



International Agency for the Prevention of Blindness

**IAPB COUNCIL OF MEMBERS MEETING**  
**SEPTEMBER 13-14, 2011 (TUESDAY-WEDNESDAY)**  
Intercontinental Dubai Festival City, Dubai (UAE)

REVISED  
OCT 10, 2011

## MINUTES

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<b>Date &amp; Time</b>	September 13-14, 2011 (Tuesday - Wednesday) 0900 - 1730
<b>Venue</b>	Intercontinental Dubai Festival City, Dubai (UAE)

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### I. Welcome

#### I.1. Welcome Address by HRH Prince Abdulaziz

As HRH Prince Abdulaziz was unable to attend the session, the Chairman proceeded with his welcome.

#### I.2. Welcome by Mr. C. Garms, IAPB President

C. Garms welcomed everyone and thanked them for coming to the meeting and in particular the honourable guests HRH Princess Maha Bint Abdulaziz Bin Ahmed Bin Abdulaziz, Deputy of Vice President for Social Development in Atheeb Group, Donald Bundy, Lead Specialist for Health, Nutrition and Population in the Africa Region and Onchocerciasis Coordinator at the World Bank, David Green, Consultant for the Eye Fund and Capacity Building Grant Fund, Richard Porter, one of the 'fathers' of VISION 2020 and currently Chair of The Fred Hollows Foundation UK, and Nicholas Banatvala, Acting Coordinator at the Prevention of Blindness and Deafness team at WHO.

He thanked HRH Prince Abdulaziz Ahmad Abdulaziz Al Saud for hosting the IAPB Council in the Eastern Mediterranean region and A. AlRahji and his team for making all the arrangements necessary to allow for a smooth conduct of the meetings. He also thanked P. Ackland and his team, in particular A. Di Capua, for putting together and circulating all the papers.

C. Garms informed the Council that Dr. Carl Kupfer passed away on 7 April 2011 after a long illness at the age of 83. He had served as director of the National Eye Institute (NEI), National Institutes of Health, Bethesda (USA) for 30 years. He had also been the President of IAPB for two consecutive terms between 1982-1990 and part of the WHO Prevention of Blindness Programme Advisory Group from 1978-1982. A minute of silence was held in his memory.

C. Garms congratulated the following:

- The African Programme for Onchocerciasis Control (APOC) for receiving on 9 September 2011 the António Champalimaud Vision Award 2011, the biggest global award for outstanding contributions to the prevention of visual impairment and blindness, totaling 1 million Euros; APOC was recognized for its contribution to the prevention, control and fight against onchocerciasis or river blindness in 19 countries involving 153,000 local communities.
- Prof. Frank Billson for being presented with the G.O.H. Naumann Award at the 2011 Asia Pacific Academy of Ophthalmology (APAO) Congress in Sydney, Australia, for his significant contribution to global eye care in his community.
- Prof. Brien Holden for being a finalist of the Australian Museum's Eureka Prize for Leadership in Science.
- Prof. Hugh Taylor for being appointed a Melbourne Laureate Professor for his work in ophthalmology.
- Prof. Volker Klauss for being awarded the L'Occitane Sight Award on 4 June 2011, in recognition of his research and work related to ophthalmology in developing countries.
- The International Eye Foundation (IEF) for being recognised on 2 May 2011 in the US Congressional Record.

### **1.3. Adoption of the IAPB Agenda**

The agenda was approved with no changes.

### **1.4. Minutes of the Last IAPB Meeting**

The minutes of the last meeting were approved.

### **1.5. Matters Arising**

There were no matters arising that were not covered in the agenda of the meeting.

## **2. Opening Remarks from the Chairman**

C. Garms noted that, as many points were going to be covered by the following CEO report, he wanted only to highlight two key themes of the meeting -

- The collaboration with WHO: C. Garms referred to the joint WHO/IAPB meeting held in Geneva in October 2010 and reported that, accordingly, a Taskforce had been established and its recommendations were now available and included in the papers (appendix I to the agenda item 3, CEO Report); C. Garms noted that one of the recommendations had been to establish a coordinating group made of three representatives each from WHO and IAPB and this was now in place with Peter Ackland, Van Lansingh and Kovin Naidoo as the IAPB representatives.
- Engagement with the World Bank: C. Garms referred to the “Big Picture” discussion at the previous Council meeting in Geneva, following which a decision had been taken to approach the World Bank to put prevention of blindness on their agenda with the aim to integrate it into existing trust funds as well as to explore the feasibility of establishing one trust fund for blindness in the long term; he referred to the agenda item 5.1 for a full update and discussion.

## **3. CEO Report [Power Point]**

P. Ackland referred to his report included in the papers (agenda item 3) and his presentation can be found in the attached Power Point. In particular he highlighted some of the progress made against each of the four IAPB strategic objectives –

- Advocacy to national governments: P. Ackland highlighted India as an example, where VISION 2020 India was advocating for a substantial increase in government financing of eye health as the 12<sup>th</sup> five year National Plan was being developed.
- Advocacy to donors: he in particular noted the resources secured through Standard Chartered “Seeing is Believing” Programme and the Australia Blindness Initiative, as well as the progress made in engaging the World Bank.
- Creating and disseminating knowledge: he praised the work done by the Primary Eye Care and the Research workgroups, the activities under the Capacity Building Grant Fund and the preparation for the 9<sup>th</sup> General Assembly.
- Promoting collaboration: he highlighted the WHO/IAPB partnership and the two action plans that were at the heart of VISION 2020.

