



Integrated People-centred Eye Care Advocacy to Action Toolkit

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Photo submitted by: Gideon Okorie for WSD Photo Competition

Acronyms

<i>ECSAT</i>	<i>Eye Care Situation Analysis Tool</i>
<i>eCSC</i>	<i>Effective coverage of cataract surgery</i>
<i>eREC</i>	<i>Effective coverage of refractive error correction</i>
<i>GDP</i>	<i>Gross Domestic Product</i>
<i>IPEC</i>	<i>Integrated People-centred Eye Care</i>
<i>M&E</i>	<i>Monitoring and Evaluation</i>
<i>MoH</i>	<i>Ministry of Health</i>
<i>NCD</i>	<i>Non-Communicable Disease</i>
<i>NGO</i>	<i>Non-Government Organizations</i>
<i>SDG</i>	<i>Sustainable Development Goal</i>
<i>UHC</i>	<i>Universal Health Coverage</i>
<i>USD</i>	<i>United States Dollar</i>
<i>VNR</i>	<i>Voluntary National Review</i>
<i>WHA</i>	<i>World Health Assembly</i>
<i>WHO</i>	<i>World Health Organization</i>

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About the toolkit

Photo submitted by: Andy William for WSD Photo Competition



1.1 What is the Integrated People-centred Eye Care Advocacy to Action Toolkit?

The Integrated People-centred Eye Care Advocacy to Action toolkit is a central reference point for key information, tools, templates, and resources to advocate for and initiate policy dialogue process for implementation of Integrated People-centred Eye Care (IPEC) in countries. This toolkit is part of the IAPB Advocacy to Action program.

For better understanding, this toolkit should be read alongside the WHO World Report on Vision, WHO Eye Care in Health Systems: Guide to Action and the Introduction to IPEC training course.



1.2 Who are the audience of this toolkit?

The toolkit assists IAPB members and the eye health sector in advocating for IPEC. The primary audience of this toolkit are IAPB members who will be engaging with national governments to implement IPEC. It is expected that the toolkit will be beneficial for advocates working in eye health, other health sectors, broader social and development sectors, and government ministries.



1.3 What is the purpose of this toolkit?

The main aims and objectives of the toolkit will help advocates to:

1. Plan, coordinate and engage in national level IPEC advocacy
2. Lead and/or participate in policy dialogues with national governments
3. Obtain commitments from national governments in developing national strategic plans on the integration of eye health into health systems
4. Keep advocacy activities on track with targets and outcomes
5. Access required resources and tools



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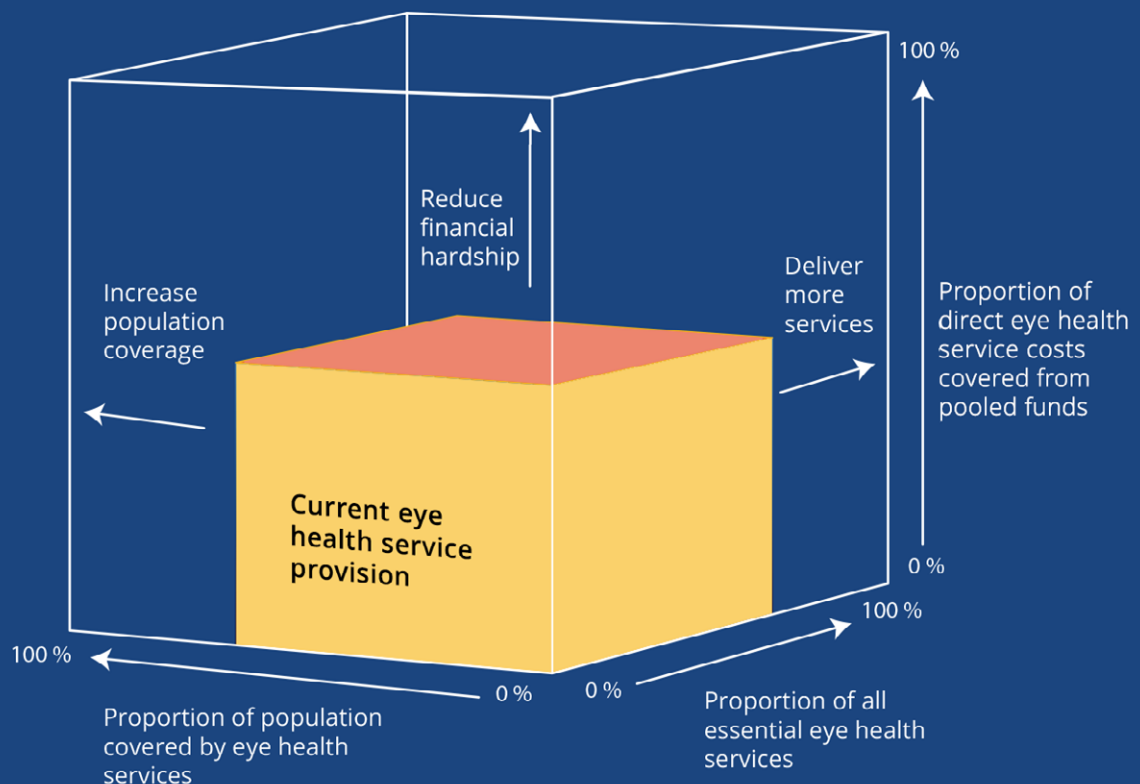
Background

Photo submitted by: Ulrich Eigner for WSD Photo Competition

2.1 Universal Health Coverage

Universal Health Coverage (UHC) means that all individuals and communities receive the health services they need without suffering financial hardship. It includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care across the life course. This means putting the comprehensive needs of people and communities, not only diseases, at the centre of health systems, and empowering people to have a more active role in their own health.

UHC emphasizes not only *what* services are covered, but also *how* they are funded, managed, and delivered. It requires a fundamental shift in service delivery so that services are integrated and focused on the needs of people and communities and are accessible to all. Achieving UHC is one of the critical targets (SDG 3.8) the nations of the world set when adopting the SDGs in 2015.



Universal Eye Health Coverage Cube

Adapted from: *Lancet Global Health Commission on Global Eye Health: vision beyond 2020*, Feb 2021

2.2 World Health Organization World Report on Vision

The WHO World Report on Vision provides the strategic framework for the integration of eye care in health systems. The report reflects on the progress-to-date and remaining challenges for eye health. It calls for the urgent need for greater awareness, political will, and investment to strengthen eye care globally.

Despite significant progress over the last 30 years, access and services are not keeping pace with demographic change and population needs. To tackle this challenge over the next decade, the report argues the need for eye health to be a core element of universal health coverage, and for there to be a holistic approach where these health systems are organised around the needs and expectations of people throughout their life rather than a narrow view based on disease at any one time.

The report recommends that this Integrated People-centred Eye Care (IPEC) approach should be part of every country's journey towards UHC and provides a roadmap for countries and their development partners to delivering Integrated People-centred Eye Care as part of their commitments to achieving UHC and the SDGs.

Key recommendations:

- Make eye care an integral part of universal health coverage.
- Implement Integrated People-centred Eye Care in health systems.
- Promote high-quality implementation and health systems research complementing existing evidence for effective eye care interventions.
- Monitor trends and evaluate progress towards implementing Integrated People-centred Eye Care.
- Raise awareness and engage and empower people and communities about eye care needs

2.3 Eye health Advocacy Landscape

World Health Assembly Resolution 2020

‘Integrated People-centred Eye Care, including preventable vision impairment and blindness’

In 2020, the 73rd World Health Assembly adopted resolution WHA 73.4 *Integrated People-centred Eye Care, including preventable vision impairment and blindness*. The resolution, led by the governments of Australia and Indonesia, urges all Member States to make eye care an integral part of universal health coverage and to implement Integrated People-centred Eye Care in health systems.

