

**VISION FOR THE
COMMONWEALTH**

**EYE HEALTH IN THE
COMMONWEALTH**

PROGRESS REPORT 2018-2020

**VISION FOR THE
COMMONWEALTH**



**EVERYONE, EVERYWHERE
WILL EXPERIENCE
AN EYE CONDITION
DURING THEIR LIFETIME AND
AT LEAST 2 BILLION PEOPLE
CURRENTLY HAVE
A VISION IMPAIRMENT
OR BLINDNESS**

- AMBASSADOR AUBREY WEBSON
PERMANENT REPRESENTATIVE OF ANTIGUA AND BARBUDA
TO THE UN, NEW YORK, CO-CHAIR OF UN FRIENDS OF VISION



CONTENTS

EXECUTIVE SUMMARY	7
INTRODUCTION	7
CHAPTER ONE: SCHOOL EYE HEALTH: A PRIORITY FOR THE COMMONWEALTH	11
CHAPTER TWO: PROGRESS ON THE ELIMINATION OF TRACHOMA IN THE COMMONWEALTH	15
CHAPTER THREE: PROGRESS TOWARDS ACHIEVING QUALITY EYE CARE FOR ALL IN THE COMMONWEALTH	27
CHAPTER FOUR: THE BIG PICTURE ON EYE HEALTH	47
SUMMARY OF RECOMMENDATIONS	55

EXECUTIVE SUMMARY

Since Commonwealth Heads of Government meeting in London in April 2018 committed to... “take action towards achieving access to quality eye care for all, including eliminating blinding trachoma by 2020, which disproportionately affects women and children across the Commonwealth” there have been positive developments on eye health in every region of the Commonwealth.

Eye tests for all pupils in schools followed by prompt and effective treatment of conditions detected, have been shown to be an effective way of reaching whole generations of young people, boosting their educational attainment and life chances. An increased focus on and commitment to this approach – over time benefitting every person in the Commonwealth – is a way to build back better and fairer for all after the COVID-19 pandemic, progress towards the Sustainable Development Goals and deliver a common future.

Despite the disruption to elimination efforts caused by the COVID-19 pandemic, the number of people affected by trachoma, across 22 of the Commonwealth’s 54 countries, is falling rapidly. In 2020, just over 24 million people across the Commonwealth were at risk of trachoma, down from 42 million in 2018. The Commonwealth Fund announced at CHOGM 2018 has accelerated trachoma elimination programmes, with substantial impact. An integrated approach, collaboration and partnership are the hallmarks of this success story. With sustained effort global elimination of the disease – a massive contribution to global health – is within sight.

Access to quality eye health has progressed in every region, in often innovative and pioneering ways. Data on access to cataract surgery suggest improving access to eye health services overall. Commonwealth Governments in every region funded and partnered in the programmes of The Queen Elizabeth Diamond Jubilee Trust and the Commonwealth Eye Health Consortium to strengthen government eye health services and develop the human resources that underpin them.

The COVID-19 pandemic has brought into stark relief the importance of resilient and sustainable health systems to weather health crises. It has also amplified the health inequities present within every Commonwealth nation. Increased and coordinated health financing to support integrated approaches will be crucial to delivering quality eye health and universal health coverage. Commonwealth countries are increasingly including eye care in the health care supported by national health financing, ensuring more equitable coverage including for those who can ill afford to pay for it.

New initiatives and partnerships have sprung up that are connecting, innovating and transforming in eye health. From catalytic funding to development impact bonds and social enterprise, they aim to open the way to quality eye health for all.

The ground-breaking commitment to eye health by Commonwealth Heads of Government in April 2018 heralded a greater focus on eye health at the global level and around the world. In 2019 the World Health Organization published its first World Report on Vision,¹ highlighting that 1 billion people worldwide have a vision impairment that could have been prevented or has yet to be treated. The report calls for eye health to be part of Universal Health Coverage by implementing ‘Integrated People-centred Eye Care’ within health systems. Commonwealth member countries are leading global efforts to bring greater attention to eye health including the World Health Assembly Resolution on Integrated People Centred Eye Care adopted in August 2020; and the first United Nations General Assembly Resolution on Eye Health due to be adopted in early 2021.

Without action, eye care needs are expected to increase substantially. By 2050, the number of people affected by vision loss is projected to grow to 1.7 billion and more than half of the global population (4.8 billion people) will have short sightedness. The Commonwealth’s continued championing of eye health is key to ensure that its people can enjoy good eyesight, enhancing their quality of life and life chances.

THE NUMBER OF PEOPLE AFFECTED BY TRACHOMA ACROSS 22 OF THE 54 COMMONWEALTH COUNTRIES HAS FALLEN RAPIDLY. IN 2020 JUST OVER 24 MILLION PEOPLE WERE AT RISK OF TRACHOMA COMPARED TO 42 MILLION IN 2018.

**DR FATIMA KYARI MBBS FWACS MSC PHD FNAMED,
ASSOCIATE PROFESSOR OF OPHTHALMIC EPIDEMIOLOGY
AT (ICEH) / (LSHTM)**

¹ <https://www.who.int/publications/i/item/9789241516570>

INTRODUCTION

The communiqué issued at the end of the Commonwealth Heads of Government Meeting (CHOGM) in London in April 2018 includes the following commitments on vision:

“[Heads] ... further committed to take action towards achieving access to quality eye care for all, including eliminating blinding trachoma by 2020, which disproportionately affects women and children across the Commonwealth. Heads acknowledged the work done by the Queen Elizabeth Diamond Jubilee Trust in that regard. Heads agreed that progress on these commitments should be considered every two years at the Commonwealth Health Ministers’ Meeting and progress should be reported at CHOGM.” (CHOGM communiqué, paragraph 33)

This first two-yearly report presents the progress achieved from 2018 to 2020 on the CHOGM commitments to action towards achieving access to quality eye care for all, including the elimination of trachoma, as an input to the next Commonwealth Health Ministers’ Meeting and CHOGM. It makes recommendations for future action by the Commonwealth towards its goal of access to quality eye care for all: for its own citizens, and, through its continuing leadership, globally. Its key recommendation is that the Commonwealth make a commitment to school eye health to unlock the potential of every child.

The 2018 CHOGM commitments on vision unlocked new resources and gave new impetus to efforts to strengthen eye health. Despite the severe impact of the COVID-19 pandemic from early 2020 onwards, great strides have been made towards the elimination of trachoma, and there are positive developments on vision and eye health care to report in every region of the Commonwealth.

Vision is “the most dominant of the human senses”² 90% of vision loss is preventable or treatable using cost-effective solutions such as glasses or cataract surgery. Improving eye health is a practical way of unlocking human potential. Almost every person, wherever they live in the world, is likely to need eye care services at some point in their lifetime. CHOGM was the first Summit meeting to highlight this universal issue and commit to action on it.

Where in 2018 Commonwealth Heads of Government led, others followed. The issue of eye health has gained prominence in deliberations on global health policy and the Sustainable Development Goals. New thinking in global eye health policy is shaping the way forward for policy makers. This report describes the key developments and the current landscape.

² The Lancet Global Health Commission – Global Eye Health (globaleyehealthcommission.org)



ONE SCHOOL EYE HEALTH: A PRIORITY FOR THE COMMONWEALTH



SCHOOL EYE HEALTH: A PRIORITY FOR THE COMMONWEALTH

New research since CHOGM 2018 has highlighted the value of providing eye tests and care to all schoolchildren.