He pointed to some of the challenges ahead towards the 2020 goal:

- Building on the recent achievements in strengthening the IAPB global and regional structure, with particular emphasis towards under-resourced regions such as South East Asia;
- Scaling up VISION 2020 activities across all regions and integrating with the wider health (Non-Communicable Diseases and Neglected Tropical Diseases) and development (Millennium Development Goals) sectors;
- Attracting investments from national governments (with particular focus on 26 emerging economies containing 2/3 of the world population and 75% of visually impaired people).

He finally suggested that, to meet these challenges, it may be necessary to think creatively as to how the united efforts of IAPB (both global and regional), IAPB member organisations and national bodies can be better and more effectively coordinated.

## **4. Update from WHO [Power Point]**

N. Banatvala’s presentation can be referred to in the attached Power Point. In particular he highlighted the following key messages:

- The pressures of a tough environment due to the financial crisis and adverse exchange rate for the headquarters in Geneva;
- The existence of a clear strategic approach with set deliverables WHO was committed to follow (i.e. 2009-2013 Action Plan for the Prevention of Avoidable Blindness and Visual Impairment);

- Acknowledgment that much progress had been made in a number of areas;
- The necessity of working in partnership with the eye health NGO community as well as across the wider health sector (e.g. Non-Communicable Diseases);
- The recognition that much more needed to be done.

C. Garms thanked N. Banatvala and referred to the WHO case for support which had been presented to the IAPB Board in Addis Ababa in March 2012. He noted how, due to the financial constraints N. Banatvala had mentioned in his presentation, the future of the collaboration with WHO was heavily dependent on continued support from NGOs. He reported that three organizations had already made a pledge to support WHO on condition that at least a total of six organizations would share the costs. He invited all to consider joining the funding consortium to make sure the work of WHO in prevention of blindness and visual impairment could continue.

## 5. “The Big Picture”

### 5.1. Engagement with the World Bank [Power Point]

J. Metcalfe referred to the paper agenda item 5.1 and highlighted the four ‘asks’ IAPB was specifically advocating for with the World Bank:

- Ask 1: Include surgery for cataract and trachoma within Results-based Financing Programmes;
- Ask 2: Provide all school children with an eye examination and appropriate spectacles;
- Ask 3: Eliminate Onchocerciasis transmission by extending APOC until at least 2020;
- Ask 4: Eliminate Trachoma by 2020.

He outlined that engagement with the World Bank had been a combined effort and thanked in particular A. Poffley, D. Etya’ale and M. Rabiou for their contribution and involvement. He finally mentioned a recent visit to Nigeria where he met with representatives of the Ministry of Health to discuss inclusion of eye health in World Bank funded programmes and reported the main lesson he took from it: as the World Bank was ultimately responsive to national governments expressed needs, it was crucial to obtain the ‘buy-in’ from national governments and therefore for the process to be predominantly country-owned and country-driven. In order to do this it was necessary to involve NGOs working at national level. He then welcomed D. Bundy, Lead Specialist for Health, Nutrition and Population in the Africa Region and Onchocerciasis Coordinator at the World Bank, to address the Council.

D. Bundy thanked IAPB for the opportunity to speak to the many leaders in eye health present in the room. He presented on the issue of health funding in low income countries, structure and functioning of the World Bank and how to enhance the effectiveness of investments in eye health and his presentation can be referred to in the attached Power Point. In particular, in relation to the four ‘asks’ outlined by J. Metcalfe above, he highlighted the following points –

- With regards to the first two ‘asks’:
  - Need to show compelling case through robust evidence of need;
  - Necessity to focus on (and engage with) specific countries to build success stories;
  - Think carefully about how these ‘asks’ could be practically implemented;
- With regards to the third and fourth ‘ask’:
  - Consider the possibility of integrating them with the agenda for Neglected Tropical Diseases.

### 5.2. Global Cost of Eliminating Avoidable Blindness [Power Point]

B. Doolan presented the attached paper “The Price of Sight – The Global Cost of Eliminating Avoidable Blindness” (agenda item 5.2), a study commissioned to Price Waterhouse Cooper (PWC) by a consortium of NGOs led by The Fred Hollows Foundation to create a costing methodology which could provide an estimate of the global cost of implementing VISION 2020 and therefore eliminate avoidable blindness by the year 2020.

He noted that the study was not an IAPB report, but work commissioned by a group of IAPB members, including the Secretariat, to provide us with a formula for calculating the full costs of obtaining the ‘ideal state’ of eye health (i.e. in compliance with the VISION 2020 target on the ratio of human resources to population) by the year 2020. He emphasised that the methodology adopted, rather than the findings, was the key contribution of the study, given the many limitations on achieving accurate costing.

He reported that the immediate lessons learnt were:

- The existence of a huge unmet need in the developed world (which is more expensive);
- The need to engage national funders in order to meet the substantial resources required;
- The recognition that by lifting health expenditure by 7% worldwide the costs to achieve the 'ideal state' of eye health could be met.

B. Doolan updated the Council on some of the issues raised at the board meeting while discussing the study, including:

- The need to subject the methodology to a peer reviewed journal;
- The necessity to use only the most accurate data (for example some of the statistics on optometry appeared to contain faults);
- The opportunity to make this study a living document that could be regularly updated as new and more reliable data became available.