World Health Assembly Resolution 2021

‘Integrated People-centred Eye Care, including preventable vision impairment and blindness’ Recommendation for Global Targets for 2030

In May 2021, two global targets for 2030 were agreed by the 74th World Health Assembly:

- 40 percentage point increase in effective coverage of refractive error (eREC) by 2030
- 30 percentage point increase in effective coverage of cataract surgery (eCSC) by 2030

The targets address the leading cause of blindness and vision impairment and are a vital mechanism to monitor global progress on eye health and to hold governments accountable.

United Nations Resolution 2021

‘Vision for Everyone, accelerating action to achieve the Sustainable Development Goals’

UN Resolution A/75/L.108 – Vision for Everyone; accelerating action to achieve the sustainable development goals made clear that the realization of “Vision for Everyone” will make a crucial contribution to the 2030 Agenda, help achieve sustained, inclusive and equitable economic growth and development, and ensure that no one is left behind:

Recognizing that improved vision and optimized functional ability for people with blindness or vision impairment leads to improvement in employment prospects, enhanced workplace productivity, increased household income and spending and enhanced economic productivity, and that these economic benefits, particularly when delivered in low-resource areas, can be instrumental in achieving Sustainable Development Goal 1 (End poverty in all its forms everywhere), Goal 2 (End hunger, achieve food security and improved nutrition and promote sustainable agriculture) and Goal 8 (Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all).

It is the first agreement designed to tackle preventable sight loss to be adopted at the United Nations and enshrines eye health as part of the United Nations' Sustainable Development Goals.

The UN Resolution on vision identifies the following SDGs as directly impacted by vision impairment:



The resolution creates new expectations for international financial institutions and donors to provide targeted finances, especially to support developing countries in tackling preventable sight loss. It also calls on the United Nations Institutions to incorporate eye health into their work.

The resolution sets a target for eye care for all by 2030 – with countries set to ensure full access to eye care services for their populations, and, to support global efforts, to make eye care part of their nation’s journey to achieving the Sustainable Development Goals.

2030 In Sight

Eye health sector strategy for 2030

Building on the success of Vision 2020 and looking forward to tackling the ever-complex challenges in eye health, IAPB’s has set out a new sector strategy for the decade: 2030 In Sight. This strategic plan brings all the eye health sector together for the collective action on eliminating avoidable blindness. By 2030, we want to see a world where- no one experience unnecessary or preventable vision impairment and blindness, and everyone can achieve full potential.

A call to action to **ELEVATE** the issue of eye health-embed vision as fundamental, economic, social and development issue, **INTEGRATE** eye health in wider health care systems and **ACTIVATE** demand from the ground up- drive patient, consumer, and market change.

The strategy recognises the fundamental role of sector advocacy in ensuring eye health receives the political, health and development priority and resources it needs.

For detailed reading, please refer www.iapb.org/about/2030-in-sight/

The logo features the year '2030' in a large, bold, white sans-serif font, with 'IN SIGHT' in a smaller, bold, white sans-serif font directly beneath it. The text is centered on a solid red rectangular background.



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Integrated People-centred Eye Care

Photo submitted by: Ellen Crystal for WSD Photo Competition

3.1 What is Integrated People-centred Eye Care?

Integrated People-centred Eye Care means eye care services that are:

Integrated: managed and delivered to assure a continuum of promotive, preventive, treatment and rehabilitative interventions for the full spectrum of eye conditions. This is also coordinated across the different levels and sites of care within and beyond the health sector.

People centred: organised according to the health needs and expectations of people throughout the life course, rather than based on diseases. This approach consciously adopts individuals' perspectives as participants and beneficiaries of eye care services and empowers them to play an active role in their own eye health.

Delivering eye health services within UHC requires multidimensional integration, throughout and beyond the national health system. Eye health needs to be included within national health plans & policies, health information systems, health financing mechanisms and health workforce planning. It also needs to be considered in policies and planning by other government ministries such as education, labour, social welfare, finance etc.

The WHO World Report on Vision provides the following four strategies for achieving IPEC:

- 1. Empowering people and communities** through increased health literacy to actively engage in shaping and using services to drive demand.
- 2. Reorienting the model of care** to prioritize primary and community health services, i.e. ensuring that efficient and effective eye care services are provided through models of care that prioritize primary and community care services.
- 3. Coordinating services** within and across sectors by including eye health in policies and planning of other government ministries such as education, labour, and finance.
- 4. Creating an enabling environment** through three strategic approaches:
 - a) Strengthening leadership and governance of which the inclusion of eye care into health plans and policies is only one of the possible actions,
 - b) Strengthening eye care integration into Health Information Systems (HIS), and
 - c) Strengthening the eye care workforce.

3.2 Why is Integrated People-centred Eye Care important?

IPEC is the only way we can **meet the growing need and demand**, deal with the wider demographic and lifestyle changes impacting eye health, scale up services and tackle inequality that impacts access and outcomes. Eye health is increasingly shaped by ageing populations, urbanisation, and the globalisation of unhealthy lifestyles. The increase in myopia, diabetic retinopathy and the common causes of many non-communicable diseases means that only a holistic, integrated approach will allow us to meet the eye care challenges of the next decade and beyond.

IPEC is also critical for **improving equitable access**. In many low and middle-income countries, eye care services are only provided in secondary or tertiary hospitals based in urban centres, inaccessible to large swathes of the population, especially the most vulnerable. IPEC shifts the balance of care so that resources are closer to patients at the community and primary care level with clear referral pathways for specialist diagnoses and treatments.

An integrated people-centred approach is needed for ensuring **quality**, eye care services which are safe, effective, timely and are of the highest possible standard. IPEC is important for responsiveness of services towards people and their participation in promoting their own eye health.

Integrating eye care and delivering services in a people centred approach also ensures that the services are **efficient and resilient**. IPEC is providing the services in the most cost-effective setting with the right balance between health promotion, prevention, treatment, and rehabilitation. This approach is also required for strengthening the entire health system, increasing the capacity of health actors, institutions, and populations to prepare for, and effectively respond to, public health crises.



Photo submitted by: Deepanjali Chopra for WSD Photo Competition

3.3 How to implement IPEC?

The WHO's **Eye care in health systems: Guide for action**, the fundamental set of tools, provide step-by-step guidance to support countries in implementing the recommendations of World report on vision. The Guide for Action acts as a manual for health planners, outlining strategies and approaches that are proposed by WHO for the planning and the implementation of IPEC. Planning periods covered in the guide include short-term (annual operational planning) and mid-to-longer term (eye care strategic plans).

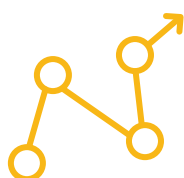


The WHO Guide for Action suggests the following four steps to achieve IPEC at the national or sub-national level:



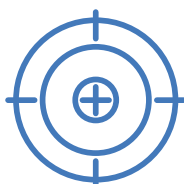
Phase 1: ANALYSE

Objective: Carry out a situation analysis of the eye care sector to establish priorities



Phase 2: PLAN

Objective: Use the priorities to develop an eye care strategic plan and related monitoring framework



Phase 3 - DO

Objective: Operational planning to define activities, timelines and budget at national, sub-national and institutional level to implement the eye care strategic plan



Phase 4 - REVIEW

Objective: Establish ongoing review processes to correct actions

The guide further describes and links the following four new WHO tools that were developed to support country planning. The guide can be accessed [here](#).

I. Eye Care Service Assessment Tool (ECSAT):

The ECSAT intends to support countries in the planning, monitoring of trends and the evaluation of progress towards implementing IPEC. The revised tool aligns with the WHO strategic recommendations made in the Word report on vision. It is designed to answer what is current situation of eye care sector, what priority areas need to be addressed in strategic planning and what are the possible activities to address gaps. In addition to the questionnaire component, ECSAT now includes a maturity scoring system and a set of possible actions. The tool can be accessed [here](#).