A World Bank report³ describes visual impairment as one of the most common disabilities for children. Without the vision correction, treatment or rehabilitation they need the children affected are often at a disadvantage in terms of school enrolment, educational attainment and learning, affecting their life chances and quality of life long term. The number of children affected by short-sightedness is growing rapidly across the world.

School eye health programmes are relatively cheap to administer and their benefits can be large. Simply screening children for visual impairment and providing eyeglasses to those who need them can make a major difference, including for learning.⁴ Glasses are one of the most effective health interventions for children, reducing the odds of failing a class by 44%. Screening should also detect eye conditions requiring attention and ensure that the children affected are referred promptly for treatment. Comprehensive school eye health programmes also include health education and promotion and support inclusive education for children with irreversible vision impairment.⁵ The potential of every child is unlocked, leaving no one behind.

It is frequently highlighted that of the Commonwealth's population of more than 2 billion, more than 60% are under 30 years of age. Programmes which support children and young people to realise their potential in school and beyond are of particular relevance and an investment for the future.

A number of Commonwealth countries across all regions – for example Rwanda and India – are introducing or expanding school-based eye screening and treatment and provision of affordable glasses. During CHOGM 2018 the Government of Botswana presented its planned programme to screen and treat every school child in the country: Pono Yame – My Sight, described in more detail in Chapter Three of this report.



This report recommends that the Commonwealth:

RECOMMENDATION 1 COMMITTS TO SCHOOL EYE TESTS FOR ALL CHILDREN

The Commonwealth should commit to school-based screenings and sight tests, affordable glasses and other vision treatments for all children, in all types of schooling, to boost educational attainment and life chances for present and future generations.

³ <http://pubdocs.worldbank.org/en/880171575325123775/WorldBank-InclusiveEducationVisualImpairment-v7-WebReady.pdf>

⁴ http://www3.weforum.org/docs/WEF_2016_EYElliance.pdf

⁵ <https://globaleyehhealthcommission.org/>

TWO THE ELIMINATION OF TRACHOMA IN THE COMMONWEALTH



THE ELIMINATION OF TRACHOMA IN THE COMMONWEALTH AS A PUBLIC HEALTH PROBLEM

Trachoma is the world's leading infectious cause of blindness and is caused by the bacterium *Chlamydia trachomatis*. The bacteria are spread through contact with eye discharge from an infected person – via hands, towels and sheets. Trachoma thrives in areas where there is poor sanitation and limited access to water for personal hygiene. Repeated infection damages the eyelids causing the eyelashes to turn inwards and rub painfully against the eyeball surface. This advanced stage of the disease, trichomatous trichiasis, is extremely painful and has a profoundly negative impact on an individual's quality of life. Trichiasis can be corrected by eyelid surgery, however if left untreated it may lead to irreversible vision loss and blindness.

Trachoma is estimated to be responsible for the visual impairment of about 1.9 million⁶ people, of whom 1.2 million are irreversibly blind. Trachoma can destroy the economic well-being of entire communities, keeping affected families trapped in a cycle of poverty as the disease passes from one generation to the next.

Children are the most susceptible to infection, with the blinding effects of repeated infection usually developing in adulthood and robbing young people of their social and economic potential. Women are twice as likely as men to develop trichiasis, in part because of repeated exposure to their children's infections.

The WHO-recommended SAFE strategy to eliminate trachoma comprises:

- surgery (S), to provide corrective surgery to people with the blinding stage of the disease;
- antibiotics (A), to reduce the prevalence of active disease in a population;
- facial cleanliness (F) and environmental improvement (E) interventions to reduce transmission, critical for the sustainability of trachoma elimination.

Trachoma interventions are undertaken within national health systems and integrated into national priorities, contributing to health system strengthening. Besides eliminating trachoma as a public health problem they improve the quality of life of whole communities.

Comprehensive cross-sectoral programmes have achieved a 91% reduction in the number of people at risk of trachoma since 2002 and 10 countries (at the time of writing this report) have been validated for eliminating trachoma as a public health problem.

⁶ World Report on Vision

This success can be attributed to coordination, collaboration and partnerships between health ministries, NGO implementing organisations, donors, the pharmaceutical industry donating the required drugs and WHO. The focus has shifted from control of the disease to its global elimination as a public health problem.

20 of the Commonwealth's 54 countries are known to require interventions or suspected to require interventions based on further investigation.⁷ Significant progress towards trachoma elimination has been achieved. Thanks to intensive efforts in many of those countries the number of people affected is falling rapidly. As of the 1 May 2020, 24.5 million people across the Commonwealth were at risk of trachoma, down from 42 million in 2018. In 2020, Commonwealth countries accounted for 17.9 per cent of the global burden of trachoma, compared to 25 per cent in 2018.⁸ A number are on track for elimination of trachoma as a public health problem.⁹

- In 2018 Ghana became the first Commonwealth country to be validated by the WHO as having eliminated trachoma as a public health problem.
- Nigeria, which carries the heaviest burden of trachoma of any Commonwealth country, had by 2020 reduced the number of people at risk of trachoma by two-thirds, down from 20 million to 6.3 million people.
- Malawi has reached elimination thresholds for trachoma and is now in a 2-year surveillance period.
- Since conducting its first mass drug administration treatment programme reaching 1 million people, Pakistan continues to support surveys to update prevalence data to target trachoma interventions.
- Australia seeks to achieve elimination of trachoma by 2022.
- Vanuatu has submitted an elimination of trachoma dossier to WHO.

COVID-19 caused significant disruption to the delivery of all health services, including trachoma programmes. With risk mitigation in place, trachoma programmes are now resuming in many countries in accordance with nationally led priorities under the current pandemic.

⁷ WHO Alliance for the Global Elimination of Trachoma by 2020 database as of 1 May 2020. Available at https://www.trachomacoalition.org/sites/default/files/content/resources/files/GET2020_2020_Global_Final1%20.pdf

⁸ WHO Alliance for the Global Elimination of Trachoma by 2020: progress report, 2019. WER No 30, 2020, 95, 349–360. Available at <https://www.who.int/publications/i/item/who-wer9530>. Published 24 July 2020

⁹ Courtright P, Rotondo LA, MacArthur C, et al. Strengthening the links between mapping, planning and global engagement for disease elimination: lessons learnt from trachoma. *Br J Ophthalmol*. 2018 Oct;102(10):1324–1327. doi: 10.1136/bjophthalmol-2018-312476. Epub 2018 Jun 15. PMID: 29907634; PMCID: PMC6173819

Commonwealth countries have received generous support for their trachoma elimination programmes from a range of sources. These include two important initiatives aimed specifically at the Commonwealth: **The Queen Elizabeth Diamond Jubilee Trust** (2012-2019) and **the Commonwealth Fund** (2018- date).

