

# Universal Eye Health in China: Priorities from the Global Action Plan

Peter Ackland
Chief Executive Officer

IAPB Council of Members Meeting, Beijing 13 October 2015

#### Universal Eye Health: A Global Action Plan 2014-19



- Adopted in May 2013 by the World Health Assembly
- China has been closely involved and a strong supporter of the original resolution at the World Health Assembly
- A Regional Action Plan for the Western Pacific Region was developed in Manila in 2013



#### Universal Eye Health: A Global Action Plan 2014-19



- 3 objectives for countries and partners
- 3 national indicators for reporting
- Goal to reduce avoidable visual impairment as a global health problem and secure access to rehabilitation for the visually impaired
- Target of at least a 25% reduction in avoidable blindness and visual impairment by 2019



### **Objective 1**

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





#### **Objective 1: Evidence**



CHINA

- 9-Province Survey on prevalence of blindness and its causes, with support from many stakeholders including ORBIS and Bayer
- Share and use this data for planning
- Identify gaps in service provision including availability, accessibility, cost-effectiveness, quality, sustainability, affordability and equity
- WHO tools
- Share good practice COS, IAPB, Community Eye Health Journal
- China is a prolific contributor to eye health research

#### **Objective 2**

National eye health policies, plans and programmes for enhancing universal eye health developed and/or strengthened and implemented in line with WHO's framework for action for strengthening health systems in order to improve health outcomes





#### **Objective 2: Planning and policies**



- National plan an excellent first step
- Subnational plans: provinces will require support and encouragement
- Policies and standards to improve practice and ensure quality
- Improve referral pathways
- Solutions for refractive error



#### **Objective 2: Financing**

IAPB

- China already has a comprehensive health insurance system in place
- Explore other ways to limit out-of-pocket expenditure for the poor
- Increase resources for services at the primary level to reach out to communities, conduct screenings



# Objective 2: Human resources for eye health



- Improvements to training and professional development for sub-specialists
- Integration with primary health care
- Distribution of ophthalmologists and eye health workers in rural areas and county hospitals



#### **Objective 2: National Indicators**



- 1. Prevalence of blindness and visual impairment
- 2. National numbers of ophthalmologists, optometrists and eye care professionals
- 3. Cataract surgical rate and coverage
- China is already improving systems to improve the collection of cataract data
- Workforce numbers to be assessed as part of surveys in 2015

### **Objective 3**

Multisectoral engagement and effective partnerships for improved eye health strengthened





#### **Objective 3: Partnerships**

- Engage other sectors education in addressing refractive error
- Integrate eye health into poverty reduction strategies and the Sustainable Development Goals
- Private hospitals and nongovernment organisations are important players too
- Regional and international alliances





# **Universal Eye Health: Some key points for China**



- Planning and broad collaboration stronger together
- Expand high-quality, low cost surgery outside urban centres to eliminate cataract blindness
- Refractive error in children
  - Glasses should be affordable or free for all who need them
- New strategies for diabetes
  - Screening and treatment before vision declines, and ongoing care to prevent vision loss