II. Package of eye care interventions

The WHO Package of Eye Care Interventions (PECI) is a planning tool containing recommended interventions along the continuum of care; life-course, level/s of care and links to health programs and sectors; and material resources required for implementations. The tool facilitates to decide on which interventions to prioritise, how these can be budgeted and integrated into national health service packages and policies. The Package of eye care interventions can be accessed [here](#).

III. Eye Care Competency Framework

A tool to provide a global standard of eye care competencies that assists in workforce plan-ning and development, informing education institutions in preparing workers for practice, and setting practice standards for employers, policy makers and regulatory bodies. This framework is a key mechanism to align the eye care workforce with population needs. The Eye care competency framework can be accessed [here](#).

IV. Eye Care Indicator Menu

A resource to develop or improve an eye care monitoring framework. It provides a comprehensive set of input, output, outcome, and impact indicators that Member States can select from to facilitate the monitoring of strategies and actions for eye care at national and sub-national level, in line with IPEC. The Eye care indicator menu can be accessed [here](#).





04

Key Advocacy Messages

Key Advocacy Messages

1. Vision impairment is a major public health problem now and set to grow

Globally, at least 2.2 billion people have a near or distance vision impairment. In almost half these cases, vision impairment could have been prevented or has yet to be addressed. The global blindness is estimated to triple by the year 2050. The number of people with blindness is projected to increase from 36 million to 115 million by 2050. Vision impairment is a major public health problem now and is set to grow further.

2. Eye health is essential to Universal Health Coverage

Eye health is key to ensuring good health, mental health, and well-being; and to building strong and resilient health care systems.

People living with vision impairment have an increased risk of mortality (up to 2.6 times); have higher rates of depression and anxiety; and are more likely to suffer from health conditions such as dementia, cardiovascular disease, and lung cancer – posing a considerable challenge for health systems.

3. An integrated people-centred approach to eye care is the only way to address the challenges ahead

Eye care needs to be mainstreamed into national health systems. Integrated People-centred Eye Care is the only way to meet the growing demand, the wider demographic and lifestyle changes, and the challenges ahead for eye health. Without it, the risk is that eye care becomes increasingly siloed, fragmented, and ineffective - and more people get left behind.

4. Eye health is critical if we are to leave no-one behind

A staggering 90% of all unaddressed blindness and vision impairment is in low- and middle-income countries, with the poor and extreme poor among the furthest left behind. Women and girls (55% of vision loss), older persons (74% are aged over 50 years old) as well as persons with disabilities, indigenous peoples, refugees and internally displaced persons and migrants are among those most effected. Increased efforts aimed at reaching those furthest left behind and to target the immediate factors driving the vast inequities which exists in eye health (geographical accessibility, acceptability, cultural, socioeconomic) is a critical component of Integrated People-centred Eye Care.

5. Eye health is essential to achieving the Sustainable Development Goals

Investing in eye care services is a realistic and cost-effective way of unlocking human potential by improving health and wellbeing, education, work and the economy. The WHO World Report on Vision (2019) estimates the additional cost required for the current health system for covering the coverage gap for unaddressed refractive error and cataract globally at \$24.8 billion. The return on investment is substantial, unlocking \$411 billion per year for the global economy in productivity gains (The Lancet Global Health Commission)

Eye health impacts education

- Good vision improves education opportunities.
- Educational performance is linked to good vision. Children with vision impairment have poorer educational outcomes and are more likely to be excluded from school. In low- and middle-income countries children with a vision impairment are 2-5 times less likely to be in formal education.
- Blindness, low vision and vision impairment can significantly impact a child's ability to learn and have ongoing consequences for their life opportunities.
- Investing in eye health services improves educational attainment and increases participation in education. Glasses are one of the most effective health interventions for children, reducing the odds of failing a class by 44%
- Education is widely considered a fundamental human right and the basis for guaranteeing the realization of an adequate standard of living. However, if you struggle to see, you struggle to learn. 80% of what young children learn is processed through their sight.
- Providing every child with access to education and the skills needed to participate fully in society would boost GDP by an average 28% per year in low-income countries and 16% per year in high-income countries for the next 80 years.
- The World Bank Report (2019) recommends prioritising school eye health programmes as school-based eye health programmes deliver a cost-effective model to deliver eye care to school children.

Find out more at: IAPB Vision Atlas: Impact and economics
www.iapb.org/learn/vision-atlas/impact-and-economics/education/

Eye health impacts economy

- Poverty is both a cause and a consequence of poor eye health. Removing the difficulties faced by individuals with vision loss can increase economic workforce participation and productivity and provides greater economic opportunities for individuals.
- Every year the global economy loses at least USD \$411 billion (or 0.3% of GDP) in lost productivity from poor vision.
- 160.7 million people with vision impairment or blindness were within the working age and the overall relative reduction in employment by people with vision loss was 30.2%.
- Correcting vision improves worker productivity by up 22%, can increase household per capita expenditure by 88% and household income – for instance the provision of cataract surgeries in marginalized communities in rural India, the proportion of households with a monthly income <1000 Rupees decreased from 51% to 21%.

05

Advocacy Approach for Integrated People-centred Eye Care



As a sector, we need to embrace IPEC and advocate for its adoption. We will have to come together at a national level to drive this change and actively promote this agenda to governments. This will require national policy dialogues ideally hosted by government and convened with wider stakeholders to develop national strategy, integration plans and include IPEC in their wider strategies and policies.

Role of IAPB members in IPEC

The following case study from the Advancing Integrated People-centred Eye Care project in Ethiopia of Fred Hollows Foundation shows a good example of role of IAPB members in IPEC.

Case Study:

Advancing Integrated People-centred Eye Care in Ethiopia



Photo by: The Fred Hollows Foundation

Supported by the Australian Government through the Australia NGO Cooperation Program (ANCP), The Fred Hollows Foundation is working with the Ethiopian Federal Ministry of Health (MOH) to strengthen understanding, support for and the effective implementation of IPEC within the health system, through The Advancing Integrated People-centred Eye Care project (AIPEC).

In early 2021, drawing on its long-standing relationship with the MOH and National Committee for the Prevention of Blindness (NCPB) and supported by IAPB and WHO, the Foundation instigated and coordinated a series of stakeholder meetings and an inception workshop with eye care stakeholders to discuss recommendations emerging from the World Report on Vision and its call to implement IPEC in health systems. This policy dialogue process provided an opportunity to demonstrate how investing in IPEC in Ethiopia aligns with and supports existing government priorities for eye care under the MOH's National Strategic Plan for Eye Health. It also enabled the opportunity to brief health officials on a range of WHO tools and support available to guide IPEC planning and implementation, including a presentation on the new Eye Care Situation Analysis Tool (ECSAT) designed to provide an evidence base of eye health service capacities and gaps.

Bolstered by high-level representation from WHO and respected eye care experts in Ethiopia, these advocacy efforts were successful in securing a commitment for MOH to conduct an ECSAT to guide IPEC implementation and preparation of a new national eye health strategy in 2022. On advice from The Foundation and the sector, MOH further committed to establish an eye health technical working group to oversee the process of IPEC implementation in Ethiopia.

The ECSAT was finalised in December 2021, with MOH, the eye health technical working group and other eye health stakeholders meeting to interpret results, develop recommendations and agree priority areas for investment. The Foundation and IAPB intend to continue working closely with MoH to lobby for and support follow up actions emerging from the ECSAT. This will include conducting a gender and disability barrier assessment to improve equitable access to services in targeted areas of Ethiopia and further planning sessions in Oromia region for health officials and providers to plan targeted improvements at lower levels of the health system.

