

Report to IAPB COUNCIL

September 2014

Peter Ackland, CEO.





\$76m (fundraised + matched) to date

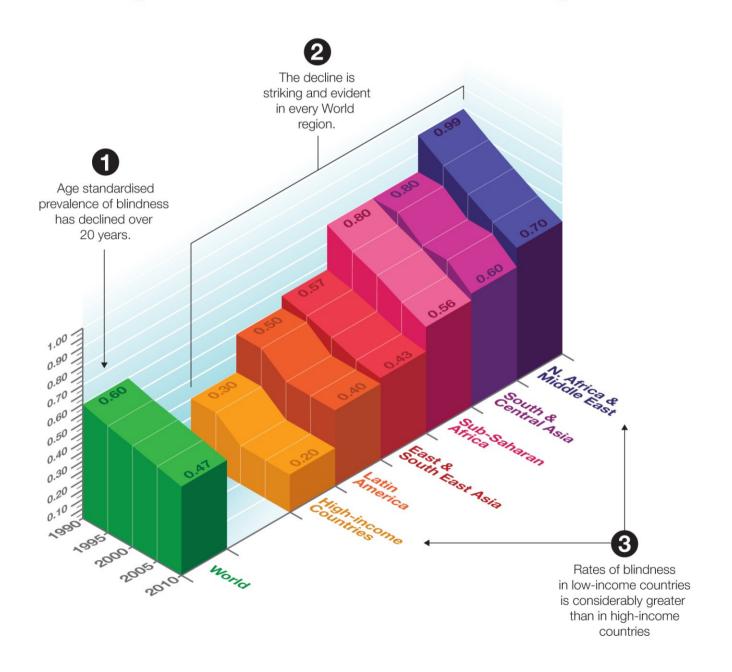


IAPB is currently coordinating 45 projects in 23 countries

- 15 phase iv projects
- 30 phase v projects, including 9 innovation grants, 2 large child eye health projects and 19 "type 1 projects"

EOI for final tranche of type 1 projects will start to be issued in November / December 2014

The age-standardised prevalence rates of blindness for all ages over time for the world and for regions.



Preparing for the Development Agenda beyond 2015



Disability

and

Universal Health Coverage, NTDs, NCDs (diabetes)



IAPB South East Asia Regional Co-ordinator





Yuddha Sapkota







Resolution WHA66.4

"Universal Eye Health: A global action plan 2014 – 2019"

Implementation of the GAP



1.1. Undertake population based surveys on prevalence of visual impairment and its causes.

- 19 certified RAAB TOT and a further 30 people that have completed the theoretical training and are awaiting accreditation.
- 10 prevalence studies are underway in 7 countries Mexico, China, Guatemala, Panama, Argentina, Honduras and Bolivia

- RAAB training for a further six people from the Eastern Mediterranean region
- Accreditation of those already trained through their involvement in RAAB studies.



1.2 Assess the capacity of Member States to provide comprehensive eye care services and identify gaps.

 The eye care service assessment tool (ECSAT) is currently being developed by WHO PBD with funding from the Queen Elizabeth Diamond Jubilee Trust.

Next 12 months:

Support WHO in the roll out and use of the ECSAT at country level.



1.3 Document, and use for advocacy, examples of best practice in enhancing universal access to eye care.

- Universal Eye Health the focus of World Sight Day reports for 2013 and 2014
- Health insurance reforms to expand access to cataract will soon be adopted in the Philippines
- A review of all previous work on PEC in Africa (2006-2013) and a learning resource to promote the integration of PEC into PHC was produced by IAPB Africa and IAPB / WHO East Mediterranean respectively.

Next 12 months:

 IAPB refractive error work group i) advocacy around inclusion of near vision in the definition of visual impairment used in ICD11, ii) raising awareness of myopia related blindness



- 2.1 Provide leadership and governance for developing / updating, implementing and monitoring national / subnational policies and plans for eye health.
- National plans in 24 countries: Qatar, Libya, Jordan, Egypt, Iran, Morocco, Saudi Arabia, Dominican Republic, Peru, Argentina, Panama, Honduras, Uruguay, Mexico, Bolivia, Haiti, Barbados, Botswana, Mozambique, Vietnam, Papua New Guinea, Solomon Islands, Kiribati and Federated States of Micronesia.
- NPBCs successfully re-constituted in Mexico, Bolivia and Lao PDR.
- Three WHO regions, EM, WP and PAHO have adopted resolutions that promote the GAP at regional level.
- Shared WHO / IAPB priorities to implement GAP have been agreed in four regions – WP, EM, Africa and PAHO
- Introductory video to the GAP produced.