As for moving forward, B. Doolan noted that the study on the costs of eliminating avoidable blindness was going to be accompanied by a parallel study on the benefits. These were bound to be much higher and the combination of the two studies would provide a powerful message for the next World Health Assembly. He noted that the consultants were to deliver the benefits framework in the next few weeks with the view to have some preliminary estimates by the next IAPB Board meeting in March 2012.

More can be referred to in the attached Power Point presentation.

## 6. Resource Mobilisation

### 6.1. Standard Chartered "Seeing is Believing" [Power Point]

J. McKenna thanked IAPB for giving Standard Chartered Bank the opportunity to be an active participant in the Council of Members meetings. She welcomed two colleagues from the local Standard Chartered's Dubai branch and introduced a video from Mr. Richard Meddings, Standard Chartered's Finance Director and Chair of "Seeing is Believing" (SiB), who expressed his gratitude to the IAPB member organizations for delivering all the SiB projects on the ground and inspiring the staff at the Bank to raise funds and the Bank to match them.

J. McKenna noted that SiB was currently in its Phase IV, with 21 out of 24 approved projects up and running, all due to end by 2014. She then announced a new commitment from Standard Chartered to raise a further USD 63 million for SiB Phase V by the year 2020, bringing the total to a staggering USD 100 million since the programme started. This new pledge was going to be officially announced on 21 September at the Clinton Global Initiative meeting in New York.

She then briefly highlighted the key points of Phase V, including:

- Projects would be expected to take place in countries where the Bank had a presence;
- Contrary to Phase IV, there would be no specific focus on urban projects;
- There would still be a requirement for the NGO partner to contribute 20% of the costs of the project;
- Type 1 projects would see a maximum of USD 1 million contribution from the Bank per project, focusing on comprehensive eye care in one country, with one implementing partner over a period of 3-5 years;
- Type 2 projects would see a maximum of USD 5 million contribution from the Bank per project, focusing on childhood blindness in one or more countries, with a consortium of NGOs as the likely implementing partner over a period of 3-5 years;
- There was going to be a fund for locally developed projects which met key criteria;
- There was also going to be a fund supporting innovation in the delivery of eye care.

More can be referred to in the attached Power Point presentation.

S. Crook, IAPB SiB Programme Manager, then highlighted the great process of learning the Bank had gone through since the inception of the programme: starting from a predominant focus on cataract surgeries, it now encompassed a wide range of comprehensive eye care projects, with the recognition that surgery was simply one point in an otherwise huge process starting from outreach to follow up (particularly with regards to children's eye health, focus of the more substantial type 2 projects). Following along these lines, she noted that Phase V projects would seek to respond to the needs of individual countries as outlined by the

NGOs operating locally, rather than dictate strict and detailed projects criteria. Requirements for the projects were mainly focused on broader issues of sustainability, improving access and success sharing.

It was announced that full information and expressions of interest packs were going to be circulated following the official launch on 21 September and be made available through the IAPB website.

P. Ackland clarified that all IAPB members were invited to express an interest in the SiB funds, however there was going to be an expectation that, when applications concerned significant sums of money, the successful organization would at least upgrade to Group B membership.

All applauded the fantastic commitment of Standard Chartered Bank to eliminate avoidable blindness and recognized the positive development over the years of the SiB programme.

## **6.2. Optometry Giving Sight [Power Point]**

C. Miller stated that Optometry Giving Sight (OGS), a partnership between the optometry community, NGOs and educational partners, was now in its 7<sup>th</sup> year of fundraising. Its aim was to fund sustainable eye care for uncorrected refractive error and had now programmes in 9 countries.

He noted that OGS was also involved in advocacy and raising awareness among the optical community about eye care as a public health issue. Its current major fundraising campaign was around World Sight Day, inviting optometrists and students worldwide to celebrate and donate funds to the cause. OGS also supported the Director of Advocacy position at IAPB.

He invited all to continue to promote OGS as the partner of choice for the optometry community and to support the partnership principles document developed with the founding bodies IAPB, ICEE and the World Optometry Foundation.

More can be referred to in the attached Power Point presentation.

## **6.3. Eye Fund and Capacity Building Grant Fund [Power Point]**

D. Green noted that the Eye Fund, a social venture fund for the development of sustainable high quality eye care services for all economic strata, had resulted in a USD 14.5 million fund in early 2010 financing debt and technical assistance for 3 programmes. The rationale of the venture was to use business principles to make eye care self financing. The fund had been made possible by securing seed capital at a very high risk, which had then allowed more commercially minded investors to join in at a much decreased risk. The funds were then allocated to beneficiaries with the aim to achieve financial as well as social results (i.e. operations below cost or free).

He noted that exploratory discussions were now taking place for an Eye Fund 2 with the idea of approaching regional development banks, however first it was necessary to assess the demand for this type of funds.

D. Green then moved on to the Capacity Building Grant Fund, a USD 1.55 million fund raised from the Lavelle Fund for the Blind, the Goodman Family Foundation and the FMO, part of the Dutch Government, whose purpose was to provide support to eye care programmes to cover costs for training and sustainability planning services, with the ultimate aim to make the programmes self financing. The bulk of the fund had been now allocated to 8 training institutions delivering programmes benefiting 36 hospitals.

Similarly to the Eye Fund, discussions were in place to develop a Capacity Building Grant Fund 2, aiming to raise larger funds (USD 3-5 million) with a wider overview, but still focused on expanding a culture and *modus operandi* based on sustainability across all NGOs.

More can be referred to in the attached Power Point presentation.