The following are the set of advocacy approaches for IPEC:

1 Prepare and coordinate



Familiarise
with IPEC



Understand
National
situation



Identify
and map
stakeholders

2 Initiate a national policy dialogue process



Plan and
convene
policy dialogue



Conduct an
eye care situation
assessment

3 Develop an integrated strategic plan for eye health

4 Communicate outcomes

5 Monitor and Evaluate

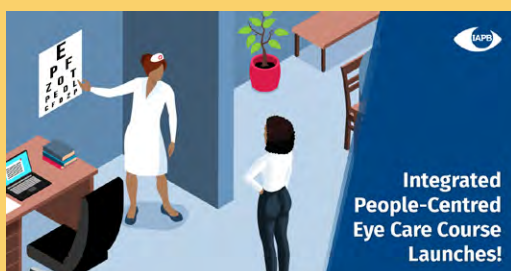
5.1 Prepare and coordinate

Familiarise with IPEC

Successful advocacy starts with a preparation. Begin with familiarising with IPEC with the available resources. A good understanding of IPEC is necessary to advocate for it. The World report on vision, and the Lancet Global Health Commission on global eye health are the primary documents with detailed description on IPEC.

You can also refer to the IAPB resources.

IAPB resources for IPEC



Introduction to IPEC training course: Introductory module on what IPEC is and how to implement IPEC in a specific country scenario

www.iapb.org/learn/knowledge-hub/ipec/introduction-to-ipec/



Advocacy to Action program: series of webinars and workshops that includes practical advocacy and campaigns know how as well as creating network of eye health advocates

www.iapb.org/learn/our-events/advocacy-to-action/

Understand the National Situation

National health priorities, strategic planning process and eye health needs

Plan to start where your country is at and build from there – it is important not to create the sense that an IPEC approach will replace, or undo progress already made.

The national priorities and the strategic planning process will vary in each country. It is important to frame your advocacy efforts and policy discussions according to the national priorities. This may also present opportunities for collaboration with other allied health or development sectors.

Having a good understanding about the country's health priorities bolsters in building advocacy strategies. The following sets of evidence can assist in determining the national priorities of a country.

Set of Evidence

- Population
- Human Development Index
- Gender Inequality Index
- Prevalence of NCD such as: Hypertension, Diabetes
- Universal health coverage index
- Catastrophic health expenditure
- Burden of blindness and visual impairment
- National health plan, priority areas

IAPB Vision Atlas

The IAPB Vision Atlas is a compilation of the very latest eye health data and evidence. It includes interactive maps and breakdown charts which are presented at Global Burden of Disease Super region, Global Burden of Disease Region and Country levels. The wealth of information in the Vision Atlas is relevant to policy makers, health planners, eye health professionals, NGOs, patient groups and advocates. It is a powerful tool for advocacy. The infographics and images on the Vision Atlas are effective tools to highlight the inequality of the burden of vision loss within the regions and across the countries.

The vision atlas can be accessed at: www.iapb.org/learn/vision-atlas/



Vision Atlas, IAPB

Identify and map stakeholders

Make a list of all the people and organizations interested in eye health, including those who influence the decision making and those who have the power to bring the required change in policy. The list should include the stakeholders who will be affected by change in eye health policy, from citizens and patient groups through to professional associations and eye health NGOs.

This should also include national/local UN agencies such as the WHO, UNDP, UNICEF, UNESCO, International Labour Organization, UN women, to tie the eye health agenda with the sectors.

The key stakeholder will be national governments as they have the ability to make and implement policy and resource. It is critical that governments own the implementation of IPEC. You should try to engage at the highest level, ideally the Minister of Health, as well as those who are involved in the day-to-day planning and delivery of eye health, such as the national eye health coordinator.

It is also important to encourage a 'whole-of-government' approach in recognition of the close links between eye health and many of the Sustainable Development Goals. Invite other relevant ministries such as finance, social welfare, labour, education etc – this may vary depending on your national priorities (see above).

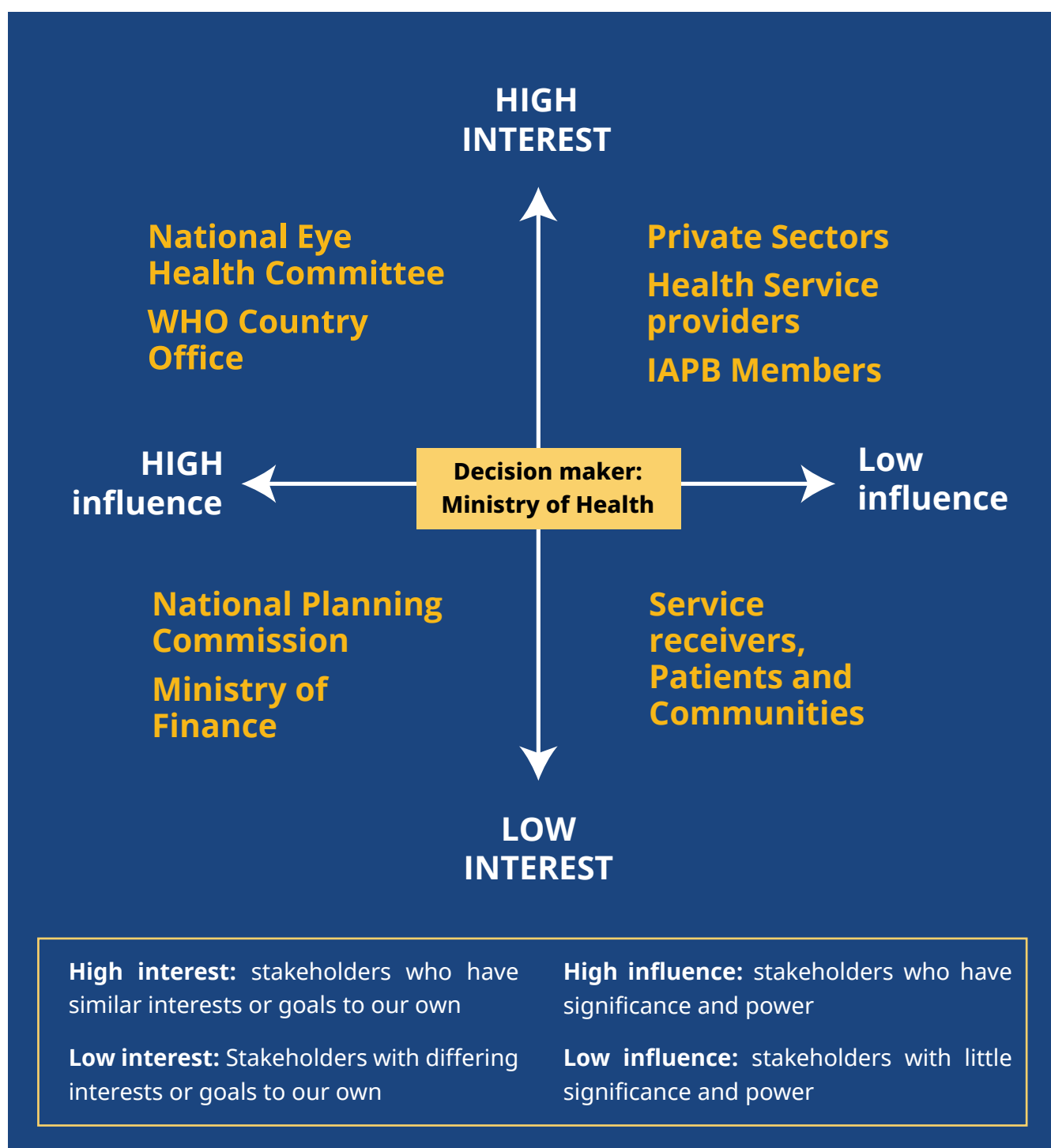


2030 in Sight LIVE, Dubai 2022

Potential stakeholders

- Government and policy makers - including the Minister of Health, NCD or eye care focal points and Ministry of Health representatives of different health programmes (primary care, maternal and child health)
- Ministry of Education, Finance, and any other relevant government stakeholders for eye care
- National Blindness Prevention Committee/ National Eye Health Committee
- WHO country office and/or regional office
- IAPB members and any other NGO stakeholders operating in the eye health space
- Professional organizations and associations representing ophthalmology, optometry, other allied ophthalmic personnel and primary care
- Private sector
- Research institutes and academics
- Research funding agencies
- Eye care users including organisations of persons with disabilities (OPDs)
- UN agencies such as UNICEF, UNDP, ILO, UN women
- Key non eye care NGOs such as those advocating in education, ageing etc.