THE QUEEN ELIZABETH DIAMOND JUBILEE TRUST (QEDJT) TRACHOMA INITIATIVE

The Queen Elizabeth Diamond Jubilee Trust was created in 2012, with the blessing of Commonwealth Heads of Government, to mark sixty years of dedication and service by the Head of the Commonwealth. CHOGM in 2013 welcomed the planned focus on avoidable blindness across the Commonwealth in its five-year programme and encouraged it to work in partnership with others with the aim of making a decisive contribution to the objective of global elimination of avoidable blindness.¹⁰ The Trachoma Initiative was the Trust's biggest programme. It was implemented by members of the International Coalition for Trachoma Control (ICTC) in partnership, supporting national elimination of trachoma efforts in 7 Commonwealth countries in Africa and 5 in Asia and the Pacific: Australia, Fiji, Kenya, Kiribati, Malawi, Mozambique, Nigeria, Solomon Islands, Tanzania, Uganda, Vanuatu, and Zambia.

The Trachoma Initiative concluded in 2019. Amongst its achievements were:

- Malawi: In 2015, eight million people in Malawi were at risk of trachoma. Malawi has reached elimination thresholds for trachoma and completed a 2-year surveillance period; they are in the process of finalising their elimination dossier for submission to WHO.
- In the Pacific, antibiotics were distributed to the populations of Kiribati, Solomon Islands and Vanuatu. The distance and remoteness of these island nations posed considerable logistical challenges, especially in Kiribati, with the population spread over more than a million square miles of ocean. But the local team was able to reach even the most isolated communities.

Overall the Initiative's achievements included:

- 213,886 surgeries conducted.
- 153 districts benefited from facial cleanliness and environmental improvement activities.

¹⁰ CHOGM 2013 communiqué, paragraph 90

- 68,571 case finders mobilised to locate people in need of treatment across 70 districts/regions.
- 75.7 million vital antibiotic treatments provided to people living in high-risk areas.
- 82 organisations involved, including government ministries, coordinating partners, global partners, donors and international bodies.

THE COMMONWEALTH FUND

At the Commonwealth Heads of Government Meeting (CHOGM) in April 2018, the Commonwealth Fund (2018-2020);¹¹ with a budget of GBP 20 million was announced by the UK Government. The aim of the fund was to scale up national elimination of trachoma programmes in endemic countries. Elimination efforts were supported in the following 10 countries: Kenya, Kiribati, Nauru, Nigeria, Pakistan, Papua New Guinea, Solomon Islands, Tanzania, Tonga, and Vanuatu.

Coordinated by Sightsavers in Africa and The Fred Hollows Foundation in Asia and the Pacific, its collaborative approach involved members of the International Coalition for Trachoma Control (ICTC),¹² the ministries of health and local communities.

The key deliverables of the Fund included the implementation of the 'SAFE' strategy¹³ for the elimination of trachoma, such that:

- 32,000 people received eye lid surgery for trachoma.
- Over 9 million people were treated with antibiotics.
- Over 20,000 volunteers in the communities were trained to distribute medications and promote healthy hygiene and sanitation practices.
- To conduct research and mapping to collect important trachoma data useful for further planning.

¹¹ <https://www.sightsavers.org/news/2018/04/20-million-from-uk-aid/>

¹² <https://www.trachomacoalition.org>

¹³ <https://www.who.int/trachoma/strategy/en/>

The most recent data on trachoma elimination in Commonwealth countries is presented below.

Fig.1 Elimination of Trachoma Topline Overview

COMMONWEALTH COUNTRY	TRACHOMA STATUS	SAFE STRATEGY STATUS	CF AND/OR QEDJT FUNDING	KEY PROGRESS 2018-2020
AFRICA				
Botswana	May require interventions; investigation needed			May require interventions; investigation needed before considering implementation of the SAFE strategy
Cameroon	Known to require interventions			Mapping conducted between 2018-2020 has identified 2 districts that require A, F and E interventions
The Gambia	Thought not to require interventions; may have eliminated			Elimination dossier submitted and awaiting validation outcome from WHO
Ghana	Validated as having eliminated			Validated for achieving elimination by WHO in 2018
Kenya	Known to require interventions			Increased funding has supported mapping and identified new districts that require A, F & E interventions
Malawi	Known to require interventions			Surveillance activities are being conducted to collect evidence of elimination as a public health problem
Mozambique	Known to require interventions			Surveillance activities are being conducted to collect evidence of elimination as a public health problem
Namibia	May require interventions; investigation needed			May require interventions; investigation needed before considering implementation of the SAFE strategy
Nigeria	Known to require interventions			Increased funding has contributed to a 69% reduction in the number of people at risk of trachoma
Tanzania	Known to require interventions			Increased funding has contributed to a 56% reduction in the number of people at risk of trachoma. Funding has also contributed to more women in Maasai communities being reached by training microfinance groups
Uganda	Known to require interventions			Increased funding has contributed to a 24% reduction in the number of people at risk of trachoma
Zambia	Known to require interventions			Increased funding has contributed to a 50% reduction in the number of people at risk of trachoma
ASIA				
India	Known to require interventions			Mapping has identified 28,656 people across 6 districts in need of trichiasis surgery, to manage the late blinding stage of trachoma
Pakistan	Known to require interventions			Increased funding has supported mapping and the country's first MDA, reaching over 1 million people. This has contributed to a 15% reduction in the number of people at risk

COMMONWEALTH COUNTRY	TRACHOMA STATUS	SAFE STRATEGY STATUS	CF AND/OR QEDJT FUNDING	KEY PROGRESS 2018-2020
PACIFIC				
Australia	Known to require interventions			Seeks to achieve elimination of trachoma by 2022
Fiji	Known to require interventions			Across 2018-2019 developed F&E packages developed and piloted in three schools and its feeder communities with facial cleanliness integrated into the National School Health Policy
Kiribati	Known to require interventions			Completed two rounds of MDA. A third round of MDA has been delayed due to COVID-19. School and community-based F&E interventions were implemented in 2018-2019. CF support has helped 56,945 people to receive antibiotics by 2020
Nauru	Known to require interventions			Baseline survey completed in 2019 that helped to develop trachoma action plan, which was endorsed in 2020. Nationwide MDA and TT case finding survey conducted in 2020, with 9774 people receiving antibiotics
Papua New Guinea	Known to require interventions			Increased support has supported additional mapping and identified areas that require interventions for A, F & E. Trachoma action plan review in May 2020 is awaiting the outcome of the elimination dossier in Vanuatu to inform next steps in Papua New Guinea.
Solomon Islands	Known to require interventions			F&E activities including community profiling and school and community F&E activities implemented across 2018 – 2019. F&E interrupted in 2020 due to COVID-19. Further surveys will determine whether MDA is required
Tonga	Thought not to require interventions			Tonga has been found to be trachoma free following a desk-based review
Vanuatu	Known to require interventions			F&E activities integrated in NTD and WASH programmes in schools and communities conducted across 2018 – 2019. Submitted elimination dossier to WHO in June 2019; awaiting feedback which will also inform trachoma efforts across other Pacific island nations including Fiji, Solomon Islands and PNG

Source: GET2020 database, Commonwealth Fund

Note: The Gambia was validated for achieving elimination by WHO in 2021

Key

-  SAFE strategy not started
-  SAFE strategy <100% geographical coverage
-  SAFE strategy at 100% geographical coverage
-  Received funding from CF or QEDJT

Abbreviations

- A** Antibiotics
- CF** Commonwealth Fund
- F&E** Facial cleanliness and environmental improvements
- MDA** Mass Drug Administration
- SAFE** Surgery, antibiotics, facial cleanliness, environmental improvements
- S** Surgery
- TT** Trachomatous trichiasis
- QEDJT** Queen Elizabeth Diamond Jubilee Fund