## **7. Standard List Demo**

B. V. Tejah introduced the demo Next Generation Standard List online version: this was being developed by Phil Hoare, Procurement Manager at Sightsavers, thanks to contributions from a group of IAPB members including the Secretariat.

Summarily, the Next Generation Standard List constituted an initiative to establish a 'Sectoral Procurement Coalition' with the aim to influence the buying power of the eye care sector with the development of an online Global Standard List accessible online to registered users.

B. V. Tejah demonstrated a version of the Standard List which, in its current form, replicated functions similar to the ones of Amazon, with the only difference that, at this stage of development, it did not provide a purchase option, but only one of producing an invoice order.

P. Ackland thanked the consortium of IAPB members for supporting this development and emphasized the primary driver of this Next Generation Standard List: to leverage all NGOs' buying power in order to drive the price of eye care equipment down. Additionally, this could also provide other sources of income for IAPB through advertisements or commissions.

## 8. VISION 2020 Workshops [Power Point]

R. Percy noted that the VISION 2020 Workshops Programme started in 1999 with the purpose of helping national governments and other eye care providers to meet their VISION 2020 aims. It was supported by a group of IAPB members and run by ICEH. Following an evaluation in 2007, the workshops were now much more integrated with the IAPB regional structure and responsive to localised needs. She therefore thanked all the IAPB regional teams and partners for their contribution to the programme.

She noted that, following a planning and review meeting with some of the funders in July 2011, it became clear that the programme was now about much more than simply delivering workshops, but included identification of needs, running global meetings and development of material and resources. It was therefore time to look afresh at the future of the programme, including:

- Opportunity to rebrand;
- Necessity to embed the workshops into the wider IAPB strategy;
- Need to continue raising awareness and attract additional support;
- Opportunity to combine regional and global components;
- Necessity to develop additional material and resources to reach beyond those attending workshops.

More can be referred to in the attached Power Point.

Following the presentation, R. Percy asked the delegates to work in groups and address the following question: what could IAPB be doing to develop learning resources for VISION 2020?

Group discussions ensued and each group reported verbally brief summaries of their conversations, including the following points:

- Opportunity to develop learning resources in languages other than English;
- Presentations and material to be made widely available through electronic means, including webinars;
- Establishment of interregional workshops to facilitate cross-pollination and sharing of best practice;
- An online learning centre on the IAPB website;
- Implementation of more effective training follow-up;
- Use of local experts when delivering regional training;
- New topics, e.g. sustainability (financial and organizational), community needs assessment, team building, advocacy;
- Opportunity to re-brand the programme as IAPB workshops.

All recognized that the workshops had played a powerful role in raising awareness during the early stages of VISION 2020 and all agreed that now it was the time for taking on a new mandate to facilitate collaboration among all the key stakeholders at country and regional level.

**ACTION:** R. Percy to summarise all feedback from the discussions and circulate proposal moving forward.

## 9. Regional Reports on VISION 2020 Achievements

[Power Point: Africa | Eastern Mediterranean]

[Attached: Africa | Europe]

## 10. Regional Reports on VISION 2020 Achievements (continued)



[Power Point: Latin America | Western Pacific]  
[Attached: Western Pacific]

For all regional reports refer to the papers circulated prior to the meeting, the reports for Africa, Europe and Western Pacific here attached and the PowerPoint presentations for Africa, Eastern Mediterranean, Latin America and Western Pacific.

## II. IAPB 9<sup>th</sup> General Assembly

### II.1. Report from the Programme Committee

H. Taylor referred to the attached paper agenda item II.1 outlining the scientific programme for the 9<sup>th</sup> General Assembly. He noted that, with 7 symposia, 2 named lectures, 20 courses, a panel discussion on Corporate Social Responsibility, free papers and abstracts, the programme was ambitious in scope and wide ranging in the topics covered. He also confirmed that submission of abstracts was now open and announced that the final programme would be ready within the next month or so.

### II.2. Report from the Organising Committee [Power Point]

B. Holden stated the ambition of the next General Assembly to be the best ever. He noted the theme “Eye Health – Everyone’s Business” as also indicating an invitation to businesses and philanthropists to become involved in eye health. He praised the combined efforts of the teams at BHVI and IAPB working tirelessly to spread the message of the Assembly and was grateful to the support provided locally in India by the Organising Partner, the LV Prasad Eye Institute, and in particular to Dr. Santosh Honavar and Dr. Nag Rao.

He announced that delegates’ registrations were now open and encouraged all those considering sponsoring delegates, particularly from those countries with more difficult visa processes, to communicate their names and details as soon as possible to the organizing teams at IAPB or LV Prasad, so that any problem in obtaining visas could be identified and corrected at the early stages. Following comments on recent denial of visas experienced by some Pakistani nationals as well as the burdensome requirements imposed upon them, he noted that, even though no guarantee could ever be made that all would be able to obtain visas as this ultimately rested with the Indian Government and depended upon personal circumstances, the team at the LV Prasad Eye Institute was experienced in this matter and would do its utmost to facilitate the process. He reiterated that starting the process early would be the best course of action to secure a positive outcome.

Following a question on the nomination process of the ‘Eye Health Heroes’, B. Holden clarified that, although initially nominations had been restricted to A and B members, these were now open to all IAPB members in order to have as wide a range of ‘heroes’ as possible. He also clarified that the ‘heroes’ were different from the awards recipients (see the report from the Nominations Committee *infra*, agenda item II.3) as the former sought to leverage media interest by celebrating the human stories behind eye health as well as provide recognition to all those people working who were seldom considered for awards.