The matrix will help you to identify the level of influence and interest a stakeholder may have so that you can develop your advocacy engagement strategy accordingly.



High interest and high influence stakeholders need to be collaborated closely, while high interest and low influence stakeholders should be empowered and engaged.

The low interest and high influence stakeholders should be consulted and kept satisfied throughout the process and the low interest and low influence stakeholders should be kept informed about your advocacy campaign

Adapt and use the annexed letter template to encourage stakeholders to actively participate in the policy dialogue process for IPEC.

5.2 Initiating a national policy dialogue process

Plan and convene policy dialogue

Policy dialogues are the way to inform and persuade policy makers. The policy dialogues will be key to acquire commitment from the government and policy makers on the desired change. Policy dialogues can be any form of structured discussion which is intended on developing or implementing a policy change. These discussions also help build relationships with key stakeholders.

National level policy dialogue with the key government stakeholders is the inception and endorsement of IPEC implementation. While a single policy dialogue meeting may formally begin the journey towards IPEC, it is useful to think of policy dialogue as a ‘process’ that will likely consist of a series of meetings over time.

The national policy dialogue will inform the stakeholders (typically the high influence-high interest group) about IPEC and convince them to start with eye care situation assessment of the country. The WHO’s ECSAT is instrumental in assessing the eye health situation.

The eye care sector may play a critical role in encouraging and supporting governments to initiate the national policy dialogue process. In some settings, it may be necessary for the eye care sector to support the government in coordinating and organising the policy dialogue and planning process.

Determine the form and format of the policy dialogue according to the country context. The following factors can be considered when planning a policy dialogue:



Pre-policy dialogue considerations:

- Prepare policy brief on IPEC considering the country’s eye health status. Refer to the policy brief template and adapt to the country context.
- Decide the format of program- virtual, in-person or hybrid.
- Identify appropriate date and location. The venue can be meeting halls in the Ministry of health.
- Ensure your policy dialogue is fully accessible.
- Plan your budget. Determine the costs of hosting the policy dialogue and the contributing partner.

- Identify the speakers who can deliver the messages in a meaningful, jargon-free and concise way.
- Share the information about the policy dialogue/ invite timely to all key stakeholders.
- Consider how to capture the discussions that take place e.g. consider preparing facilitators and rapporteurs etc



During the policy dialogue:

Policy dialogue meetings and workshops should be led with:

- Effective moderation
- Leadership
- Flexibility
- Ownership
- Transparency, trust, mutual respect
- Equal negotiating powers
- Credibility and legitimacy



Post policy dialogue:

It is important to follow up to ensure key stakeholders take responsibility for implementation:

- Communicate the outcomes
- Follow up with key stakeholders on next steps
- Continued advocacy for the national strategic integration plan
- Monitor and evaluation

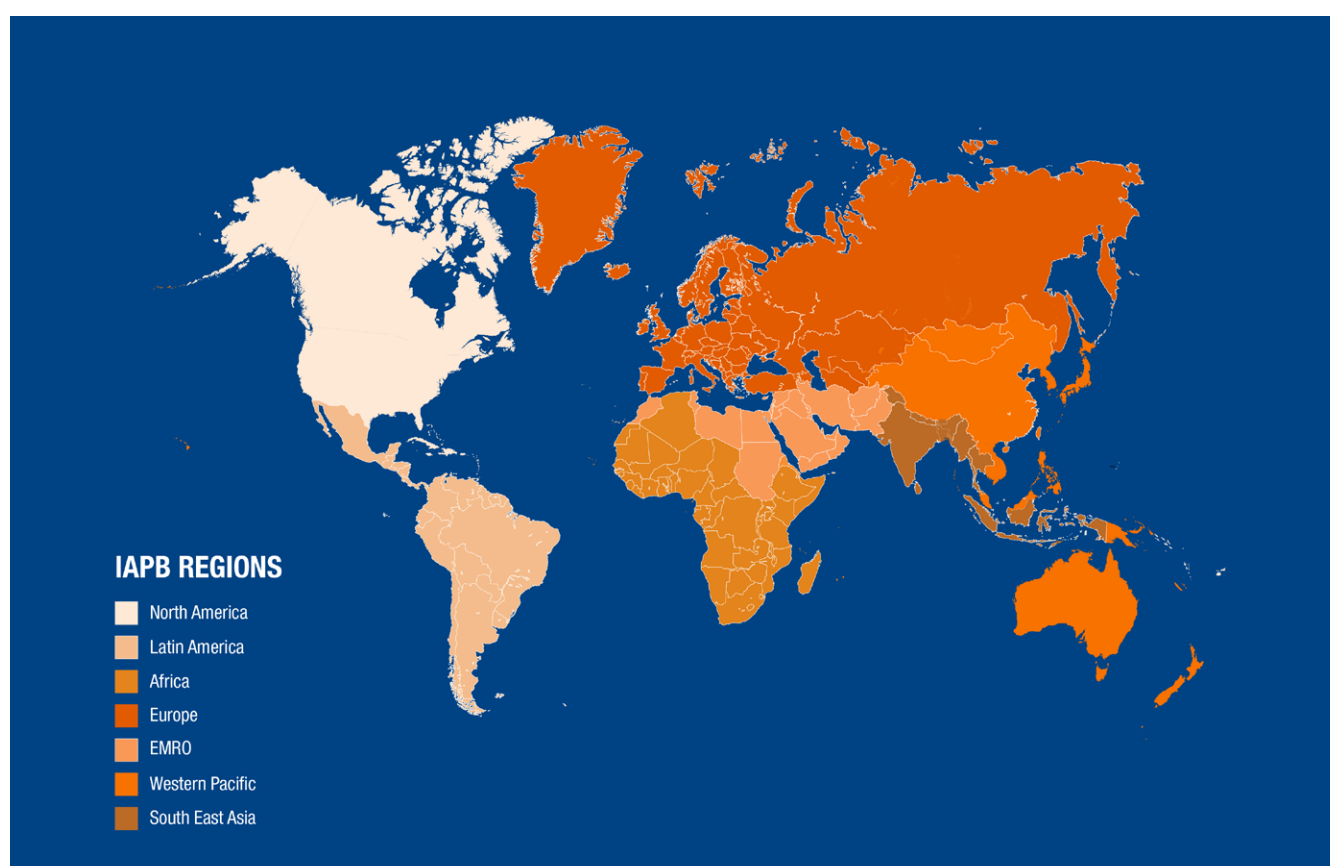
A successful policy dialogue process should result in the development and implementation of a government owned national strategic integration plan on IPEC. However, the output from a single policy dialogue meeting can vary depending on the extent of discussions and consensus reached. As mentioned at the outset, there will likely be a requirement for a series of policy dialogue meetings to ensure the successful planning and implementation of IPEC.

Promote and communicate your policy dialogue

We would like to hear from you about your plans on policy dialogue. An experience from one country can be a good learning for other.

Keep the key IAPB contacts engaged during the whole process of policy dialogue. Your key contacts are your Regional Programme Manager, Regional Chairs and IPEC Implementation Manager.