KEY LESSONS LEARNED ON TRACHOMA ELIMINATION IN THE COMMONWEALTH

A 2019 evaluation of trachoma elimination programmes¹⁴ yielded the following key findings:

- 01.** Collaboration and coordination between programmes underway in each country is all important.
- 02.** Consensus and investing in the complete SAFE strategy (Surgery, Antibiotics, Facial cleanliness, Environmental improvements) is key to progress.
- 03.** Partnerships add value through shared knowledge and resources and extend programme reach.
- 04.** Eliminating trachoma requires a deliberate approach to ensure equitable coverage, equitable access and getting to hard-to-reach populations.
- 05.** Collaboration works well when all actors have a shared understanding of how water, sanitation and hygiene (WaSH) and behaviour change activities contribute to the overall goal of elimination of trachoma.
- 06.** Integration into health services will support the goals of health systems strengthening and sustainability, enabling a process of transition from donor dependence.

¹⁴ Trachoma Elimination in Africa: Lessons from Two Multi Country Initiatives
https://www.trachomacoalition.org/sites/default/files/content/resources/files/ELE_ENG.pdf



KEY SUCCESS FACTORS

01. STRONG GOVERNANCE

Where the programmes were driven by the ministry of health and aligned with their plans.

02. STRENGTHENED HUMAN RESOURCES

For example community health workers trained as trachomatous trichiasis case-finders, and trichiasis surgery training added to the training curriculum of Ophthalmic Clinical Officers (as happened in Uganda).

03. GOOD DATA AND HEALTH INFORMATION

Enabling the programmes to be evidence-based and data driven.

04. TRACHOMA IN THE NEGLECTED TROPICAL DISEASES (NTD) DEPARTMENT

In some countries trachoma elimination was led by the eye care sector and in others by the NTD sector. The relative merits of the two approaches have not been fully assessed. But coordination by NTD departments appeared to work well, also supporting the F&E elements of the SAFE strategy.

05. PLANNING FOR TRANSITION

From elimination to maintenance from an early stage. Malawi successfully planned for transition from the outset; Tanzania set up and equipped static sites early on.

Hence this report recommends that Commonwealth countries:

RECOMMENDATION 2 FINISH THE JOB OF ELIMINATING TRACHOMA

The Commonwealth, having made major gains in combatting trachoma, should pursue those efforts to elimination of trachoma as a public health problem. In particular:

- a) Commonwealth countries identified as “may require interventions; further investigation needed” for trachoma should determine whether there is justification for (and if necessary undertake) baseline surveys to identify needs;
- b) Those that have trachoma as a public health problem but are not yet implementing the SAFE strategy, should do so urgently;
- c) Those that have less than 100% geographical coverage of areas in which trachoma is known to be a public health problem should scale up interventions urgently;
- d) Trachoma interventions should be included within national eye health plans, ultimately supporting the achievement of universal health coverage through, cross-sectoral collaborations guided by the WHO World Report on Vision and the WHO Global NTD Road Map, 2021-2030 adopted in November 2020.

THREE PROGRESS ON ACTION TOWARDS ACHIEVING QUALITY EYE CARE FOR ALL



PROGRESS ON ACTION TOWARDS ACHIEVING QUALITY EYE CARE FOR ALL

A full assessment of progress towards access to quality eye care in Commonwealth countries in the period 2018-2020 presents some challenges, due to the lack of comprehensive, up to date data.

This chapter highlights key actions towards achieving quality eye care for all in Commonwealth countries, in particular:

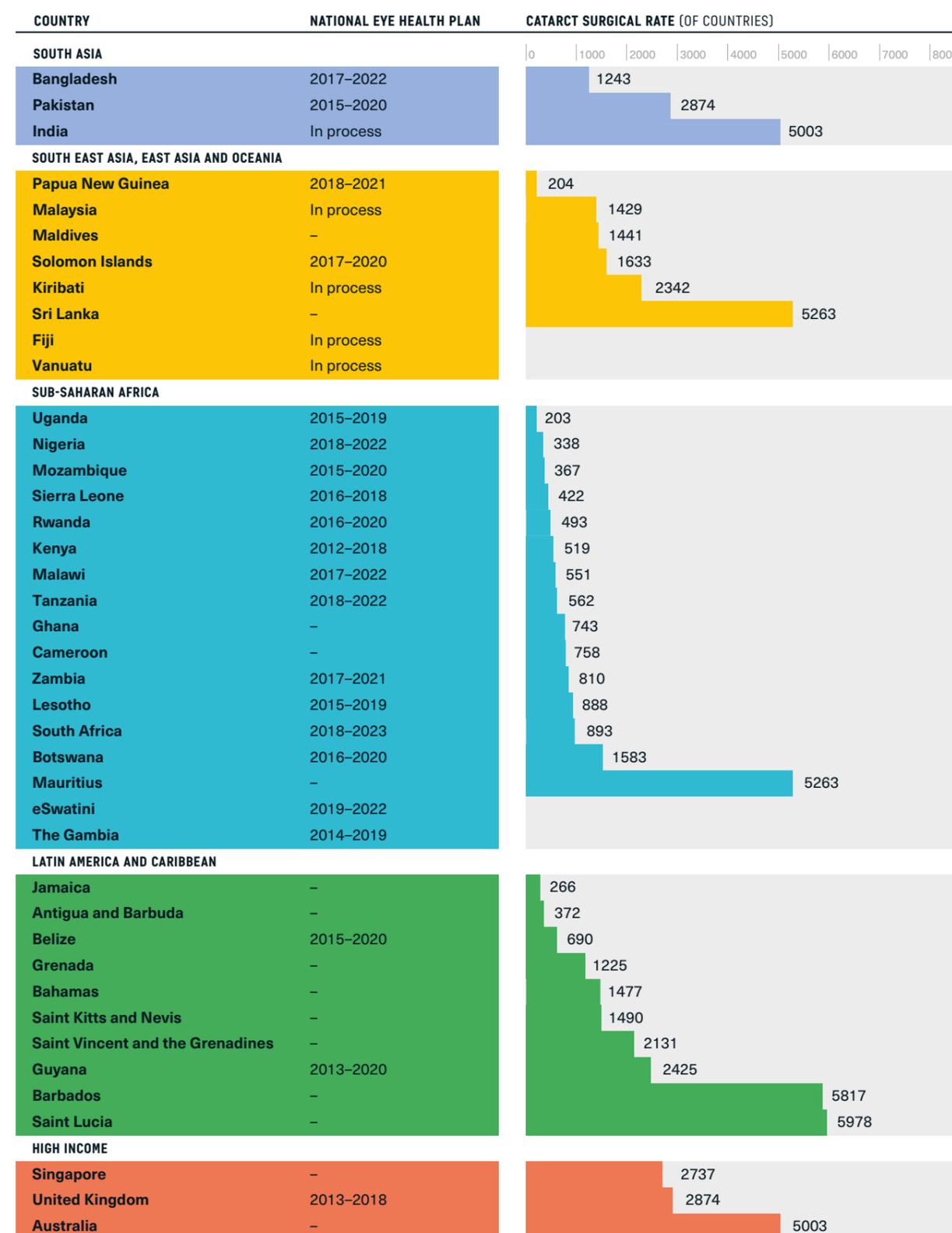
- The cataract surgical rate from available data.
- The development of national eye health plans.
- Improvements in numbers and quality of human resources for eye health.
- Initiatives on eye health financing.