P. Ackland reminded all member organizations of the many ways to engage with the 9<sup>th</sup> General Assembly and to contribute to make this a truly memorable event:

- Supporting delegates from local partners as well as staff from country and central offices to attend the Assembly;
- Facilitating the flow of knowledge and sharing of learning by encouraging all relevant stakeholders to submit abstracts;
- Helping IAPB in raising the necessary funds to cover the costs of running the event by signposting the organizing team to any corporate who may be interested in sponsoring, or by taking up an exhibition stall for their own organization;
- Nominating their ‘Eye Health Heroes’.

### II.3. Report from the Nominations Committee [Power Point]

R. Chappell outlined the procedure for the election of Officers (i.e. President, Vice President and Treasurer), due to take place at the next General Assembly. The main points were:

- Appointed by the Board at the time of the General Assembly;
- Written nomination from a Council member including brief description of the qualities of the candidate;
- Seconding from another Council member;
- Consent of the candidate to stand;
- Candidatures were not limited to those people who belonged to member organizations.

He noted that the Regional Chairs were also due for election at the General Assembly following a similar process:

- Appointed by the Board at the time of the General Assembly;
- Written nominations and seconding from Council members within each region;
- Consent of the candidate to stand;
- Candidate should be a recognized leader in the region.

Finally, he outlined the process for the selection of awards to be given at the 9<sup>th</sup> General Assembly and noted that, in order to stress their exclusivity, their numbers were limited to the following:

- A maximum of 1 Lifetime Achievement Award;
- A maximum of 2 Global Achievement Awards;
- A maximum of 1 Global Partnership Award;
- A maximum of 2 Regional Achievement Awards per each region.

Once again nominations for the awards were sought from Council members and announcement of winners were to be phased throughout the proceedings of the General Assembly, so not to disrupt the flow of the sessions.

More can be referred to in the attached Power Point presentation.

**ACTION:** R. Chappell to circulate invites for nominations of Officers, Regional Chairs and Awards in beginning of October, including terms of reference, responsibilities, time commitment and funds available for Officers and Regional Chairs, and list of previous winners for the Awards.

## 12. Seminars on Trachoma and Onchocerciasis Control

### 12.1. Trachoma [Power Point]

D. Haddad, Director of the International Trachoma Initiative, gave a presentation on the global strategy to eliminate blinding trachoma by the year 2020.

Refer to the attached Power Point for full details.

### 12.2. Onchocerciasis [Power Point]

A. Hopkins, Director of the Mectizan Donation Program (MDP), gave a presentation on the progress towards the elimination of Onchocerciasis.

Refer to the attached Power Point for full details.

Following the presentations, discussion ensued, including the following points -

- It was clarified what was meant by elimination for each of the two diseases: with regards to trachoma it meant the elimination of the public health problem; as for onchocerciasis, even though blindness caused by it was pretty much eliminated, there was a risk for the infection to come back if the control treatment were to be stopped (possibly also in a form resistant to current remedies, i.e. Mectizan), therefore the ultimate aim was to completely eliminate the parasite (i.e. eradication).
- As IAPB was involved with both networks (the International Coalition for Trachoma Control and the NGDO Group for Onchocerciasis), support from IAPB members was crucial in making sure sustained efforts continued with regards to both diseases, particularly in terms of advocacy, funding and partnership building at national level.

## 13. IAPB Annual General Meeting

The Annual General Meeting was held on September 14, 2011 at 1400 hours with more than 40 votes present or assigned as proxy available. The minutes of the AGM are circulated separately.

## 14. Membership Report [Power Point]

A. Di Capua reported that, including the latest round of membership applications approved in Dubai, there were now 117 members [attached]. He then referred to the attached paper agenda item 14 containing the latest proposals and activities with regards to the membership in line with the findings of the membership survey carried out in February 2011 and the following principles endorsed by the board in March 2011:



- Transparency;
- Clarity of membership benefits;
- Development of membership services;
- Networking and sharing.

Following a question, it was clarified that, as a principle, all members were able to apply for 'IAPB grants' (i.e. funds secured by IAPB for the benefit of members), however when significant amounts of money were involved, there was an expectation that successful applicants would at least become Group B members.

## 15. Vision Alliance

C. Garms introduced the Vision Alliance, an initiative of IAPB, the World Blind Union (WBU) and the International Council for the Education of People with Visual Impairment (ICEVI) to bridge the gaps between eye health and the provision of services for blind and visually impaired people. The Alliance was made of the presidents and CEOs of each founding organization and it aimed to meet at least twice a year on the back of other concomitant meetings. Chairmanship of the Alliance rotated among the members and currently sat with the Chair of IAPB. C. Garms then invited the representatives of the other two founding members to introduce their respective organizations.

M. Diamond, President of the World Blind Union, talked about WBU's membership make up and strategic priorities.

J. Keeffe, Vice President of ICEVI, introduced ICEVI's remit and objectives [Power Point].

M. Diamond then explained the inception of the Vision Alliance and its rationale to achieve a better integration of the three founding members' activities. She pointed to the Alliance's statement which was available on all three organisations' websites.

