blinding cataracts in a younger population aged between 40 and 50 years, due consideration to selection of the sample population should be made while planning the survey rather than following the norm of using a cut-off age of 50 years.

- (7) To provide documentation and enhance regional monitoring it was proposed that regional and national information systems based on the indicators selected for monitoring national VISION 2020 plans should be established. These systems would provide evidence to guide policy and decision-making. The purpose would be better served if the information systems of the respective countries use a common platform so as to provide updated information at the regional level.
- (8) A valid and comprehensive inventory of national centres and persons with relevant skills and technical expertise on VISION 2020 should be developed on the basis of predetermined parameters in each country. This inventory must be updated regularly by the unit for eye health within the Ministry of Health and by the Regional Focal Point. It is suggested that the existing regional directory of training institutions which is the database for all profiles of educational institutions and WHO CCs maintained by the Education and Training (ETS) unit of WHO/SEARO and the database on the network of National Centres of Expertise maintained by the WHO country offices could be updated to include all eye health institutions.
- (9) There is also a need to regularly update the database on eye-care service-providers and manufacturers.
 - The responsibility for gathering and collating this information initially could be placed with the national eye health focal persons/units within the ministries of health.

The database can then be indexed and maintained at the regional level.

- A system for feedback, review and validation of the information in the database should be in place so as to maintain data authenticity.
- Deciding on relevant indicators can be facilitated by using the document “A framework and indicators for monitoring VISION 2020: The Right to Sight, the Global Initiative for the Elimination of Avoidable Blindness”¹. The variables regarding the kind of data that needs to be gathered, the sources of this data as well as the required reports to be generated at each level and the frequency of such reports could be developed by a technical advisory group at the country level in consultation with the regional coordinating group. The information system may be developed, pre-tested and piloted in a single district or province prior to validation and finalizing an enterprise application for use at the national and regional level.
- Guidelines on standards and the best practices of public health interventions are available and regularly updated from the American Academy of Ophthalmology², the International Council of Ophthalmology³, and the Cochrane Eyes and Vision Group⁴. These guides that provide systematic reviews on evidence on eye health care could be modified and adopted wherever necessary, and the process of developing national guidelines and standards should be initiated where none exist.
- Training of human resources for eye health care should be comparable across Member countries. It was emphasized that the existing curricula and objectives of teaching and learning experiences, and competency

¹ <http://ftp.who.int/nmh/Blindness-Library/EN/Blindness/PDFdocs/03-92.pdf>

² <http://one.ao.org/SearchResults.aspx?q=Preferred%20Practice%20Patterns&t=o>

³ <http://www.icoph.org/guide/guidelist.html>

⁴ <http://www.cochrane.org/reviews/en/topics/63.html>

assessment methods on eye health, should be documented and shared as a first step towards accreditation of the training and for facilitating clear career paths for all levels of professionals.

- A broader consideration must be given to increasing investment in eye health in view of inequitable accessibility to primary eye care by the poorer actions of the population in some countries, especially those which rely on out-of-pocket payments for health care.

7. Conclusions and recommendations

7.1 Conclusions

The overall situation over the past five years has seen no drastic change, so efforts of the VISION 2020 initiative need to be strengthened, enhanced and better coordinated to address the major causes of blindness. While some countries are able to achieve good results, a few others need to accelerate their efforts to meet the goal of VISION 2020. Most of national VISION 2020 programmes thus far had been implemented through the support of multilateral and bilateral agencies as well as international NGOs, and it is time for the governments to regain ownership and ensure programme sustainability.

7.2 Recommendations

The Expert Group proposes the following recommendations from the meeting to the WHO Regional Office for South-East Asia (SEARO), the International Agency for the Prevention of Blindness (IAPB) and Member States:

WHO SEARO

- (1) WHO SEARO should accord the prevention of blindness and the VISION 2020 programme, a high priority in fulfillment of the resolutions adopted by successive sessions of the World

Health Assembly and the Regional Committee, and to integrate them within relevant strategic objectives of the WHO Medium-term Strategic Plan for 2008-2013 and the Programme Budget for 2008-2009 and successive ones; for effective planning and implementation both at the regional and national levels.