- **IAPB Global:** Junu Shrestha jshrestha@iapb.org & Jessica Thompson jthompson@iapb.org
- **IAPB Africa:** Simon Day sday@iapb.org
- **IAPB West Pacific:** Drew Keys dkeys@iapb.org
- **IAPB South East Asia:** Yuddha Dhoj Sapkota ysapkota@iapb.org
- **IAPB North America:** Suzane Gilbert sgilbert@seva.org
- **IAPB South/Latin America:** Luisa Casasluque lcasasluque@iapb.org
- **IAPB Europe:** Wolfgang Gindorfer w.gindorfer@light-for-the-world.org
- **IAPB Eastern Mediterranean:** Dr Abdulaziz Al Rajhi ceo@kkesh.med.sa



Conduct an eye care situation assessment

It is important to have a thorough understanding of the status of eye health and the country's capacity in providing eye health services before devising an eye health strategic plan. The revised WHO Eye Care Situation Analysis Tool (ECSAT) supports countries in assessing the overall national eye health status and in the planning, monitoring of trends and the evaluation of progress towards implementing IPEC.

The ECSAT is designed to address the following key questions:

- **What is the current situation of the eye care sector regarding IPEC (strengths, weaknesses, and inequalities)?**
- **What priority areas need to be addressed in eye care strategic planning?**
- **What are possible activities to address gaps across the eye care sector?**

In addition, the ECSAT provides baseline information for tracking capacity and performance of the eye care sector.

Encouraging the national government to conduct an ECSAT will ensure that the advocacy is evidence-based and that the national policy dialogue process and strategic integration plan are aligned to the national circumstances.

5.3 Developing an integrated strategic plan for eye care

Advocate on utilising the evidence generated from the ECSAT to inform the development of a national strategic eye care plan. Identify the immediate areas for national planning and implementation priorities from the findings of the ECSAT. These actions will guide the strategic planning process.

WHO has developed a tool on Package of eye care interventions. Countries will be able to adapt and domesticate the required interventions from the package. This will support countries to determine service inclusion decisions, method of delivery and resource implications. The actual interventions can be confirmed in consultation with public health, academic and clinical professionals in the country which can be done during a comprehensive planning workshop. The WHO Eye care competency framework will be helpful in planning eye care workforce.

Integrated People-centred Eye Care is about integrating eye health within and beyond the health system.

Consider following points for developing an integrated strategic plan for eye care:

- 1. Integration into all the six building blocks of health systems: (i) health service delivery; (ii) health workforce; (iii) health information systems; (iv) access to essential medicines; (v) health systems financing; and (vi) leadership and governance.**
- 2. Integration at every level and point of health care: community, primary, secondary, and tertiary**
- 3. Integration with other sectors of health such as child health, school health, non-communicable diseases, mental health, elderly health etc,**
- 4. Incorporating eye health in other sector policies like- finance, education, labour, issues of women and children, ageing population and people with disability;**
- 5. Ensuring all the aspects of eye health service- promotion, prevention, treatment and rehabilitation are accessible to all in need.**

Ideally, a minimum package of eye care within universal health coverage would include primary eye care (promotion, prevention, and refractive services), eye care integrated within other services (neonatal care, school eye health, non-communicable eye disease services, care of older people), specialist ophthalmic services (to restore—eg, cataract surgery and preserve vision—eg, glaucoma, diabetic retinopathy and age-related macular degeneration management), and vision rehabilitation services.

Developing a national strategic plan on IPEC can be building upon existing eye care plans or devising a brand-new plan, based on the country's availability of national eye care plans.

5.4 Communicating the outcomes

A key aspect of the IPEC advocacy process will involve the promotion and communication of the campaign and the outcomes and recommendations of the policy dialogue(s). This will help to facilitate the implementation of the action plans at a regional, national, or local level. The communication of the outcomes and recommendation may involve the following:

1. **Identifying the audience.** For example: Audience can be stakeholders involved in implementation of the national plan and policies- health service providers, primary health care in-charge, eye care professionals or service receivers. The audience can influence the ongoing policy processes.
2. **Developing communication strategies for reaching out to target groups who decide upon policies and act on their implementation.**
3. **Multimedia communication activities.**
4. **Monitoring, reflection and refinement of communication approaches.**



Disseminating Outcomes

There are lots of ways to tell people about the outcome of the policy dialogue. Involving the media is a great way to gain broad support for eye health. You can reach more people through newspapers, radio, television, and social media (like Twitter and Instagram) than you could ever reach on your own. You can inform the media about your issue with a press release. You are welcome to use IAPB templates and media notes to prepare a release. IAPB can also help amplify your messages— get in touch with Courtenay Holden, Communications Manager at cholden@iapb.org and share information about your policy dialogue, speakers, key objectives, and dates. Together, we can showcase our work and success to the wider health community. It will draw attention and signal our ability to partner with diverse organisations.



Media Planning

Consider the following when planning your own local or national media event:



OBJECTIVES

What are you aiming to achieve from the involvement of the media?



STRATEGY

1. How will you attract the interest of the media?
2. Which are your most important media targets?
3. What audience do you hope to reach through these media?



MEDIA MESSAGE

The key messages of the media initiative should be reflected in your press releases, other media materials and by your spokespeople. Ideally you will have three to five simple key messages to convey



TARGET MEDIA

Identify your target media it's lead time. Prepare timetable for sending out media materials and making follow-up calls.



SPOKESPEOPLE

Select a spokesperson who will inform the media about the advocacy outcomes, be available for interviews and can brief the facts and figures.



MEDIA MATERIALS YOU MAY NEED

Basic national, regional and local press pack material and national press release.



Write a Blog

Writing a blog is a great opportunity to showcase the outcomes of the policy dialogue as well as documenting any interesting experiences from the process. Equally, it is a great way to share unexpected learnings from the process, this could include developing solutions to problems that may have arisen. Writing a blog is a fantastic way to share the policy dialogue process and communicate the outcomes but it is crucially important that permission is obtained if you name individuals and their organizations.

Share your blog or article on the policy dialogue process with us, we can share in 2030 In Sight Newsletter and the Advocacy Update.



Social Media

Use your social media accounts on Twitter, Instagram, LinkedIn and Facebook to share the outcomes of the policy dialogue. You could create a social media campaign with the aim of educating service receivers around your focus area, through a series of images, videos, catchy hashtags and discussions.

Share any photography or videos with us which we can include on our social media platforms.

General Tips

- *Press releases must carry the issue date and clearly state any embargo dates (dates before which you do not wish the story to be published)*
- *In general, do not call between 1pm and 2pm*
- *Give only the essential information! Talk briefly and succinctly*
- *Keep to your deadlines! Send information on time, or you will lose coverage*
- *Put mobile phone numbers on press releases and keep your phone on at all times*
- *DO NOT make press releases too long, ideally they should fit on one side of A4, but any more than two sides and that is too long.*

5.5 Monitoring and evaluation

Advocate to establish a monitoring, evaluation, and review process to evaluate the progress in implementation of IPEC. Setting up a monitoring framework to measure the progress against a range of selected indicators can be applied.

The WHO's Eye Care Indicator Menu consists of a set of eye health indicators will guide in identifying the indicators according to the interventions, set out the baseline data for the eye health indicators necessarily including the 2 global indicators: cataract surgical coverage (eCSC) and refractive error coverage (eREC) in the monitoring framework. Additionally, a more sensitive M&E system can also be built, focusing on the ultimate behaviour change of the people and communities.

The annual reporting of the two recommended global targets for IPEC indicators to WHO and UN through Voluntary National Reviews (VNRs) is also critical to link the progress towards SDGs of the country.

