IAPB VISION 2020 Workshop Programme 2014

EMRO Regional Workshop

Bhutan National Workshop

Coordinated by the International Centre for Eye Health with funding from CBM, ORBIS, Sightsavers, Shreveport Sees Russia and Ophthalmic Aid to Eastern Europe.

IAPB VISION 2020 Workshops

Executive Summary

2014 was a successful year for the V2020 workshops programme, we are now able to align our priorities in line with those central to delivering the WHO Global Action Plan (GAP) Universal Eye Health.

We delivered the programme at the regional level – working with partners in South East Asia and EMRO to formulate regional priorities and actions, we also worked at the national level – with Ministry of Health and other key stakeholders to develop or improve national eye health plans and implementation. Additionally we support the development of much greater capacity to conduct RAAB's to generate data on prevalence of eye diseases, important both as an advocacy tool and a means to inform national eye care planning.

We continue to support ROP programmes in Russia and Eastern Europe through regional and national workshops, working with teams of paediatric ophthalmologists, neonatologists and neonatal nurses.

This report features 18 workshops held in Africa, South East Asia, Latin America, the Eastern Mediterranean and Europe. In total 825 eye health professionals, Ministry of Health or similar, participated during the year.

Full details of each workshop are found in **Appendix 2**

A. Global Strategic Workshops:

1. Regional workshops to promote the roll out of the GAP (2)

November 18th – 20th, IAPB **SEA** held a joint workshop with the WHO South East Asia regional office to roll out the Global Action Plan across the region. This workshop was attended by the National Eye Health Coordinators (NECs) from 10 out of 11 countries of the region, along with WHO, IAPB and INGO staff. The workshop was primarily to identify regional priorities and support the implementation of the plan at the national level. Four national level workshops had recently been held in the region (Indonesia, Bhutan, Bangladesh and Sri Lanka). This gave the IAPB SEA team the opportunity to use these as case studies on how best to take the GAP to national level and to turn it into an operational plan.

Outcomes:

By the end of the workshop a set of recommendations for member countries, WHO Secretariat and International partners for the delivery of the GAP were made. The workshop took the recommendations and defined the actions required to be taken at regional level by the member's states, WHO regional secretariat and the international partners in order to achieve the goal and objective of GAP.

The next step is, where applicable, for the National Coordinator to convene a national planning workshop to take the GAP and see how best to make it operational for their country and to identify priority actions.
IAPB has already supported 5 national workshops and a further 5 are scheduled for 2015.

In **Eastern Mediterranean** the regional workshop with WHO was held in Cairo, 18th – 20th March, this had two purposes:

i. As a regional roll out of the new WHO GAP
ii. To look at how child eye health was being addressed across the region, what gaps there were and how they could be addressed.

31 participants attended, including the National Eye Health Coordinators from each of the countries, INGOs and other key persons.

Outcomes:
National Eye Health plans developed/refined or in the process of being redeveloped in 7 countries: Qatar, Libya, Jordan, Egypt, Iran, Morocco, Saudi Arabia. All other
countries in the region all have plans to complete this process by December 2014.

The full report had a series of recommendations to member states, WHO and partners. These include improving data and carrying out more RAABs as many countries did not have data on blindness and visual impairment. EMRO GAPworkshops news

At a follow up meeting (December 2014) to review progress a further 4 countries reported that they had developed their plans. In total 6 of the 11 plans are now approved by the respective Ministry of Health.

A further recommendation was that there was a specific child eye health component in the country national plans.

Many countries have a vertical eye health system and it was recommended that the national eye health plans need to be integrated into the broader country health system. NECs committed to start advocating for this on their return.

2. Building capacity to gather data – RAAB surveys

To support the GAP priority to collect evidence on blindness and visual impairment through surveys IAPB members identified the need to train up more RAAB master trainers to promote the capacity within each region to conduct RAAB's – an accurate and relatively quick and inexpensive survey on eye diseases and surgical outcomes. The RAAB methodology is specifically endorsed by the WHO in the GAP.