Early areas of collaboration were identified as follows –

- Education for All: already a partnership between ICEVI and WBU since 2006 to ensure access and full participation in education for all girls, boys and youth with blindness and low vision;
- Low Vision: a Low Vision Working Group had been established with two representatives from each organization with a remit including curricula for training for low vision services, establishment of a Low Vision Resource Centre and provision of recommendations on equipment and devices;
- Millennium Development Goals (MDGs): need to be aware of each other's advocacy initiatives in this area and opportunity to send joint delegations to dedicated forums;
- Disaster Relief: proposal to leverage the expertise within some member organizations around disaster relief interventions by setting up a working group with the aim of developing a set of guidelines on how to respond to the unique circumstances of intervening in disaster-hit areas; interested members with relevant expertise were invited to contact P. Ackland.

The discussion proceeded in groups which were required to address the following questions:

- What are the areas of work that the Vision Alliance should address in the future?
- How to translate this collaboration to the country level?

Each group provided feedback, including the following:

- Areas of collaboration
  - Setting policies and guidelines;
  - Human resources development;
  - Resource mobilization (both financial and human);
  - Become the guardians of best practice;
  - Joined up advocacy and work on MDGs;
  - Widen VISION 2020 beyond prevention and treatment;
  - Better sharing of information and technical expertise already available in each organization;
  - Ensuring better integration between ophthalmology and low vision services;
  - Shared research;
  - Reviewing the common business model of membership organization and the challenges to its sustainability;
  - Early childhood intervention prior to school age;

- Comprehensive eye care.
- Collaboration at country level:
  - Promoting appropriate and inclusive education;
  - Advocating for integration of education, health and disability;
  - Inclusion and references in national eye health plans;
  - Sharing workshops;
  - Including sub-group in national VISION 2020 committees specifically looking at integrated activities.

C. Garms thanked everybody for their input and confirmed that all ideas and recommendations would be discussed at the next meeting of the Vision Alliance.

**16. Future Meetings**

The next IAPB Council of Members meeting is scheduled for September 16, 2012 in Hyderabad.

**17. AOB**

There being no other business, the Council of Members meeting adjourned at 1630, Dubai time.

## ATTENDANCE LIST

### Officers

1. Mr. Christian G. Garms, President & Chairman of the Board of IAPB
2. Mr. Adrian Poffley, Treasurer of IAPB
3. Prof. Hugh R. Taylor, Vice President of IAPB

### Members

1. Dr. Abdulaziz AlRajhi, IMPACT-EMR & EMR-IAPB
2. Dr. Robert Chappell, World Council of Optometry
3. Dr. Paul Courtright, Kilimanjaro Centre for Community Ophthalmology (KCCO)
4. Ms. Barbara DeBuono, ORBIS International
5. Mr. Brian Doolan, The Fred Hollows Foundation (FHF)
6. Dr. Rainald Duerksen, Fundacion Vision & Regional Chair for Latin America
7. Ms. Patricia Ferguson, Operation Eyesight Universal (OEU) & Regional Chair for North America
8. Ms. Jennifer Gersbeck, Vision 2020 Australia
9. Dr. Suzanne Gilbert, Seva Foundation
10. Dr. Danny Haddad, International Trachoma Initiative
11. Dr. Caroline Harper, Sightsavers
12. Dr. Adekunle Olubola Hassan, Eye Foundation Hospital & Lambo Eye Institute
13. Prof. Brien Holden, International Centre for Eyecare (ICEE) & Brien Holden Vision Institute
14. Dr. Adrian Hopkins, Mectizan Donation Program
15. Prof. Rabiul Husain, Regional Chair for South East Asia
16. Mr. Terje B. Iversen, Norwegian Association of the Blind and Partially Sighted (NABP)
17. Mr. Jeremy Jalie, Vision Aid Overseas
18. Prof. Jill Keeffe, Centre for Eye Research Australia
19. Mr. Stephen King, Royal National Institute of Blind People (RNIB)
20. Prof. Dr. Volker Klaus, Regional Chair for Europe
21. Prof. Richard Le Mesurier, Regional Chair for Western Pacific
22. Ms. Jeanette McKenna, Standard Chartered Bank (Seeing is Believing)
23. Dr. Mohammed Babar Qureshi, Comprehensive Health and Education Forum (CHEF) International
24. Dr. Serge Resnikoff, Vision CRC
25. Mr. Jaf Shah, The Fred Hollows Foundation (UK)
26. Ms. Victoria M. Sheffield, International Eye Foundation (IEF)
27. Dr. Sudeep Singh Gadok, Tulsi Chanrai Foundation
28. Mrs. Kathy Spahn, Helen Keller International (HKI)
29. Prof. Bruce E. Spivey, International Council of Ophthalmology (ICO)
30. Dr. Ahmed Trabelsi, Nadi Al Bassar
31. Mr. Johannes Trimmel, Light for the World

### Observers

1. HRH Princess Maha Bint Abdulaziz Bin Ahmed Bin Abdulaziz, Atheeb Group
2. Mr. Phillip Albano, Lions Clubs International Foundation (LCIF)
3. Mr. Nicholas Banatvala, WHO PBD
4. Dr. Natalie Briggs, Vision Aid Overseas
5. Mr. Don Bundy, World Bank
6. Mr. Sam Byfield, Vision 2020 Australia
7. Dr. Abdirisak Dalmar, Right to Sight
8. Ms. Maryanne Diamond, World Blind Union (WBU)
9. Dr. Hannah Faal, Sightsavers
10. Mr. William Felch, International Council of Ophthalmology (ICO)
11. Dr. Qi Gong, He Eye Hospital
12. Mr. David Green, Eye Fund Consultant
13. Mr. Job C. Heintz, Himalayan Cataract Project / Tilganga Eye Centre
14. Dr. Rohit Khanna, L.V. Prasad Eye Institute (LVPEI)
15. Dr. Qing Lu, He Eye Hospital
16. Mr. Ken Macdonald, Focus on Vision
17. Dr. Wanjiku Mathenge, The Fred Hollows Foundation (FHF)
18. Mr. Clive Miller, Optometry Giving Sight (OGS)
19. Ms. Robin Percy, ICEH