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

- Mexico World Sight Day 2014 and China WSD event in 2015
- WHO and IAPB regional workshops in West Pacific and South East Asia (both in November 2014) with key stakeholders to progress GAP implementation regionally and in focus countries.
- Workshop at the European Society of Ophthalmology June 2015
- Five more national plans to be developed: Cambodia, Pakistan, Oman, Sudan and Yemen



2.2 Secure adequate financial resources to improve eye health and provide comprehensive eye care services integrated into health systems through national policies, plans and programmes.







Shreveport Sees Russia

Department of Foreign Affairs and Trade

Australian Government



- 2.3 Develop and maintain a sustainable workforce for the provision of comprehensive eye care services as part of the broader human resources for health workforce.
- A joint WHO AFRO and IAPB Africa strategy for the development of Human resources for eye health (HReH) across sub-Sahara Africa has been agreed. This will be the main focus of our work in Africa for the remainder of the GAP.

- IAPB Africa will be seeking to i) advocate for and support the integration of HReH strategy into overall human resources for health plans in at least 10 countries, ii) develop a common competency framework for five eye health cadres and promote its adoption in 20 countries, iii) support and collaborate with the African Platform for Human Resources for Health
- IAPB Human resource work group will be defining its focus of work



- 2.5 Make available and accessible essential medicines, diagnostics and health technologies of assured quality with particular focus on vulnerable groups and underserved communities, and explore mechanisms to increase affordability of new evidence-based technologies.
- The IAPB Standard List which catalogues good quality eye health equipment, drugs and consumables, many at preferential prices to IAPB Members and their partners, now has 826 registered users and 36 suppliers offering preferential pricing.
- Essential lists of equipment for trichiasis surgery and diabetic retinopathy service provision have been produced.
- Three Seeing is Believing innovation grants (out of a total of nine) have been awarded to projects that are developing low cost, high quality technology innovations.



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- Promotion of low cost technologies e.g. the ARCLIGHT Ophthalmoscope / Otoscope and the WILSON Screener through the IAPB standard list.
- Development of essential equipment lists for cataract and glaucoma.
- Piloting of collaborative procurement amongst IAPB members and a specialist eye health direct purchase procurement service.
- Support WHO in the review of the essential medicines list and evidence based technology transfer for eye health in low income countries and explore engagement with the WHO GATE programme that is identifying priority assistive health devices for people with disabilities



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

- Development and initial testing of the IAPB Africa database and African Catalogue of Eye Health Indicators agreed with WHO-Afro
- Piloting of the country led collection of key eye health indicators in 5 countries of Latin America has begun.
- Key eye health statistics from all 19 countries of the Latin America region and the Western Pacific focus countries available on regional websites.

- The next stage of the roll out of the IAPB Africa database will commence in nine countries.
- The outcomes of the pilot project to collect the key indicators in the five countries of Latin America will be reviewed and a joint PAHO / IAPB LA workshop to be held in May 2015 to review data collection in all countries.



3.2 Enhance effective international and national partnerships and alliances



EUROPEAN COALITION FOR VISION Better Eye Health For Europe



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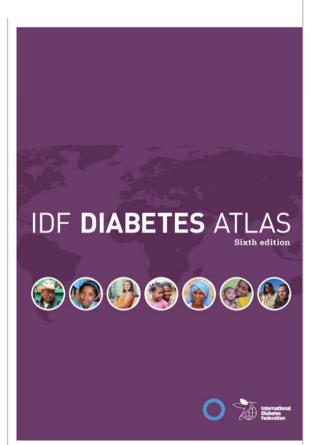


Diabetic Retinopathy Barometer Project

Situational analysis of patient awareness, policies, links between diabetic and eye care systems, service provider capacity across 42 countries.







VISION ATLAS 2015