Notable examples of progress in individual countries are described in more detail.

Cataract remains a leading cause of blindness and vision impairment in many countries. The number of cataract surgeries performed per million population per year is called cataract surgical rate (CSR). It is collected at the national level and it is a proxy indicator for access to cataract surgical services also used to monitor eye care services delivery. Figure 2 shows the cataract surgical rate by Commonwealth country.

National Eye Health Plans integrated into national health policy are a powerful planning tool for access to quality eye care for all. Figure 2 shows Commonwealth countries with National Eye Health Plans (NEHP), indicating previous (expired) plans, current plans and those with review of plans in progress.

Fig.2 Cataract Surgical Rate and National Eye Health Plans by Commonwealth Country



1. The countries are grouped according to the Global Burden of Disease 'Super Regions' and arranged accordingly.
2. Tanzania, Maldives, and Papua New Guinea have updated prevalence surveys in the form of rapid assessment of avoidable blindness RAABs but do not have an updated CSR since the Commonwealth policy brief report in 2017.
3. Mauritius has the most updated Cataract Surgical Rate (CSR) report.
4. **Both CSR and NEHP information not available for:** Brunei Darussalam, Canda, Cyprus, Dominica, Malta, Namibia, Nauru, New Zealand, Samoa, Seychelles, Tonga, Trinidad and Tobago, Tuvalu.



In addition a number of Commonwealth countries – for example Ghana and Zambia have integrated human resources for eye health into their Human Resources for Health plans.

Eye Health plans (NEHP) integrated into national health plans are important for planning, implementation, coordination and advocacy for eye health services. Integration of eye health into mainstream health – which hitherto has been the exception rather than the rule – removes barriers to access and helps ensure timely interventions. The World Health Assembly has guided the development of NEHPs since 2003 with resolution WHA 56.26¹⁵ and the 2019 World Report on Vision called for a shift to Integrated People Centred Eye Care to tackle the scale of the problem of unmet need.¹⁶ In developing NEHPs, it is important that countries incorporate evidence generated through epidemiological studies, health information systems, eye care service assessment tools and systematic reviews, while considering equity and sustainability as some of the priorities.¹⁷

This report recommends that Commonwealth countries:

**RECOMMENDATION 3
IMPLEMENT INTEGRATED PEOPLE-CENTRED EYE CARE WITHIN
HEALTH SYSTEMS FOR EYE HEALTH TO BE PART OF UNIVERSAL
HEALTH COVERAGE.**

A starting point is enhancing planning by integrating eye health within national health planning.

¹⁵ <https://www.afro.who.int/sites/default/files/2017-06/WHA56.26%20%281%29.pdf>

¹⁶ <https://www.who.int/publications/i/item/world-report-on-vision>

¹⁷ Ramke J, Zwi AB, Silva JC, et al. Evidence for national universal eye health plans. Bull World Health Organ. 2018;96(10):695-704. doi:10.2471/BLT.18.213686

HUMAN RESOURCES FOR EYE HEALTH

Improving access to quality eye care requires a strong focus on the development of human resources for eye health. The shortfall in human resources for eye health is a major challenge particularly in Africa and significant investment to scale up training is critical.

The Commonwealth Eye Health Consortium¹⁸ is a global collaboration of eye health organisations from a range of Commonwealth countries working together to improve access to eye care and to strengthen eye health systems and the quality of eye care throughout the Commonwealth. The CEHC has three key areas of investment: people, knowledge and tools. In its first completed 5-year cycle (2014 to 2019), there has been an unprecedented increase in support for human resources for eye health in the following areas (see Figure 3):

- 1 Public Health Training
- 2 Open Education
- 3 Clinical Fellowships
- 4 Mentorship
- 5 Training the Trainers
- 6 Research Fellowships
- 7 Networks – Diabetic Retinopathy Network (DR-NET), Child eye health networks – Retinopathy of Prematurity Network, Retinoblastoma Network
- 8 Development of Regional Clinical Fellowship Training

¹⁸ <https://blogs.lshtm.ac.uk/cehc-test/files/2019/08/03-Final-Evaluation-of-CEHC.pdf>

Fig.3 Commonwealth Eye Health Consortium Supporting Human Resources Development



NOTABLE EXAMPLES OF PROGRESS 2018-2020 IN COMMONWEALTH COUNTRIES

MOZAMBIQUE

In 2018-2019 there was considerable progress on addressing the health workforce deficit and cataract backlog in Mozambique, under the leadership of the Ministry of Health. There was an increase in the number of cataract surgeries, to a total of 10,833 in 2019. The number of eye care consultations increased to 625,718 in 2019, up by over 63,000 from the previous year.

Training of eye health personnel was stepped up both in country and through overseas scholarships. As of 2019 there were 31 qualified ophthalmologists in the country, and 31 optometrists, over 204 ophthalmic technicians, and 10 allied personnel.

The government is evaluating the national eye care plan 2014-2019 before beginning planning for the next. Potential areas that may be addressed in the next plan include:

- Further increasing cataract surgeries.
- Increasing schools screening and addressing refractive error.
- Strengthening provision of consumables.
- Seeking donor funding to help currently unsupported provinces.

INDIA

The integration of blindness into wellness centres in India, facilitated by Ayushman Bharat (the new health insurance scheme in India launched in 2018) is a major step to advance on eye health within universal health coverage. The rural wellness centres are community health centres with a focus on health promotion, prevention and counselling and a one-stop location for health examination. Eye care within the wellness centres should greatly improve access. This integration is planned over the next 2-3 years. With 70-80% of India's population located rurally, especially in the north, this will be an opportunity to reach more remote and underserved populations.

There has been progress in other areas in India in terms of integration, led by the Government of India. The School Screening programme was strengthened over the last two years.

Presbyopia correction (spectacles for near sight) has been incorporated into 'financial norms' allowing state governments to provide subsidies for it. These initiatives towards integrating and incorporating eye health in universal health coverage are resulting in substantial progress. The latest Rapid Assessment of Avoidable Blindness (RAAB) survey reveals that blindness has reduced to 0.3% in India.

BOTSWANA

In 2017 the Government of Botswana announced a programme to screen and treat every school child in the country: Pono Yame- My Sight.

National eye health strategy planning highlighted the need to provide eye health services at the school level. In 2016 with support from Peek Vision a study was undertaken involving screening 13,000 children. A key highlight of this study was high adherence to referrals using the technology, with almost 96% of children attending their follow-up appointments. The data were used to build an economic case, and a business case to show what the return on government investment would be if school screening was rolled out nationwide.

In 2018 the President made a commitment to screen and treat every school child in the country, fully funded in the national government budget. Rollout of this programme was planned to begin in March 2020 but has been postponed because of COVID-19.

BOTSWANA THROUGH THEIR EYE HEALTH PARTNERSHIP, COULD BE THE FIRST COUNTRY IN THE WORLD WHERE EVERY CHILD IS GIVEN THE OPPORTUNITY FOR GOOD VISION. EVERY CHILD IS TALENTED AS TALENT IS UNIVERSAL, UNFORTUNATELY ACCESS TO QUALITY, AFFORDABLE EYE HEALTH SERVICES IS NOT.