Through this programme IAPB supported 2 Indonesian ophthalmologists; Dr Nina Ratnaningsih and Dr Aldina Halim from the Community Ophthalmology Division, National Eye Centre, Cicendo Eye Institute, Bandung, to be trained on the Western Pacific RAAB Trainer of Trainers (ToT), March 10th – 15th.

A second RAAB ToT was held in the U.K, June 16th – 21st, for 11 people from Moldova, DRC, Ghana, South Africa, Nigeria, Ethiopia, Bhutan, Nepal, Yemen, Egypt and the U.K. They have now completed their theoretical training and await certification on a RAAB under supervision of a qualified RAAB accreditor. By training up more RAAB master trainers who, once accredited, will provide enough master trainers to meet the demand in most regions. This will help facilitate more

RAABs and the gathering of critical data for the effective planning and management of eye care programmes.RAAB ToT, UK

Eastern Mediterranean region is hoping to run a RAAB ToT in the near future, this would then mean that all regions should have enough available RAAB Master trainers to respond to the need.

Outcomes:
Both the Indonesian trainees have already been certified by Hans Limburg on RAABs in Indonesia and are now qualified Master trainers – the first for Indonesia.

There are now 11 more people who have successfully undergone their theoretical RAAB ToT, these are now already to be certified on. Already Dr Mutumbo from DRC, Deon Minnies from South Africa and Caleb Mpyet from Nigeria have identified potential RAABs to be certified on and have contacted the relevant RAAB trainer.

Dr Mutumbo's certification was a priority as there is only one other francophone RAAB Master Trainer at present and francophone Africa is a region where there is very little data.

IAPB regional offices are working with members to link up RAABs with the trainees to expedite their certification. ICEH has also approved four more Master trainers who are able to provide certification in order to expedite the certification process. RAAB Master trainers who can certify

B. Regional and National Workshops:

GAP Objective 2.1 Provide leadership and governance for developing / updating, implementing and monitoring national / sub national policies and plans for eye health.

1.ROP Programme and Policy Workshops	(2)	Barnaul, Russia Budapest, Hungary
2. GAP Planning at National level	(5)	Indonesia, Sri Lanka, Bhutan, Bangladesh, Nepal
3.Leadership in Eye Health Planning	(1)	India for SEA region
4.National Planning with RAAB Data	(1)	Uruguay
5.Public Health approaches to eye health	(2)	Mexico, Ecuador
6.GAP advocacy – VISION 2020 Congress	(1)	Mexico for LA region

1. ROP Programme and Policy Workshops:

The Black Sea regional ROP workshop, June 12th- 13th, was a follow up to the 2013 ROP course held at the Black Sea Ophthalmological Society meeting where Prof Clare Gilbert ran a course on ROP. During that course that a follow up workshop was identified as needed to bring together the neonatal nurses, ophthalmologists and neonatologists from each NICU (Neonatal Intensive Care Unit) to look at how to improve their national policies and guidelines for ROP screening and treatment. This led to a workshop for NICU teams from the 5 countries in Budapest. It was a very stimulating workshop with 23 ophthalmologists, 20 neonatologists, and 10 nurses from 6 countries and representing 13 NICUs.

Outcomes: During the workshop each country developed their own action plans.
Several countries began to make plans together as to how they could work and support each other. Turkey had a very dynamic team and was already looking at offering training opportunities to other countries, initially Moldova.

Contact people were selected from each country to carry out training for blind school surveys and have since received CDs with the methodology.

The UK ROP guidelines – Parent information leaflets - have been translated into all country's languages and have now been distributed.

Two lasers have been identified for Georgia, which has no laser for ROP treatment, and funding has been set aside for training 2-3 Georgian ophthalmologists in Moscow once they have received their laser. The host is an ophthalmologist who was sponsored under this programme to train at LVPEI in 2013 and is now able to provide training for Russia and neighbouring countries.