VNRs are the part of the 2030 agenda on sustainable development which enable countries to evaluate their progress towards the achievement of the 2030 SDGs. This progress is then presented at the annual High Level Political Forum (HLPF), the UN's main platform on sustainable development. As part of the UN Resolution on eye care, member states are encouraged to "consider addressing the situation of eye health in their voluntary national reviews". It is paramount the eye health sector follows up on this as VNRs provide a fundamental part of progression towards the goal of eye care for all by 2030.

Engage and involve the stakeholders in monitoring and evaluation of the IPEC implementation. Review the findings with the stakeholders. Embedding the review from the M&E within the advocacy effort influence the process towards success. This also could inform real time decision making.

Case study:

A systems-based approach to IPEC monitoring, evaluating, reporting and learning

IPEC is a high-level, health systems framework that can guide advocacy, planning, delivery and evaluation of eye care services and interventions. However, due to the complexity and broad-ranging nature of IPEC, it can be difficult to evaluate specific components or the extent to which services and interventions support IPEC principles. To address this, The Fred Hollows Foundation has designed a Monitoring, Evaluation, Reporting and Learning (MERL) framework built on lessons learned and evidence on types of strategies that informed, influenced and strengthened uptake of IPEC with different stakeholders and at different levels of the health system. Evaluation questions have been designed around understanding how IPEC is influencing practice at the:

- National / country level
- Organisational level; and
- International / sector level.

Taking a systems-based approach to understand how IPEC programs influence policy and practice changes at different levels (sub-national, national, global) or with different stakeholders (government, non-government, professional) changes may be useful in other settings, as it allows for contextual specificity while linking findings to broader IPEC concepts.



06

Tips for Successful Advocacy

Photo submitted by: Ulrich Eigner for WSD Photo Competition

The art of advocacy for influencing national policy decisions on IPEC may require the following set of advocacy approaches.

1. Working together and reaching out to others

If we want more integrated eye health and more integration within health systems, we have to reflect that in our ways of working from the centre.

This starts with building on existing collaborations within eye health, but we must build new coalitions to integrate across health services, for instance with teams looking at non-communicable diseases, maternal health and care of the elderly.

2. Build in flexibility from the outset

Developing strategies and plans that achieve impact requires constant learning and a willingness to adjust course and take calculated risks. You need to be flexible to respond to changing events and opportunities (see point 5 below). Building flexibility into your advocacy strategy from the outset will ensure your plan is resilient and can respond to change or challenge rather than ignoring it.

3. Relationship building with key policy influencers and decision makers is paramount

Building relationships with policymakers, educating, engaging them is always important, even when you don't have a specific ask. Invest time into building this relationship. Policymakers often rely on civil society to keep them abreast of issues. Try to be helpful by sharing briefs, data and information. Establish links with other issues that policy makers may be concerned with. By keeping a steady line of communication allows you to develop strong relationships and create champions who will advocate for your issue when needed.

4. Be clear of your objectives along the way to ensure you are stepping forward to success

An advocacy goal is the overall change that is desired as a result of your advocacy efforts. While setting the objectives for advocating for IPEC, it is important to ask what components of IPEC are already in place and what needs to be changed, what are the obstacles to achieving the change and what could be the steps to address these obstacles. As stated in the Chapter 2, series of policy dialogues will often be required for the successful planning and implementation of IPEC. It is important to be clear on the goals of each policy dialogue as well as the overall advocacy goal.

5. Grab the local opportunities

Policy can be changed during a window of opportunity when advocates successfully connect the way the problem is defined, the proposed policy solution and the political climate surrounding the advocacy issue. Develop capacity to create and recognise policy windows and then respond appropriately. Make sure to grab national opportunities like formulation of national plans, reviews in national health policies, changes in political context etc, and utilise the allies for the change.

Annex

Photo submitted by: Sare Safi for WSD Photo Competition

Presentation template

[See separate PowerPoint slides.](#)

Letter template

Suggested content in the letter:

- Current demographic trend and eye conditions (Refer available contextual evidence)
- Achievement in eye health in past
- Eye health in relation to UHC and other development issues such as, good vision is associated with learning performance and increased economic productivity.
- Recommendation of WRV – IPEC as an approach to tackle the emerging challenge
- Urge to implement IPEC to achieve UHC, IPEC highly relevant now that ever

Complement the letter with a policy brief.

[Download the letter template from here](#)

Template letter to communicate with stakeholders on IPEC

This is a sample letter. Thus, where appropriate, local information can be inserted, or the text modified to reflect local style.

Insert name of government body/institute/organization

Insert address line 1

Insert address line 2

Insert address line 3

Insert date

Dear <insert name>

I write to you on behalf of a leading eye health organisations working to promote a world in which everyone, everywhere has access to the best possible eye care and where people living with vision impairment can achieve their full potential.

Improving eye health is a practical, cost-effective way to unlock human potential and is essential for achieving many of the Sustainable Development Goals (SDGs). Good vision has far-reaching benefits in the fields of health, wellbeing, education, work and will ultimately enrich the global economy.

Yet currently there are 1.1 billion people worldwide <insert national data> living with blindness and vision impairment because they do not have access to basic eye care services. The main causes of blindness and vision impairment are cataract and refractive error <modify with your country context> - <.....N/% of total population> are living with uncorrected refractive error and <...N/% aged above 50 yrs> have cataract. Associated conditions like Age related Macular Degenerations and Diabetic Retinopathy <modify with the context> are also increasing. Those left behind tend to be the poorest and most disadvantaged. The burden is disproportionate among women and girls, elderly, poor and vulnerable and people with disability. (Vision atlas)

The WHO World Report on Vision recommends making eye care an integral part of universal health coverage. We were pleased by the adoption of the World Health Assembly Resolution 73.4 in 2020 which requires all countries strengthen eye care within and across their health systems, and the adoption of two new global targets for eye care by 2030: increasing the effective refractive error coverage by 40% and the effective cataract surgical coverage by 30%.

If we continue with a business-as-usual approach, globally three times as many people will be blind in the year 2050 as now, and half the world will be living with short sightedness. This is not inevitable. Effective interventions are already available to address the entire range of needs associated with eye conditions and vision impairment across the life course. Some are among the most feasible and cost-effective of all health care interventions to implement.

Eye care needs to be mainstreamed into national health systems. Integrated People-centred Eye Care is the only way to meet the growing demand, the wider demographic and lifestyle changes, and the challenges ahead for eye health. Without it, the risk is that eye care becomes increasingly siloed, fragmented, and ineffective - and more people get left behind.

We would be very happy to discuss the implementation of Integrated People-centred Eye Care and the achievement of the two targets, including what support we might be able to provide, with you or a representative from your team.

Yours sincerely

<add name>

<add title/position>

Policy brief on IPEC

This is a sample policy brief on IPEC, can be modified and adapted nationally.

[Download the editable policy brief from here](#)

Accelerating actions to achieve Universal Health Coverage through implementing Integrated People-centred Eye Care

Background

Vision impairment is a major public health problem now and set to grow. Globally, at least 2.2 billion people have a near or distance vision impairment. In almost half these cases, vision impairment could have been prevented or has yet to be addressed. The number of people with blindness is expected to increase by 50% by the year 2050.

Improving eye health is a practical, cost-effective way to unlock human potential and is essential for achieving many of the Sustainable Development Goals (SDGs). Good vision has far-reaching benefits in the fields of health, wellbeing, education, work and will ultimately enrich the global economy.

The WHO World Report on Vision recommends making eye care an integral part of universal health coverage. Integrated People-centred Eye Care (IPEC) is a concept built on the WHO's framework of making health services people centred, i.e., organising health services around people's need and expectations throughout the life course. Eye health needs to be integrated with the wider health systems and other sectors and made within the reach of people in need, to mitigate vision loss and the consequences that it incurs.

"Integrated People-centred Eye Care provides a continuum of health interventions that address the full spectrum of eye conditions, according to people's needs and throughout their life course."