**DR BASTAWROUS BSC (HONS) MBCHB HFEA MRCOPHTH PHD,
FOUNDER AND CEO OF PEEK VISION AND ASSOCIATE PROFESSOR
IN INTERNATIONAL EYE HEALTH AT LSHTM**



NIGERIA AND RWANDA

In 2018 all 19 African Commonwealth countries participated in the launch of WHO Afro's Primary Eye Care Training Manual.¹⁹ The purpose of the manual is to strengthen the capacity of health personnel to manage eye patients at primary-level health facilities in the African Region. The manual is designed for a 3-day training course to guide primary health care workers in diagnosing, referring and treating common eye diseases. Nigeria has adapted the manual to suit its local context.^{20,21} Rwanda used the manual in the training that supported its roll out of primary eye care including to schools. Over 2,700 community nurses were trained to carry out eye screenings and dispense eye drops for allergies and infections, to dispense reading and innovative adjustable glasses, and to refer complex child and adult cases for custom-made glasses or surgeries at hospitals.

PAKISTAN

In Pakistan, Lady Health Workers were identified as a vital link with the community who following training performed an effective role in conveying eye health information and creating awareness. There was also an increase in screening for diabetic retinopathy, especially in women, due to their interaction with women in the community (between 94-115% increased screening in women).²²

¹⁹ <https://www.afro.who.int/sites/default/files/2018-06/WEB-2835-OMS-Afro-PrimaryEyeCaretraining-manual-20180406.pdf>

²⁰ <https://www.health.gov.ng/doc/National-Primary-Eye-Care-Training-Manual-Trainers'.pdf>

²¹ <https://www.health.gov.ng/doc/National-Primary-Eye-Care-Training-Manual-Trainees'.pdf>

²² <https://www.iapb.org/wp-content/uploads/Trust-Integrated-Model-of-Care-for-Diabetic-Retinopathy-within-the-Health-System-of-Pakistan.pdf>

PAPUA NEW GUINEA

In 2018-2019 a National Ophthalmology Curriculum was developed in Papua New Guinea. For the first time a PNG national is employed as Senior Lecturer in Ophthalmology at the University of PNG.



EYE HEALTH DATA

As noted at the beginning of this chapter, data to assess progress on eye health are currently limited. The World Health Organization is promoting collection of Effective Cataract Surgical Coverage (ECSC) and Effective Refractive Error Coverage (EREC) as two of the indicators of universal health coverage. In addition it is developing an indicator framework to assess progress on eye health. Data disaggregated by sex, age, ethnicity, migratory status, disability, location and other relevant characteristics give the clearest picture and aid planning.

This report recommends that Commonwealth countries:

RECOMMENDATION 4 IMPROVE DATA ON EYE HEALTH

In order to better monitor and report progress, and distil and disseminate best practice, Commonwealth countries should gather and regularly update disaggregated country data on eye health, in line with the new WHO indicator framework.

The Vision Atlas of the International Agency for the Prevention of Blindness²³ sets out by country the number of people affected by vision loss in 2020.

UNIVERSAL HEALTH COVERAGE AND EYE HEALTH FINANCING

Achieving Universal Health Coverage is a cardinal target of the United Nations Sustainable Development Goals and a strategic priority of the World Health Organization. Universal Health Coverage, and its financing, have been the focus of recent Commonwealth Health Ministers' Meetings.

A key element of Universal Health Coverage is ensuring that the patient has access to appropriate quality care and does not suffer financial hardship. This should include eye care, as set out in the 2019 UN Political Declaration of the High-level Meeting on Universal Health Coverage:²⁴

²³ Vision Atlas – The International Agency for the Prevention of Blindness (iapb.org)

²⁴ <https://www.un.org/pga/73/wp-content/uploads/sites/53/2019/07/FINAL-draft-UHC-Political-Declaration.pdf>

Financing mechanisms should be geared towards securing adequate funds to provide people with the eye care services they need equitably and without paying out of pocket expenses that they can ill afford, particularly through prepaid mandatory pooled mechanisms supported by domestic financing.

Eye care, particularly cataract surgery and primary eye care, is increasingly included in health care packages supported by national health financing in Commonwealth countries, such as through national health insurance or other general health system provision. This is an important development given that such financing helps ensure that coverage is more equitable and that risks of poverty from out of pocket health care costs are reduced. This approach should be pursued as there is a large and growing body of evidence that it is most effective to increase coverage and financial protection.

The Lancet Global Health Commission on Global Eye Health's research highlights the economic argument for eye health as well as mechanisms for sustainable financing. It provides further evidence on the economic cost of vision impairment and the return on investments from eye health interventions²⁵

A number of Commonwealth countries have adopted innovative healthcare financing mechanisms suitable to their context.

KENYA

National Hospitals Insurance Fund

Healthcare services in Kenya can be provided under the national hospitals insurance fund (NHIF) for accredited public and private facilities. The NHIF covers "ophthalmic surgery" including cataract surgery. Currently, payment to service providers for each cataract surgery ranges from 10,000-60,000Ksh. With this figure often higher than would be charged out of pocket for cataract surgery, this payment level incentivises cataract surgery under NHIF and increased surgical rates. However inequities in access to surgery persist. The Fred Hollows Foundation is working with the Ministry of Health and NHIF on a "sustainable model of eye health financing" partnership in five counties. This has a focus on cataract surgery and includes piloting of different performance-based contracting approaches to increase the cataract surgical rate among poorer and vulnerable populations.

²⁵ The Lancet Global Health Commission – Global Eye Health (globaleyhealthcommission.org)

**EYE HEALTH NEEDS A
SIGNIFICANT STEP CHANGE
IN FUNDING FROM ALL SOURCES
TO ACHIEVE UNIVERSAL HEALTH CARE
AND TO ENSURE WE DELIVER ON OUR
PROMISE TO LEAVE NO-ONE BEHIND**

**THE LANCET GLOBAL HEALTH COMMISSION
ON GLOBAL EYE HEALTH**

RWANDA**Performance-based financing and inclusion of eye health**

The community-based health insurance (CBHI) scheme started as a pilot in Rwanda in 1999 and has since rolled out nationwide. It covers about 90% of the population, with the government paying the premium for those with the lowest income. The CBHI covers services from primary, district, secondary to tertiary level. Cataract surgery and eye health consultations are included.

Rwanda also has a national performance-based financing system for health care. This includes incentives for equity and performance payments going to institutions and health workers. In 2019, Fred Hollows Foundation worked with the Rwandan government to include eye health in this performance-based financing system for services including eye health consultations, cataract identification and surgery and supervisory (mentorship) visits, and screening for diabetic retinopathy. A number of eye health NGOs are now supporting eye health services through this national PBF system.²⁶ This collaboration between NGOs and the Ministry of Health is strengthening existing national health systems to increase service provision.

MALAYSIA**Government budget line for eye health care**

Eye health has been incorporated into the government national budgetary planning in Malaysia for almost 10 years. Malaysia is in the process of developing its next national plan- called the RMK-12 (2021-2025), where there will be a dedicated budget line for eye health. Currently, there are 41 Ministry of Health hospitals in the country providing low cost services, including cataract surgery, based on means testing for ability to pay. The plan for 2020 and beyond is to relocate optometrists in communities to increase coverage of services and provision of a subsidy scheme for spectacles.