A request has been received from Romania to hold a national ROP workshop to specifically work with the NICU teams to review and strengthen their national ROP programme. We plan to deliver this in early 2015.

The Russia ROP workshop, 19th – 20th June, was a culmination of 3 years to support the Russian Ministry of Health through sponsorship of international speakers at conferences and ROP seminars. This preliminary work was essential to build up the relationship with key people within the Ministry of Health and to get permission to hold a workshop style meeting as opposed to a more formal conference. This is essential to facilitate dialogue between the nurses, neonatologists and ophthalmologists involved in the care of infants at risk of ROP and to ensure early detection and treatment. The workshop was a regional one for Altay region of Siberia.

Outcomes: This was an innovation in Russia - the first time that teams – neonatologists, ophthalmologists and neonatal nurses had come together to discuss ROP detection and treatment. It was also a first to have an interactive workshop with participants being facilitated in discussions and planning exercises. At the end the senior professor advising the Ministry of Health said she now knew what a workshop involved and how grateful she was for the team demonstrating this to her. It is hoped that this will be the start of a more interactive type of meeting for the eye health sector in Russia.

A final report was sent to the Ministry of Health representative in Russia for approval. This report contains a series of recommendations. We have since heard from the lead professor who has requested that we facilitate a similar workshop in Ekaterinburg. This is a huge step forward and shows recognition of the benefits of a participatory approach to ROP planning involving neonatologists and nurses.

2. GAP Planning at National Level

National Planning for Eye care workshops – South East Asia

These workshops were initially scheduled to follow the regional WHO GAP roll out workshop but due to delays the first four were held before the SEA regional workshop. This had several advantages in that these countries could feed back their experiences of translating the GAP into a national action plan – an operational plan, to the other country's NECs at the regional meeting.

The workshops had several objectives: to advocate and raise awareness of the new GAP, to review progress in eye health and VISION 2020 and to update and /or develop actions for operationalising the GAP in each country.

Outcomes:
From the experiences of these first 5 workshops the IAPB Regional Coordinator is developing guidelines and templates to guide National Coordinators and local workshop organisers for the 2015 national planning workshops in other countries in the region. The countries remaining do not have such strong links with the National Coordinators so it is felt that more support will be needed in planning, hence the need to develop supporting materials to guide the process. These tools will also be shared with the Western Pacific region and IAPB is looking at holding a Mekong region workshop for countries that have many commonalities, with skills and resources to share. This will be in 2015.

In **Bhutan** District Health Administrators were invited for the first time to ensure that the eye care activities would be integrated into the health system and not sit in parallel. The administrators are responsible for all the planning and monitoring of health activities in the District.

The Bhutan National Coordinator is committed to developing a national eye care plan and will be receiving technical advice from IAPB. Bhutan has very active and committed leadership in eye health and has already made significant improvements in eye health including a strong primary eye care programme. Very specific and practical recommendations were made to strengthen school screening, spectacle distribution and RE service – with all Ophthalmic Assistants having the opportunity to upgrade their refraction skills to enable them to prescribe spectacles.

In **Indonesia** there was recognition that in order to achieve the GAP they needed data, so the training of two RAAB trainers and the ongoing RAABs organised by the MoH will expedite the process and Indonesia should soon have more RAAB data to support planning. In Indonesia eye health planning is done at the institutional level for their service area and there is a real need for national level leadership for both advocacy and planning. PERDAMI who organised this workshop with IAPB will lead the lobbying and advocacy for a National Coordinator for Eye Health in Indonesia. The workshop also identified that the number of cataract surgery performed in Indonesia is far too low and appropriate measures have to be incorporated to achieve the desirable CSR in the country.