- (2) To advance and intensify the VISION 2020 programmes in the Region, the Expert Group strongly recommended that the Regional Director to establish a full-time Professional staff position at the Regional Office to effectively manage and coordinate VISION 2020 programmes and eye health in the Region, who may also take care of other disability prevention and rehabilitation issues. The Expert Group acknowledged gratefully the commitment of the IAPB in the matter of placing a Professional staff at WHO SEARO.
- (3) The WHO Regional Office, in collaboration with IAPB and WHO collaborating centres, should update and disseminate advocacy material on eye health that will feature relevant evidence from the Region.
- (4) The national health administrations and WHO should periodically review and update the status of implementation of VISION 2020 in the Region as a guide for Member States and WHO, and should strengthen the regional VISION 2020 coordination mechanism by having a Regional Committee resolution to this effect.

International Agency for the Prevention of Blindness (IAPB)

- (1) The Expert Group recommends WHO and IAPB to set up a system for regular and effective communication in addition to having annual physical meetings, and to send out common messages of both agencies to all relevant forums including political and donor agencies, health professionals and the public.

Member countries

- (1) Member countries should strengthen the existing national focal unit(s) or division(s) responsible for national eye health and VISION 2020 within the ministries of health, headed preferably by a senior eye health professional (or establish such a post/unit if one currently does not exist) and to provide sufficient resource support for this focal unit to function efficiently.

Annex 1

Text of inaugural message by Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia Region

(Delivered by Dr Poonam K. Singh, Deputy Regional Director)

There are over 12 million blind people in this Region, and many more with low vision. The blind in the world are among the poorest; many of them are women and people belonging to marginalized and vulnerable groups.

Blindness is not only disabling but economically crippling and available evidence clearly shows that blind people die earlier than those with sight. What compounds the tragedy is that about 90 per cent of visual impairment is avoidable because it results from conditions that can be prevented or cured. The global cost of neglecting action to reduce blindness has been estimated at \$25 billion annually due to lost productivity; the figure is three times higher if the cost of rehabilitation and care-givers is included.

WHO acknowledges sight as a fundamental right no human being should be denied. VISION 2020: The Right to Sight is the partnership of international agencies that work closely together with Member countries of the World Health Organization and other UN agencies. Strategies to help achieve our goal of eliminating avoidable blindness are control of the major causes of blindness, development of human resources; upgrading infrastructure and deploying appropriate technology, through advocacy and community participation.

The challenge before us is mounting though it is evident that efforts to impede the projected doubling of the number of blind people globally by the year 2020 have seen some success. Effective health intervention measures have successfully reduced mortality, allowing more people to live into old age, resulting in a population that is more vulnerable to disabilities such as

blindness. We need to keep this at the top of our minds as we prioritize needs, plan our strategies, and work towards mobilizing and allocating resources.

We also have to take a critical look at what we have been doing thus far. We have known for over a decade that a cataract surgery requires no more than 15 dollars to restore sight, that trachoma blindness can be prevented at a cost of less than three dollars per person, and that less than sixty cents worth of vitamin A capsules are sufficient to prevent a child becoming blind from xerophthalmia. Yet, despite advances in cataract surgery and in the intra-ocular lenses we use, we have found a number of people are blind after having undergone cataract surgery in the past. And many remain blind or severely visually impaired for the lack of simple optical devices like glasses, costing no more than five dollars.

Knowledge has progressed but its utility to potential beneficiaries has lagged behind dismally. In fact, we still have much to do in making a good assessment of what we are facing. The figures we use come from surveys that differ in design and methodology, thus limiting comparability and pooling of estimates. For example, the exact magnitude of blindness from uncorrected refractive errors is not known, but we do know that the problem is sufficiently big to indicate the failure of our health care systems. We need to be better informed to formulate more evidence-based policies.

Blindness is not merely a medical issue, but rather a developmental issue with social and economic ramifications. Blindness is increasing rapidly though we have the medical knowledge to combat it and the costs of disease prevention and cure is modest. To overcome the problem we will need to recognize that political, social, financial and professional commitment is necessary. Political commitment is needed at all levels from national capitals to the regional and district headquarters and to the remotest villages. The political leadership must be encouraged to change their mindset and view blindness prevention as a developmental issue rather than just another health intervention. The bottom-up approach of primary health

care offers the best way of achieving this is by empowering society to ensure that political agendas include felt needs.

Financial commitment must follow, and planners have to strive to do more with fewer resources. For every dollar spent on eye care, the return is at least 20% above the amount invested. The cost of prevention and control of blindness is many times less than the cost countries pay in lost productivity and for rehabilitation of the blind. Committing additional resources for blindness prevention activities should therefore be treated as an investment with high returns.