20. Ms. Sophie Plumridge, Vision 2020 Australia
21. Ms. Lesley Podesta, The Fred Hollows Foundation (FHF)
22. Mr. Richard Porter, The Fred Hollows Foundation (UK)
23. Dr. Mansur Rabi, IMPACT-EMR & EMR-IAPB
24. Ms. Virginia Sarah, The Fred Hollows Foundation (FHF)
25. Mr. Ravilla D. Thulasiraj, Aravind Eye Hospital & Postgraduate Institute of Ophthalmology
26. Dr. Boateng Wiafe, Operation Eyesight Universal (OEU)
27. Prof. George Woo, World Council of Optometry (WCO)
28. Ms. Catherine Yates, Vision 2020 Australia

### Apologies

1. HRH Prince Abdulaziz Ahmad Abdulaziz Al Saud, Regional Chair of Eastern Mediterranean
2. Mr. Mark Ackermann, The Lighthouse International
3. Dr. Maria Leonor Belez, Champalimaud Foundation
4. Mr. Andrew Bell, The Fred Hollows Foundation NZ
5. Mr. Mohammed Tawfik Bellow, Ebsar Foundation
6. Prof. Mohammed Belmekki, Moroccan Medical Association of Solidarity
7. Dr. Manal Bouhaimed, Fawzia Sultan Rehabilitation Institute
8. Mr. Mike Brace, VISION 2020 UK
9. Dr. Giuseppe Castronovo, Agenzia Internazionale per la Prevenzione della Cecità - Sezione Italiana
10. Mr. Moloy Chakravorty, Mission for Vision (MFV)
11. Mrs. Grace Chan, Asian Foundation for the Prevention of Blindness (AFPB)
12. Dr. Suresh R. Chandra, Combat Blindness Foundation (CBF)
13. Dr. Kate Coleman, Right to Sight [Proxy: Dr. Abdirisak Dalmar]
14. Prof. Colin Cook, CBM
15. Ms. Avril Daly, Fighting Blindness
16. Dr. Alexander Doga, The Fyodorov Eye Microsurgery Federal State Institution
17. Dr. Paul J. Dubord, Eyesight International
18. Prof. Allen Foster, CBM
19. Prof. Clare Gilbert, ICEH
20. Dr. Keith D. Gordon, The Canadian National Institute for the Blind (CNIB)
21. Mr. Arvel Grant, CCB-Eye Care Carribean
22. Mr. Ken Gustavsen, Merck & Co. Inc.
23. Ms. Penny Hartin, World Blind Union
24. Prof. Dr. Wei He, He Eye Hospital [Proxy: Dr. Qing Lu]
25. Mr. David Herman, AMD Alliance International
26. Ms. Kelly Hipp, American Optometric Association (AOA)
27. Mr. Arnt Holte, World Blind Union (WBU) [Proxy: Mr. Terje B. Iversen]
28. Dr. Ailian Hu, Beijing TongRen Hospital (Beijing TongRen Eye Centre)
29. Dr. Michael Kaschke, Carl Zeiss AG [Proxy: Mr. Christian Garms]
30. Dr. Josef Kasper, Swiss Red Cross
31. Prof. Muhammad Daud Khan, Pakistan Institute of Community Ophthalmology (PICO)
32. Mr. Ja-Kyoung Koo, Vision Care Service
33. Dr. Klaus Kraemer, Sight and Life [Proxy: Mr. Christian Garms]
34. Mr. Louis Lam, World Eye Organisation
35. Ms. Janet Leasher, UNESCO Chair in Visual Health and Development
36. Mr. Colin Low, ICEVI [Proxy: Prof. Jill Keeffe]
37. Ms. Penny Lyons, Seva Canada Society
38. Dr. Ruth S. McAndrews, Volunteer Optometric Services to Humanity (VOSH) International
39. Dr. Marilyn Miller, The Bernadotte Foundation for Children's Eyecare
40. Dr. Paul Mitchell, Association for Research in Vision & Ophthalmology (ARVO)
41. Prof. Kovin Naidoo, Regional Chair for Africa [Proxy: Prof. Brien Holden]
42. Dr. Francisco Belisario Navarro, Instituto Popular Para Los Ojos
43. Dr. André-Dominique Negrel, L'Organisation pour la Prevention de la Cecite [Proxy: Dr. Serge Resnikoff]
44. Dr. Somchai Nitpanich, Maharat Nakhon Ratchasima Regional Hospital (MNNRH)
45. Dr. Ramachandra Pararajasegaram, Honorary Affiliate
46. Dr. David Parke, American Academy of Ophthalmology (AAO)
47. Prof. Louis Pizzarello, Edward S Harkness Eye Institute
48. Dr. Harry Quigley, Dana Center for Preventive Ophthalmology
49. Dr. R.D. Ravindran, Aravind Eye Hospital & Postgraduate Institute of Ophthalmology [Proxy: Mr. Ravilla Thulasiraj]
50. Mr. Rafael Ribó, Eyes of the World Foundation