In **Sri Lanka** the workshop identified major issues to be tackled in ongoing eye care service of Sri Lanka; such as mal distribution of human resources, mainly the Ophthalmologists, their skill, promotion prospects and motivation to work in rural area. It has also been highlighted the surgical outputs are not up to the satisfactory level due to lack of dedicated ophthalmic theatre in many hospitals of the country. Also key was the need to improve the reporting and monitoring system to ensure close monitoring and standardized of the private sector as well as the public sector. In summary the workshop made number of recommendations to the MoH to address these issues and need of formulation of Eye Health Policy at national level is also been recommended. The workshop was attended by the Director General of Ministry of Health, Sri Lanka and he has realised the issues and expressed as the objective and activities, he made a commitment to take the recommendations forward.

The **Nepal** national planning workshop was held after the SEA regional workshop and thus benefited by learning from other countries which had already held their national planning workshops. The eye health situation in Nepal is well organised and coordinated, in the last three decades the prevalence of blindness has been declining as indicated by data from the national survey in 1980 with a prevalence of 0.84% to 0.35% being the prevalence from recent RAAB survey in 2010. The Secretary of the Ministry of Health and Population (MoHP) and the Chairman of the Apex Body for Eye Health (ABEH) was present and have the mandate to take the recommendations forward. The workshop was very timely as Nepal is currently finalising its National Eye Health Policy and it was agreed that the workshop recommendations could be incorporated into the Policy before its finalisation. In particular to ensure that all components for a health system are incorporated in the new Eye Health Policy.

Nepal also expressed an interest in the new ECSA tool and asked WHO for access to it as soon as it was available.

The Ministry of Health will also make a formal request to the WHO country office to include eye health under the country cooperation strategy.

The national planning workshop for **Bangladesh** was very well attended, 122 participants, and had the Director General of Health Services as Chief Guest as well as the Line Director of the National Eye Care programme. Bangladesh had a National Eye Care plan, 2005 – 2011, which later led to two operational plans for eye health under the Health, Nutrition and Population Sector Programme. The second covering the period 2011 -2016.

This workshop reviewed the original National Plan and updated it in light of the priorities in the GAP. By the end of the workshop a set of draft actions and objectives had been developed for the next eye health plan, 2015 – 2020. The INGO Forum and the IAPB Co Chair will finalise the Plan and submit it to the MoH. The Director General of Health Services was part of the workshop and will be anticipating its submission and is committed to support the approval process.

3. Leadership in Eye Health Planning

In India IAPB supported LAICO's **Paradigms for Leadership course** held as part of their October summit to celebrate the birth of the founder, a truly inspirational leader. This course was to bring together eye care leaders from across the world to look at and analyse the key components and current models for leadership. 43 leaders participated, representing 7 countries and 20 institutions. Participants left the workshop newly inspired through a combination of excellent teaching, an insight into the LAICO leadership as a case study and with a supporting network of exceptional fellow leaders.

4. National Planning with RAAB data

A preliminary meeting with the Ministry of Health in Uruguay was held to help facilitate discussions on how best to use the new RAAB data for planning and to set the scene for a follow up workshop in 2015 on national planning for Uruguay.

5. Public Health approaches to eye health

In Ecuador and Mexico community eye health workshops were offered for resident ophthalmologists as part of their training. There have been a number of these across the region and they are important as a way to introduce ophthalmologists to a public health approach to eye health and also the benefits of working in rural communities where there is often the greatest need. IAPB Latin America works closely with the organisers and training institutions to get the CEH courses recognised so that CPD points can be awarded. In Mexico CPD points were offered and in Ecuador our partners are working with the training institutions to get points awarded for the course in 2015. Ultimately it is expected that the course will be integrated into the curriculum, which has been the case in Brazil. IAPB is also looking at ways of strengthening the course by offering some components on line as a precursor to attending the face to face workshop.

6. GAP Advocacy – VISION 2020 Congress

As part of the World Sight Day celebrations and advocacy the programme supported a VISION 2020 congress as part of the Mexico event. This was aimed at the private sector providers in the region, the private sector being a significant provider of health services in Latin America. The congress presented the GAP and advocated for a combined effort between all providers to enable the plan to be delivered. It is expected that the private sector providers will work with their MoH

counterparts to develop their national plans and strategies. Progress on this will be fed back at the May 2015 PAHO meeting to review progress of the regional action plan.