As health professionals, we face yet another challenge. Can we remain content with providing the best care for the few, or should we endeavour to provide good care for the many? This could be made possible with the understanding and cooperation of ophthalmologists. Yet, there are millions who remain blind or visually impaired because the ophthalmologists are reluctant to let other eye care workers manage a part of the process of providing care. This reluctance probably stems from their concern for the quality of care, and undoubtedly, we must provide the best available services; but how will that be realized when half of the existing ophthalmologists in many countries do not operate on cataracts, and many trained ophthalmologists are doing general practice rather than eye care? Further, there is a concentration of eye care services in large urban areas, whereas the majority of our population lives in rural areas. These issues and the moral and legal implications would only be resolved by keeping in mind that we cannot let "best" be the enemy of "good". A change of mindset is needed, to widen our perspective to tackle realities and make a positive impact on the lives of millions who need our help.

SEARO developed a strategy for the Region in 2000, and progress has been made in assessing human resources, in defining the group of mid-level ophthalmic professionals at regional level and assisting the launch of VISION 2020: The Right to Sight in each Member country. Now almost a decade later, we are planning how to move forward by developing a good network for data collection, a management information system and better coordination. A Regional Coordination Group has been created to

facilitate greater cooperation and collaboration among all partners, but unfortunately, it has not had the intended impact. We must use the lessons from experiences such as this to try to do things differently. To do things right demands working harder, risking more, improving more and being totally accountable for the outcome. The interests of the programme should prevail over the interests of individual partners as we work collectively towards the common goal.

With a changed mindset, we can responsibly use this opportunity to restore a fundamental human right to our citizens: the Right to Sight. Let me assure you that WHO remains deeply committed to prevention of blindness in the Region, and I am confident that the deliberations at this Expert Group Meeting will prepare the map that will guide us towards the goal of VISION 2020.

Annex 2

Agenda

- (1) Inauguration
- (2) Review of current and future scenario of VISION 2020: The Right to Sight
 - (a) Regional overview
 - (b) National programme
 - (c) Global perspective (IAPB)
- (3) Review of strategic plan for VISION 2020: The Right to Sight, Elimination of avoidable blindness in the South-East Asia Region
- (4) Development of Medium-term Regional Strategic Plan 2008-2015
- (5) Recommendations and conclusions
- (6) Closure

Annex 3

Programme

Wednesday, 19 December 2007

- 08:30 – 09:00 Registration
- 09:00 – 09:30 **Agenda Item 1: Inauguration**
- 10:00 – 12:30 **Agenda Item 2: Review of the current and future scenario of Vision 2020: The Right to Sight**
- 10:00 – 10:15 a) Regional overview *Dr Chamaiparn*
- 10:15 – 11:00 b) National programmes *Dr Noela Prasad*
- 11:00 – 11:15 c) Global perspective - IAPB *Dr Rabiul Husain*
- 11:15 – 12:30 Discussion of current situation to identify strengths and weaknesses of blindness control programmes
Moderator: *Dr Tun Aung Kyaw*
- 13:30 – 17:00 **Agenda Item 3: Review of Strategic Plan for VISION 2020: The Right to Sight - Elimination of avoidable blindness in the South-East Asia Region**
- 13:30 – 14:30 Discussion and consensus on reduction of disease burden
- 14:30 – 15:30 Discussion and consensus on infrastructure and technology
Moderator: *Dr Madan P Upadhyay*
- 15:45 – 16:15 Discussion and consensus on strengthening human resources for health
- 16:15 – 16:45 Discussion and consensus on development of a regional coordination mechanism
- 16:45 – 17:00 Discussion and consensus on advocacy

Thursday, 20 December 2006

- 09:00 – 16:15 **Agenda Item 4: Development of Medium-term Regional Strategic Framework – 2008-2015**
- 09:00 – 09:45 Discussion on strategies, activities, timeframe and targets for reduction of disease burden

- 09:45 – 10:30 Discussion on strategies, activities, timeframe and targets for infrastructure and technology
- 10:45 – 11:30 Discussion on strategies, activities, timeframe and targets for strengthening human resources for health
- 11:30 – 12:30 Discussion on strategies, activities, timeframe and targets for development of a regional coordinating mechanism
- 13:30 – 16:00 Consensus on Medium-term Regional Strategic Framework
- 16:00 – 16:15 Discussion and consensus on “Draft Policy” for the region: Advocacy
Moderator: *Dr Watanee Jenchitr*
- 16:30 – 17:00 **Agenda Item 5: Recommendations and conclusions**
Recommendations and conclusions *Dr Chamaiparn*
- 17:00 **Agenda Item 6: Closure**