51. Dr. G. Chandra Sekhar, L.V. Prasad Eye Institute (LVPEI) *[Proxy: Dr. Rohit Khanna]*
52. Ms. In Sook Shin, Heart to Heart Foundation
53. Mr. Onhan Shin, Korean Foundation for the Prevention of Blindness (KFPB)
54. Mr. Stephen Silverton, British Council for Prevention of Blindness (BCPB)
55. Dr. Geoffrey C. Tabin, Himalayan Cataract Project / Tilganga Eye Centre *[Proxy: Mr. Job C. Heintz]*
56. Ms. Maureen Tam, Hong Kong Society for the Blind (HKSB)
57. Ms. Susi Tegen, The Royal Australian and New Zealand College of Ophthalmologists
58. Mr. Jeff Todd, Prevent Blindness America
59. Dr. Ahmed Trabelsi, Nadi Al Bassar
60. Mr. Craig Troeberg, The Priory for South Africa of the Order of St. John
61. Dr. Eric J. Van Agtmaal, Asian Eye Care
62. Dr. Jerry Vincent, International Rescue Committee *[Proxy: Mrs. Kathy Spahn]*
63. Dr. Ningli Wang, Beijing TongRen Hospital (Beijing TongRen Eye Centre)
64. Dr. Peter Xu, Project Vision Charitable Foundation Limited (PVCF)
65. Mr. Robert Walters, ORBIS International
66. Lady Jean Wilson, Honorary Affiliate
67. Mr. Eberhard J. Wirfs, Lions Clubs International Foundation (LCIF) *[Proxy: Mr. Phillip Albano]*
68. Ms. Josephine Wong, Project Vision Charitable Foundation
69. Dr. Fengsheng Zhang, Chaoju Eye Hospitals Group

#### **IAPB Staff**

1. Mr. Peter Ackland, CEO
2. Mr. Tejah Venkata Balantrapu, Communications Coordinator
3. Ms. Sally Crook, ScB Seeing Is Believing
4. Mr. Alessandro Di Capua, Membership Manager
5. Mr. Daniel Etya'ale, Director IAPB Africa
6. Ms. Blandine Labry, Senior Accountant
7. Ms. Sheona McGraw, Programme Manager IAPB Western Pacific
8. Mr. Julian Metcalfe, Director of Advocacy

## AGENDA

SEPTEMBER 13, 2011 (TUESDAY)

Time	Agenda Item	By
0900 – 0910	<b>1. Welcome</b> 1.1 Welcome Address by HRH Prince Abdulaziz 1.2 Welcome by Mr. C. Garms, IAPB President 1.3 Adoption of the IAPB Agenda [attached] 1.4 Minutes of the last IAPB Meeting [attached] 1.5 Matters Arising	C. Garms
0910 – 0915	<b>2. Opening Remarks from the Chairman</b>	C. Garms
0915 – 1000	<b>3. Report from the CEO</b> [attached]	P. Ackland
1000 – 1030	<b>4. Update from WHO</b>	N. Banatvala
1030 – 1100	COFFEE / TEA	
1100 – 1230	<b>5. “The Big Picture”</b> 5.1 Engagement with the World Bank [attached] 5.2 Launch of Global Cost of Eliminating Avoidable Blindness Study [attached]	J. Metcalfe & D. Bundy B. Doolan
1230 – 1400	LUNCH	
1400 – 1500	<b>6. Resource Mobilisation</b> 6.1 Standard Chartered “Seeing is Believing” 6.2 Optometry Giving Sight 6.3 Eye Fund & Capacity Building Grant Fund	J. McKenna C. Miller D. Green
1500 – 1515	<b>7 Standard List Demo</b>	B.V. Tejah
1515 – 1545	COFFEE / TEA	
1545 – 1645	<b>8. VISION 2020 Workshops</b>	R. Percy
1645 – 1730	<b>9. Regional Reports on VISION2020 Achievements</b> [attached: Eastern Mediterranean   to follow: Africa   Europe]	Reg. Chairs

SEPTEMBER 14, 2011 (WEDNESDAY)

Time	Agenda Item	By
0900 - 1000	<b>10. Regional Reports on VISION2020 Achievements (continued)</b> [attached: Latin America   North America   South East Asia   to follow: Western Pacific ]	Reg. Chairs
1000 – 1045	<b>11. IAPB 9<sup>th</sup> General Assembly</b> 11.1 Report from the Programme Committee [attached] 11.2 Report from the Organising Committee [attached] 11.3 Report from the Nominations Committee	H. Taylor B. Holden R. Chappell
1045 – 1115	COFFEE / TEA	
1115 - 1230	<b>12. Seminar on Trachoma and Onchocerciasis Control</b> 12.1 Trachoma 12.2 Onchocerciasis	D. Haddad A. Hopkins
1230 - 1400	LUNCH	
1400 - 1430	<b>13. IAPB AGM</b> [attached: Minutes] 13.1 Annual Accounts of the Charity and Audit Report [attached] 13.2 Appointment of Auditor for 2011 13.3 Directors / Trustees [attached] 13.4 Any Other Business	C. Garms
1430 - 1500	<b>14 Membership Report</b> [attached]	A. Di Capua
1500 - 1600	<b>15 Vision Alliance</b>	P. Ackland, M. Diamond & J. Keeffe
1600 – 1605	<b>16. Future Events and Meetings</b> 16.1 Next IAPB Council of Members Meeting	C. Garms
1605 – 1630	<b>17. Any Other Business</b>	C. Garms