GAP Objective 2.3 Develop and maintain a sustainable workforce for the provision of comprehensive eye care services as part of the broader human resources for health workforce.

1.Advocacy for Human Resources for Eye Health (HReH)	(1)	South Africa
2.Advocacy Advisor training for Africa	(1)	Ghana, Africa

1. Advocacy for Human Resources for Eye Health (HReH)

The workshops in **Africa** are integral to IAPBs strategy for strengthening Human Resources for Eye Health. HReH has been identified by WHO AfRO and IAPB Africa as being a priority for their efforts to support the delivery of the WHO GAP.

The first step was to develop an advocacy strategy for Advocacy for HReH and a workshop was held to start this process on 10th – 11th February. This was a first step to developing the national advocacy strategy for Africa and from this sub- regional strategies to address the different priorities in each of the sub - regions. The 21 participants included the HReH task team, Advocacy task team, Research task team, IAPB Co Chairs and other Human Resources for Health (HRH) experts. During this meeting participants identified the key materials they would need to support their advocacy efforts. This was refined into a list of 'position papers' which will spell out the key messages and arguments for a non eye health audience.

Results of this workshop have been the Africa advocacy strategy for HReH, 2014 – 18 which is now available. This includes guidelines as to how to adapt this at a sub regional level.

Four position papers were identified and teams identified to produce the papers. These have now been produced and are:

I. What is the burden of eye disease in Africa?
II. What is the full extent of the eye health work force crisis in Africa?
III. What is the cost/benefit of eye health interventions in Africa?
IV. What have governments signed up to and how can they be held to account?

A 'How to' guide to advocacy for HReH has been produced as a document to guide the development of national advocacy strategies on Human Resources for Africa.

2. Advocacy Advisor training for Africa

The next step in the strategy was to train up Advocacy Advisors for each country; these will then lead the process of developing national advocacy strategies for HReH in their respective countries. The ultimate goal will be to have eye health integrated into each countries national human resources for health strategy.

The first five advisors trained in this workshop were from Kenya, Cameroon, Ghana, Mozambique and Senegal. As well as training up the advocacy advisors the consultant also trained up a local consultant who will be equipped with the knowledge and skills to provide advocacy training herself and support the advisors in the future.

Outcomes:
Five Advocacy Advisors were trained and five lead member agencies identified. These agencies will provide the in country support to the advisors to facilitate meetings and introductions to enable the strategy to be developed.

Since the workshop both Senegal and Kenya have produced their national advocacy plans and Cameroon and Ghana are in the process of developing theirs.

The advocacy advisors will also support the second phase of training and may well be required to support the development of strategies in neighbouring countries.

GAP Objective 2.6 Include indicators for the monitoring of provision of eye care services and their quality in national information systems.

1.HMIS Planning for Eastern Mediterranean	(1)	Bahrain
2. HMIS and Database training	(1)	South Africa

1. HMIS Planning for Eastern Mediterranean
This was a joint workshop on HMIS for the region and a review of progress in the implementation of GAP in each of the countries. The broad aim was to improve collation and utilisation of eye health data through national HMIS. The workshop was for the National Coordinators from each of the 22 countries, who had each gathered data for a situational analysis of HMIS in their countries beforehand.

Outcomes:
Recommendations were developed for WHO, member states and INGOs in line with the GAP. There was a consensus that the greatest priority was for each country to have eye health indicators incorporated into the National Health Information System.

To inform this was the need for each NEC to conduct a full situational analysis of their specific eye care data needs and a review of existing data sources to determine national priorities for indicators.

Indicators for the national HMIS and the National Eye Care MIS programme were discussed and all National Coordinators left with a list of potential indicators recommended for customisation by countries at different levels of eye care service provision.

2. HMIS and Database training
A second priority identified by WHO and IAPB for the partnership in Africa has been the development of national Health Information Management Systems (HMIS). To respond to this IAPB have developed a HMIS database system which can be adapted to fit into national HMIS systems and will provide a mechanism for gathering data across the region and will enable the GAP to be monitored as well as providing excellent data for planning purposes.