Annex 4

List of working papers and background documents

Working papers:

- (1) Situation Analysis of VISION 2020 Programmes in the SEA Region – Draft (*by Dr Noela Marie Prasad, TIP, WHO/SEARO*)
- (2) Country Information – VISION 2020: The Right to Sight (*filled-up country questionnaire developed for conducting a situation analysis for assessing the impact of the VISION 2020 programme*)
- (3) Strategic Plan for VISION 2020: The Right to Sight - Elimination of Avoidable Blindness in the South-East Asia Region (*World Health Organization – Regional Office for South-East Asia, July 2000*)
(Also available at
http://whqlibdoc.who.int/searo/2000/SEA_Ophthal_117.pdf)

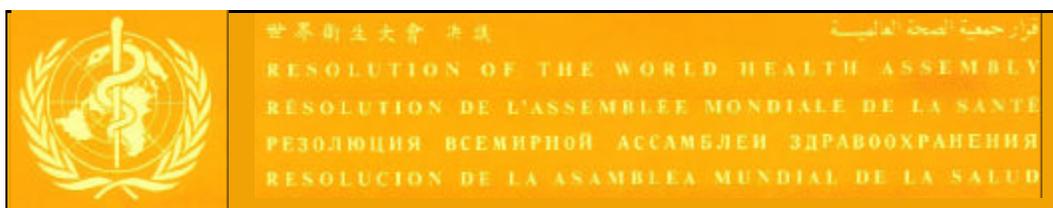
Background documents:

- (1) VISION 2020: The Right to Sight (Report of an Intercountry Consultation on Development of Regional Strategies, Jakarta, Indonesia, 14-17 February 2000)
(Also available at
http://whqlibdoc.who.int/searo/2001/SEA_Ophthal_118.pdf)
- (2) Report of the Regional Consultation on VISION 2020: The Right to Sight and Meeting of the Regional Coordination Group (Bangkok, Thailand, 27 February – 02 March 2001)
(Also available at
http://whqlibdoc.who.int/searo/2001/SEA_Ophthal_119.pdf)

- (3) STATE OF THE WORLD'S SIGHT - VISION 2020: THE RIGHT TO SIGHT, 1999-2005 (WHO and IAPB, 2005)
(Also available at
http://whqlibdoc.who.int/publications/2005/9241593458_eng.pdf)
- (4) Regional Strategy on VISION 2020: The Right to Sight
(*Provisional Agenda Item 13 {SEA/RC53/3 (Rev. 1)} – Regional Committee – Fifty Third Session, 24 July 2000*)
(Also available at
<http://www.searo.who.int/meeting/rc/rc53/rc53-3rev1.htm>)
- (5) Agenda item of the World Health Assembly – Elimination of avoidable blindness (Agenda Item 14.17 {WHA 56.26} – Fifty Sixth World Health Assembly, 28 May 2003)
(Also available at
http://www.who.int/gb/ebwha/pdf_files/WHA56/ea56r26.pdf)
- (6) Resolution of the World Health Assembly – Prevention of avoidable blindness and visual impairment
(*Provisional Agenda Item 11.7 {WHA 59.25} – Fifty Ninth World Health Assembly, 27 May 2006*)
(Also available at
http://www.who.int/gb/ebwha/pdf_files/WHA59/A59_R25-en.pdf)

Annex 5

Agenda item of the World Health Assembly – Elimination of avoidable blindness (Provisional Agenda Item 14.17 [WHA 56.26] – Fifty-sixth World Health Assembly, 28 May 2003)



FIFTY-SIXTH WORLD HEALTH ASSEMBLY

WHA56.26

Agenda item 14.17

28 May 2003

Elimination of avoidable blindness

The Fifty-sixth World Health Assembly,

Having considered the report on elimination of avoidable blindness;⁵

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;

⁵ Document A56.26

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;

2. REQUESTS the Director-General:

- to maintain and strengthen WHO's collaboration with Member States and the partners of the Global Initiative for the Elimination of Avoidable Blindness;
- 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;
- (6) to provide support for strengthening national capability, especially through development of human resources, to coordinate, assess and prevent avoidable blindness;
- (7) 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;
- (8) 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 6

Resolution of the World Health Assembly – Prevention of avoidable blindness and visual impairment