A range of innovative initiatives, from social enterprise to catalytic funding, impact investing and development impact bonds, aim to support the sustainable financing of eye health services. These are some examples.

²⁶ 'Innovative Approaches in the delivery of primary and secondary eye care' (<https://www.springer.com/gp/book/9783319980133>)

A social enterprise sells goods and services and reinvests the profit back into the business and local community. The social enterprise financing model in eye health is focused on improving access and affordability to eye care services or goods, often spectacles.

Vision Spring mainly focuses on provision of affordable spectacles and reading glasses to communities. It operates in Bangladesh, India, Nigeria, South Africa and Uganda. They are also supported by philanthropic donations and grants.²⁷ In 2018, it was recognised as an 'Impact Unicorn,' generating USD 1 Billion economic impact.

Wazi Vision Uganda received a start-up grant of USD 25,000 from the United States African Development Foundation (USADF) and the Citi Foundation. Prototype glasses were developed and distributed after screening over 2,200 children. Female artisans are employed and trained to design and mould the plastic frames, creating jobs in a new sector.²⁸

The Cameroon Cataract Bond,^{29,30,31} an innovative financing model, is a pay-for-performance mechanism known as a development impact bond (DIB) launched in 2018. About USD 12 million has been committed to fund the operations of the Magrabi ICO Cameroon Eye Institute (MICEI). The fund is designed to prevent blindness through the provision of cataract surgeries at a low cost for middle income patients and no cost for low income patients. Through this funding mechanism, it is envisaged that the hospital will reach self-sufficiency in five years. The bond also contributes towards developing the hospital as a regional training institute for the Central African Economic and Monetary Community (CEMAC) region. The DIB is led by the Cataract Bond Design Coalition, which consists of The Fred Hollows Foundation, the Conrad N. Hilton Foundation, Sightsavers, the African Eye Foundation and Volta Capital, with contributions from the Overseas Private Investment Corporation (OPIC), now International Development Finance Corporation (DFC) and the NETRI Foundation. MICEI is the first subspecialty eye care hospital and training institute in Central Africa.

²⁷ https://ssir.org/articles/entry/better_vision_for_the_poor

²⁸ <https://david-koh-cxiz.squarespace.com/blog/2017/11/30/entrepreneur-profile-building-a-business-and-making-eyecare-accessible-and-affordable>

²⁹ https://golab.bsg.ox.ac.uk/documents/787/Cameroon_Cataract_Case_Study.pdf

³⁰ <https://www.dfc.gov/media/opic-press-releases/cameroon-cataract-bond-records-successful-first-year>

³¹ <https://www.iapb.org/news/fred-hollows-foundation-welcomes-successful-first-year/>

**COST-EFFECTIVE VISION-RESTORING
INTERVENTIONS OFFER ENORMOUS
POTENTIAL TO TRANSFORM
THE ECONOMIC OUTLOOK
OF INDIVIDUALS AND NATIONS**

CAMEROON CATARACT BOND STEERING COMMITTEE

The Vision Catalyst Fund (VCF) is a financing mechanism set up to accelerate the development of sustainable national, government-owned eye health services creating access for entire populations. The venture's founding partners include Standard Chartered, UBS, Essilor, James Chen and the International Agency for the Prevention of Blindness (IAPB).³² The VCF is geared towards strengthening health systems and providing widespread access to quality eye care. The VCF seeks to raise USD 1 billion. A pilot phase will begin in 2021.

This report recommends that Commonwealth countries:

**RECOMMENDATION 5
INCLUDE ESSENTIAL EYE CARE IN PUBLIC FUNDING OF HEALTH CARE**

Noting global evidence that coverage of essential services is promoted by inclusion in pre-paid pooled public financing of health care, The Commonwealth, recognising progress made, should support further efforts to ensure packages of essential cost-effective eye care be included in such domestic financing in Commonwealth countries. Where possible, strategic purchasing should be further leveraged to ensure equitable, quality and hence effective coverage according to need.

³² <https://visioncatalystfund.org>

FOUR THE BIG PICTURE ON EYE HEALTH



THE BIG PICTURE ON EYE HEALTH

On 10 October 2019, World Sight Day, The World Health Organization (WHO) launched its first ever World Report on Vision.³³

The World Report on Vision highlighted for first time the global scale of eye conditions and vision impairment, took stock of progress made and the remaining challenges facing the eye care sector, and outlined future priorities for action. Its key messages are the importance of integrating eye health into health services as part of universal health coverage, and that eye care needs to be “people centred”, putting the focus on people and communities, not diseases.

³³ <https://www.who.int/publications/i/item/9789241516570>

THE LAUNCH OF THE WORLD REPORT ON VISION STIMULATES ACTION
AROUND THE COMMONWEALTH

AUSTRALIA



The Australian Government committed to addressing eye health related conditions and providing access to quality eye care for all individuals.

BANGLADESH



The Minister of Health committed to allocating adequate resources to strengthen primary eye care, including the addition of 500 vision centres in the near future.

CANADA



The Canadian launch called upon the Canadian Government to increase equitable access to eye care as recommended by in the World Report on Vision.

PAPUA NEW GUINEA



The Minister of Health committed to allocating additional budget for eye health; along with support from the acting Secretary for the Health department to include eye care in the National Health plan.

In August 2020, at the initiative of Australia, the World Health Assembly adopted resolution **WHA73.4**

The resolution urges all Member States to implement the recommendations of the World Report on Vision, and specifically to:

- Make eye care an integral part of universal health coverage; and
- Implement integrated people-centred eye care, where people and communities are at the centre within health systems

The resolution also calls upon the WHO Director-General to increase support to countries in implementing the recommendations of the World Report on Vision; support the creation of a global research agenda for eye health; and to work with Member States to develop global targets on eye health for 2030 at the 74th World Health Assembly in 2021.

This report recommends that the Commonwealth:

RECOMMENDATION 6 REMAINS AT THE FOREFRONT ON EYE HEALTH

Leading the way in advancing the commitment by Member States under WHA73.4 and the approach advocated by the WHO's 2019 World Report on Vision, forging partnerships and innovating, to provide integrated people-centred eye care services within Universal Health Coverage, leaving no-one behind.

Vision makes an important contribution to the 2030 Agenda for Sustainable Development and cuts across many of the Sustainable Development Goals. It is a simple and cost-effective way of unlocking human potential: enabling people to get and keep a job, to escape poverty, to learn, to drive safely, to read a book or play sport, and to enrich and develop countries and communities.



Vision contributes to the Sustainable Development Goals

Green arrows indicate relationships with direct evidence of a beneficial effect from improving eye health on Sustainable Development Goals. Dashed green arrows represent hypothesised direct beneficial effects. Black arrows represent possible indirect beneficial effects.

Since CHOGM 2018 there has been a growing understanding and recognition of the importance of eye health in global policy making.

At the United Nations the UN Friends of Vision group has been created with the aim of advancing the issue of eye health within the context of the Sustainable Development Goals, to raise its profile on the international agenda and to share knowledge with and among Member States. Led by three co-chairs, two of them from Commonwealth countries (the Permanent Representatives of Antigua & Barbuda and Bangladesh), it includes representatives of more than 50 countries and has developed a strong and credible voice in UN political processes.