The HMIS workshop, 13th – 14th February was to introduce the IAPB database to the first 9 countries, it was primarily an awareness raising introductory workshop with key people who are responsible for the national HMIS systems. Each country gave a presentation of their HMIS system, indicators they use, plans for upgrading/strengthening their HMIS systems and any identified weaknesses or challenges. The next step was the introduction of the IAPB database and discussion

over how it could compliment the current systems and if so what changes would be needed to enable the database to be integrated into the current HMIS systems.

Outcomes: Each country made an action plan.
As part of the action plan each country was asked to assess what needs to be adapted in order for the database to be integrated into their national HMIS system. The new IAPB Africa Coordinator has taken over this project and has already been following up with each point person and has produced an update report, summarised below:

- Cameroon: In July a training workshop held by the NEC was attended by regional eye health focal points from nine of the ten regions. The focal points were very keen but needed the database to be in French. This is being done by IAPB Africa.
- Mozambique: In July a training workshop was held to train the ten Provincial Eye Care Coordinators on the use of the IAPB Database. It is reported that the database is being used in all ten provinces. The training workshop was hosted by the MoH and Light for the World.
- Kenya: Kenya has confirmed that it will begin populating the IAPB Database in January 2015. The current strategy is to capitalize on the centrally gathered data which will be entered into the database by the office of the National Eye Care coordinator. An article submitted by the HMIS focal point and published in the IAPB Newsletter, Vol 3 Q1 2014, outlined progress of HMIS in Kenya.
- Ghana: Ghana is looking at a strategy to integrate the eye health indicators into DHIS2. The Ghana Health Service Policy Planning Monitoring and Evaluation Division have put forward a recommendation to the EyeCare department to allow the DHIMS2 to populate IAPB data base at regional and national levels.

Management:

To replace the annual review and planning meeting IAPB proposed forming a Steering Committee which would bring together the funders, select IAPB members with an interest, regional IAPB representatives and the management team. The first meeting was held in October and proved to be instructive and helpful in determining the direction of the programme. One outcome of this will be the development of a new strategy for the programme.

Appendix 1 : WHO Global Action Plan – Objectives & Activities

Objective 1 – Evidence generated and used to advocate political & financial commitment of Member States for eye health.		
1.1 Undertake population based surveys on prevalence of visual impairment and its causes.	**1.2** Assess the capacity of Member States to provide comprehensive eye-care services and identify gaps.	**1.3** Document, and use for advocacy, examples of best practice in enhancing universal access to eye care.
Objective 2 – National eye health plans and programmes for enhancing universal eye health developed and / or strengthened and implemented in line with WHO framework for action for strengthening health systems in order to improve health outcomes.		
2.1 Provide leadership and governance for developing / updating, implementing and monitoring national / subnational policies and plans for eye health.	**2.2** Secure adequate financial resources to improve eye health and provide comprehensive eye care services integrated into health systems through national policies, plans and programmes.	**2.3** Develop and maintain a sustainable workforce for the provision of comprehensive eye care services as part of the broader human resources for health workforce.
2.4 Provide comprehensive and equitable eye care services at primary, secondary and tertiary levels, incorporating national trachoma and onchocerciasis elimination activities.	**2.5** Make available and accessible essential medicines, diagnostics and health technologies of assured quality with particular focus on vulnerable groups and underserved communities, and explore mechanisms to increase affordability of new evidence-based technologies.	**2.6** Include indicators for the monitoring of provision of eye care services and their quality in national information systems.
Objective 3 – Multisectoral engagement and effective partnerships for improved eye health strengthened.		
3.1 Engage non-health sectors in developing and implementing eye health/prevention of visual impairment policies and plans.	**3.2** Enhance effective international and national partnerships and alliances	**3.3** Integrate eye health into poverty reduction strategies, initiatives and wider socio-economic policies.