-WHO World Report on Vision

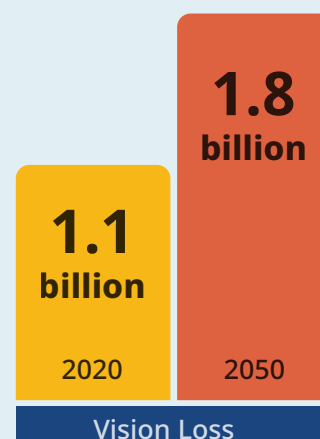
The Challenge

In 2020, 1.1 billion people worldwide are living with vision loss because they do not have access to basic eye care services. 2 to 3 billion more people need ongoing access to services to optimise their vision and ability to function in society.

(Insert national data)

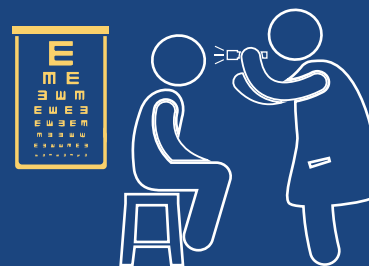
“Globally, 9 out of 10 people with vision loss don’t need to be visually impaired or blind if they have access to eye care services.”

Without further intervention, the number of people with blindness and vision impairment is estimated to almost double in 2050 than in 2020.



9 out of 10 people

with vision loss don't need to be visually impaired or blind if they have access to eye care services.



Poor eye health
increases
the risk of mortality
up to 2.6 times

73%

of people with
vision loss are
over the age of 50

Impact of vision loss

Good vision improves health and well-being at all ages. Vision loss increases the risk of early death—this risk increases as vision loss becomes more severe. **People with blindness are at higher risk of dying early by 2.6 times than people with normal vision.**

Educational performance is linked to good vision. Children with vision impairment have poorer educational outcomes and are more likely to be excluded from schools.

The majority of eye diseases are most prevalent in older adults and, if detected early, can be treated or their progression can be slowed significantly. In fact, **more than 73% of people with vision loss are older adults.**

Good vision improves economic opportunities. Removing the difficulties faced by individuals with vision loss can increase economic workforce participation and productivity and provides greater economic opportunities for individuals. **Addressing vision loss of the employees can increase the relative productivity by 22%.**

Providing glasses

can increase workplace productivity by

22%



Vision loss is both a contributor and outcome of inequality. Women, rural populations, those with low incomes, older people, persons with disabilities, indigenous people and ethnic minority groups are the most likely to suffer from sight loss and the wider implications that entails. **There are 108 women with blindness for every 100 men.**

Women, older people, persons with disabilities, indigenous peoples, refugees and internally displaced persons and migrants

are among those most affected



Investing in eye care

Vision loss
costs the global economy



\$411 billion

per annum in productivity losses

Addressing vision loss is a key economic and development issue. Investing in eye care services is a realistic and cost-effective way of unlocking human potential by improving health and wellbeing, education, work and the economy. The WHO estimates the cost of covering the coverage gap for eye health at \$24.8 billion. **(Insert national data if available)** The return on investment is substantial, unlocking \$411 billion per year for the global economy in productivity gains (The Lancet Global Health Commission).

"The economic benefits of restoring sight are remarkable - in low- and middle-income countries, it is estimated that there are at least four dollars of economic gains for every dollar invested in eliminating avoidable blindness."

- The Fred Hollows Foundation, Investing in Vision, The cost and benefit of ending avoidable blindness, 2014

Call for action

To tackle this challenge over the next decade, advocates and stakeholders must collaborate and communicate to policy makers and the public the importance of integrated people centred eye care. Advocates and stakeholders must call upon governments across the world to consistently incorporate eye health within the health system and other sectors like education, labour and commit to implementation.

Policy windows

1. WHO World Report on Vision:

The WHO World Report on Vision provides the strategic framework for the integration of eye care in health systems. The report stresses the need for eye health to be a core element of Universal Health Coverage. Its key proposal is for all countries to provide Integrated People-centred Eye Care services. The IPEC approach seeks to ensure that people receive a continuum of eye care based on their individual needs throughout the life-course.

“Integrated People-centred Eye Care is the only way we can meet the growing need and demand, and tackle inequity in service access.”

- IAPB's 2030 In Sight

As summarised in the World Report on Vision, Integrated People-centred Eye Care:

- is defined as services that are managed and delivered so that people receive a continuum of health interventions covering promotion, prevention, treatment and rehabilitation
- should address the full spectrum of eye conditions according to their needs, coordinated across the different levels and sites of care within and beyond the health sector.
- recognizes people as participants and beneficiaries of these services, throughout their life course.

2. World Health Assembly resolution 73.4

Integrated People-centred Eye Care, including preventable vision impairment and blindness

The World Health Assembly (WHA) resolution 73.4 adopted in 2020 provided a global commitment to the World Report on Vision agenda. The resolution recognised that global eye care needs are expected to rise substantially in coming decades due to demographic changes. The resolution calls on countries to take action to make eye care an integral part of universal health coverage and to implement Integrated People-centred Eye Care in health systems.

“Integrated People-centred Eye Care is delivering services and ensuring that people can receive eye care services that address full spectrum of eye conditions according to people’s need throughout their life course.”

2. World Health Assembly Resolution 2021

‘Integrated People-centred eye care, including preventable vision impairment and blindness’ Recommendation for Global Targets for 2030

In April 2021, Ministers of Health agreed two global targets for 2030 at the 74th World Health Assembly:



a 40 percentage point increase in effective coverage of refractive error (eREC) by 2030



a 30 percentage point increase in effective coverage of cataract surgery (eCSC) by 2030

The targets address the leading cause of blindness and vision impairment and are a vital mechanism to monitor global progress on eye health and to hold governments accountable. In order to achieve the two global eye health targets, there is a pressing need to countries on planning and implementing IPEC.

3. United Nations Resolution 2021

‘Vision for Everyone, accelerating action to achieve the Sustainable Development Goals’

In 2021, the United Nations General Assembly adopted its first-ever resolution on vision, urging the organization’s 193 member nations to ensure access to eye care for their population. The UN Resolution A/75/L.108 – Vision for Everyone; accelerating action to achieve the sustainable development goals made clear that the realization of “Vision for Everyone” will make a crucial contribution to the 2030 Agenda, help achieve sustained, inclusive and equitable economic growth and development, and ensure that no one is left behind.

Recommended actions

Action for government:

Implementing Integrated People-centred Eye Care requires a core set of actions from national governments:

- Include eye health within health system including planning, service delivery, health care financing, information and supplies.
- Consider eye health in policies and planning by other government ministries such as education, labour, and finance.
- Take government ownership for IPEC with shared responsibility among the service provider and the individuals and communities.
- Reorient the model of care with especially prioritising primary and community care. Innovate the models of care for this.
- Coordinate services within and across sectors of health. This includes case management, efficient referral, and continuity of care. Sectors of health include neonatal care, noncommunicable diseases, rehabilitation and occupational health safety, elderly care etc.

“Government ownership with shared responsibility among the service provider and the individuals and communities is essential for the successful implementation of IPEC.”

“The Framework on integrated people- centred health services identifies three strategic approaches: coordinating individuals; coordinating health programmes and providers; and coordinating across sectors. All are fundamental to achieving IPEC.”

- WHO World Report on Vision

Action for civil society:

- Work together for supporting implementation of IPEC in the country
- Raise awareness about eye health
- Engage and empower people and communities about eye care needs. Make them aware about their own eye care needs.
- Promote research and generate evidence to complement existing ones for effective eye care interventions.
- Incorporate importance of eye health and its integration into health system in the health planning curricula

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Photo submitted by: Danilo Victoriano for WSD Photo Competition

IAPB

WeWork, 1 St Katharine's Way
International House, 6th Floor
London, E1W 1UN
United Kingdom

www.iapb.org



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