***(Resolution Provisional Agenda Item 11.7 [WHA 59.25] –
Fifty-ninth World Health Assembly, 27 May 2006)***

WHA59.25 Prevention of avoidable blindness and visual impairment

The Fifty-ninth World Health Assembly,

Having considered the report on prevention of avoidable blindness and visual impairment;⁶

Recognizing that more than 161 million people worldwide are visually impaired, of whom 37 million are blind, and that an estimated 75% of blindness is avoidable or curable using established and affordable technologies;

Recalling resolution WHA56.26 on the elimination of avoidable blindness;

Noting that many Member States have committed themselves to providing support for the Global Initiative for the Elimination of Avoidable Blindness, known as Vision 2020 – the Right to Sight;

Noting with concern that only 32% of targeted countries had drafted a national Vision 2020 plan by August 2005;

Acknowledging the links between poverty and blindness, and that blindness places a heavy economic burden on families, communities and countries, particularly developing countries;

⁶ Document A59/12

Further acknowledging that control of both onchocerciasis and trachoma has come about through the commitment of broad international alliances;

Welcoming the important actions undertaken at regional, subregional and international levels by Member States with a view to achieving substantial progress in the elimination of avoidable blindness through greater international cooperation and solidarity,

1. URGES Member States:

- (1) to reinforce efforts to set up national Vision 2020 plans as called for in resolution WHA56.26;
- (2) to provide support for Vision 2020 plans by mobilizing domestic funding;
- (3) to include prevention of avoidable blindness and visual impairment in national development plans and goals;
- (4) to advance the integration of prevention of avoidable blindness and visual impairment in primary health care and in existing health plans and programmes at regional and national levels;
- (5) to encourage partnerships between the public sector, nongovernmental organizations, the private sector, civil society and communities in programmes and activities for prevention of blindness at all levels;
- (6) to develop and strengthen eye-care services and integrate them in the existing health-care system at all levels, including the training and re-training of health workers in visual health;
- (7) to promote and provide improved access to health services both with regard to prevention as well as treatment for ocular conditions;
- (8) to encourage integration, cooperation and solidarity between countries in the areas of prevention and care for blindness and visual impairment;
- (9) to make available within health systems essential medicines and medical supplies needed for eye care;

2. REQUESTS the Director-General:
- (1) to give priority to prevention of avoidable blindness and visual impairment, and to provide necessary technical support to Member States;
 - (2) to provide support to collaboration among countries for prevention of avoidable blindness and visual impairment in particular in the area of training of all categories of relevant staff;
 - (3) to monitor progress in the Global Initiative for the Elimination of Avoidable Blindness in collaboration with international partners, and to report to the Executive Board every three years;
 - (4) to ensure that prevention of blindness and visual impairment are included in the implementation and monitoring of WHO's Eleventh General Programme of Work, and to strengthen global, regional and national activities for prevention of blindness;
 - (5) to add prevention of blindness and visual impairment to WHO's medium-term strategic plan 2008-2013 and proposed programme budget 2008-2009 which are currently in preparation;
 - (6) to strengthen cooperation through regional, subregional and international efforts with the view to achieving the goals set out in this resolution.

(Ninth plenary meeting, 27 May 2006 –
Committee A, sixth report)

Annex 7

List of participants

Bangladesh

Prof. Rabiul Husain
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Dr Watanee Jenchitr
VISION 2020 Expert and Retired
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Dr Than Sein
Director
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Mr Anand Mohan Gupta
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Disability, Injury Prevention and
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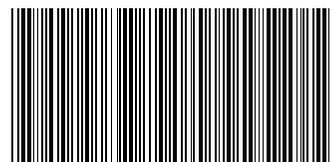
The World Health Organization and the International Agency for the Prevention of Blindness (IAPB) launched “VISION 2020: The Right to Sight” in 1999 as a global initiative to provide strategic guidelines to the Member States of the South-East Asia Region in scaling up efforts for the prevention of blindness and promoting advocacy for the right to sight worldwide. In order to scale up effective, sustainable and comprehensive eye health care through the expansion and intensification of “VISION 2020: the Right to Sight” in the Region for the period 2008-2015, a broad strategy framework needs to be adopted by the Member States and WHO in collaboration with partners. This report summarizes the deliberations and outcome of the Expert Group Meeting on VISION 2020 held at the WHO Regional Office for South-East Asia, New Delhi, India on 19-20 December 2007.



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SEA-Blindness-01