Having successfully advocated for the inclusion of eye health within key UN declarations and processes it is currently working towards the adoption in 2021 of the first UN General Assembly resolution on vision. The purpose of this landmark resolution is to recognise explicitly the important contribution eye health can make to the achievement of the Sustainable Development Goals and to motivate action by countries, the private sector, the United Nations and its institutions.

This report recommends that the Commonwealth:

RECOMMENDATION 7 CHAMPIONS EYE HEALTH ON THE INTERNATIONAL STAGE

The Commonwealth, inspired by its successes to date and the message of the WHO World Report on Vision, should continue to champion eye health on the international stage, with member governments supporting the adoption and implementation of the first resolution on vision at the United Nations and the adoption of ambitious global targets on eye health at the 74th World Health Assembly.



RECOMMENDATIONS



SUMMARY OF RECOMMENDATIONS

That the Commonwealth, in furtherance of its commitment to action towards access to quality eye care for all:

01. COMMITS TO SCHOOL EYE TESTS FOR ALL

The Commonwealth should commit to school-based screenings and sight tests, affordable glasses and other vision treatments for all children, in all types of schooling, to boost educational attainment and life chances for present and future generations.

02. FINISHES THE JOB OF ELIMINATING TRACHOMA

The Commonwealth, having made major gains in combatting trachoma, should pursue those efforts to elimination of trachoma as a public health problem. In particular:

- a) Commonwealth countries identified as “may require interventions; further investigation needed” for trachoma should determine whether there is justification for (and if necessary undertake) baseline surveys to identify needs;
- b) Those that are known to require interventions but are not yet implementing the SAFE strategy, should do so urgently;
- c) Those that have less than 100% geographical coverage of areas in which trachoma is known to be a public health problem should scale up interventions urgently;
- d) Trachoma interventions should be included within national eye health plans, ultimately supporting the achievement of universal health coverage through cross-sectoral collaborations guided by the WHO World Report on Vision and the WHO Global NTD Road Map, 2021 – 2030 adopted in November 2020.³⁴

03. IMPLEMENTS INTEGRATED PEOPLE-CENTRED EYE CARE WITHIN HEALTH SYSTEMS FOR EYE HEALTH TO BE PART OF UNIVERSAL HEALTH COVERAGE.

A starting point is enhancing planning by integrating eye health within national health planning.

04. IMPROVES DATA ON EYE HEALTH

In order to better monitor and report progress, and distil and disseminate best practice, Commonwealth countries should gather and regularly update disaggregated country data on eye health, in line with the new WHO indicator framework.

05. INCLUDES ESSENTIAL EYE CARE IN PUBLIC FUNDING OF HEALTH CARE

Noting global evidence that coverage of essential services is promoted by inclusion in pre-paid pooled public financing of health care, the Commonwealth, recognising progress made, should support further efforts to ensure packages of essential cost-effective eye care be included in such domestic financing in Commonwealth countries. In addition, that, where possible, strategic purchasing be further leveraged to ensure equitable, quality and hence effective coverage according to need.

06. REMAINS AT THE FOREFRONT ON EYE HEALTH

Leading the way in advancing the commitment by Member States under World Health Assembly resolution 73.4 of August 2020 and the approach advocated by the WHO's 2019 World Report on Vision, forging partnerships and innovating, to provide integrated people-centred eye care services within Universal Health Coverage, leaving no-one behind.

07. CHAMPIONS EYE HEALTH ON THE INTERNATIONAL STAGE

The Commonwealth, inspired by its successes to date and the message of the WHO World Report on Vision, should continue to champion eye health on the international stage, with member governments supporting the adoption and implementation of the first resolution on vision at the United Nations and the adoption of ambitious global targets on eye health at the 74th World Health Assembly.

³⁴ Executive summary. Ending the neglect to attain the Sustainable Development Goals: A road map for neglected tropical diseases 2021–2030 (who.int)

AUTHOR AND CONTRIBUTORS

The report was authored by **Dr Fatima Kyari** MBBS FWACS MSc PhD FNAMed

Fatima Kyari is an Associate Professor of Ophthalmic Epidemiology at the International Centre for Eye Health (ICEH) at the London School of Hygiene & Tropical Medicine (LSHTM). Her key responsibility is leading the development of a new Africa Glaucoma Clinical and Research Network.

Fatima Kyari is an ophthalmologist; worked at National Eye Centre Kaduna for 15 years before joining the College of Health Sciences, University of Abuja, Nigeria. She is an Honorary Consultant at University of Abuja Teaching Hospital with special interest in glaucoma and medical retina.

She is an adviser for Light For The World, an International non-governmental developmental organisation (INGDO) based in Austria, supporting the development of Glaucoma Programmes in Burkina Faso, Ethiopia and Mozambique. She is leading a Pan-African network to develop glaucoma guidelines and toolkit, and clinical capacity. She is coordinating the piloting of the toolkit in Gondar, Ethiopia and Abuja, Nigeria.

Fatima has been involved in international policy development forums: As lead author of the Commonwealth policy brief on “A sustainable approach to control avoidable blindness and vision loss” sponsored by the Commonwealth Eye Health Consortium and the Queen Elizabeth Diamond Jubilee Trust in collaboration with staff at ICEH, LSHTM; editorial committee member of the World Health Organization’s “World Report on Vision,” the lead consultant for the “Nigeria National Eye Health Policy” and a contributor to the Nigeria National School Eye Health Guidelines.” She is a contributor and co-author for the Lancet Global Health Commission on Global Eye Health, published in February 2021.

In her voluntary role as the West Africa (Anglophone) sub-regional Chair of the International Agency for the Prevention of Blindness (IAPB), Fatima has been involved in high level advocacy on eye health policy and planning in Nigeria and West Africa.

Following her PhD studies, as the Coordinator, she led the setting up, approval and commencement of the MB;BS programme and the College of Health Sciences at a private university in Abuja. She was also the technical (medical) consultant on the building project of its teaching hospital – taking it through concept, architectural design, construction and equipment plan.

Fatima had her medical training at Ahmadu Bello University, Zaria, and ophthalmology residency training at National Eye Centre, Kaduna, Nigeria. She completed her MSc in Public Health for Eye Care and PhD at the ICEH at LSHTM.

Anagha Joshi provided research support on the report. She has a clinical background in Optometry and has worked in programme implementation, research and policy in Australia, the United Kingdom, India and Kenya.

Eleanor Fuller, former British ambassador and Director of Advocacy at The Queen Elizabeth Diamond Jubilee Trust, edited the report.

This report was produced by the Vision for the Commonwealth coalition as an input to the Commonwealth’s deliberations and decision-making.

www.visionforthecommonwealth.com/

Vision for the Commonwealth is supported by the following organisations:



Information was collected from the following sources/resources:

- Interviews with key country contacts
- Interviews with key programme/project contacts
 - International Coalition for Trachoma Control
 - Non-governmental development organisations
 - Commonwealth Eye Health Consortium
- Published journal articles
- Published Reports
 - Vision Atlas – The International Agency for the Prevention of Blindness (iapb.org)

All photos featured in this report fall under a Creative Commons licence