



Guidelines for Eye Health Committees



The success of VISION 2020: The Right to Sight rests on coordinated action by different sections of government, civil society, international partners, donors and the private sector. Countries are advised to set-up a national coordinating mechanism, or a Committee, to develop a national plan and oversee activities for blindness prevention.

Specifically, ***'Towards Universal Eye Health: a Global Action Plan 2014-2019'*** (adopted by the World Health Assembly in May 2013) calls on all countries to 'establish or maintain coordinating mechanisms to oversee and monitor implementation of policies, plans and programmes for eye health'. An inclusive committee is the most effective mechanism to provide leadership and governance for blindness prevention at the national level.

This document is a guide for good practice. The International Agency for the Prevention of Blindness (IAPB) recognizes that resources and situations differ from country to country, and that one model will not work everywhere. Stakeholders in each country should assess needs and strengths – along with obligations contained in the Global Action Plan – to develop a plan and establish a Committee that meets local requirements.

Use this document together with:

- The National Eye Health Coordinator Manual, available online: <http://iapbwesternpacific.org/download/tools-for-eye-health-professionals/neh-coordinator-manual.pdf>
- The Global Action Plan, available online: <http://www.who.int/blindness/en/>
- Investing in Eye Health: Securing the Support of Decision-Makers, Morone et al. Published by WHO (2012). Available online: www.who.int/entity/blindness/Politicalanalysis.pdf

How do we build and maintain national support for eye health?

The prevention of avoidable blindness relies on activities by many agencies working together. Cooperation from government (the Ministry of Health and other ministries), NGOs, the private sector, research and training organizations is critical. Committees provide a forum to develop cooperative projects and to share data and ideas.

The Committee should first agree on a clear Terms of Reference, which clarifies the Committee's purpose and role of its members. Then, a work plan with advocacy activities and priorities should be developed. Committees should meet regularly to plan programs and interventions, monitor progress and secure funding.

Globally, these bodies have different names and different mandates and may have national or provincial scope. Prevention of Blindness (PBL) Committees, VISION 2020 bodies, Eye Health NGO Forums, Steering Committees are just a small sample. To keep things simple in this document, 'Committee' is used as a generic term to refer to all bodies.

What is the role of the National Eye Health Coordinator?

Many countries have appointed a National Eye Health Coordinator to liaise with stakeholders (in-country and internationally) and direct action. Ideally, a Committee should be convened to support and advise the person in the Coordinator role. Some countries may only require a Coordinator rather than a formal Committee, but it is critical that this person has support from stakeholders and remains accountable.

IAPB has published a National Eye Health Coordinator Manual with a typical job description and list of responsibilities. A key job of the Coordinator is to help guide all the 'players' in a country to work together towards the goal of VISION 2020 – this requires leadership and trust.

The role of the Coordinator may be too much work for one person. A Secretariat model or small organization focused on coordination and advocacy is an option in countries with more resources.



Who should be represented on the Committee?

The World Health Organization recommends that Committees be formed to bring together representatives from all entities that contribute to preventing blindness and improving eye health in communities. The prevention of avoidable blindness is 'everybody's business' and everyone has contributions to share.

The challenge is to ensure the Committee remains a workable size. If many groups and people belong to the Committee, it will take longer to reach consensus and make decisions. As the Committee and its workload grows, it may be useful to form an Executive Committee or core decision-making group. Good communication lines should be in place to make sure the Committee remains inclusive of many perspectives and that roles are spelt out in a Terms of Reference or Constitution.

To ensure Committees are effective, the following agencies should be involved and represented.



Health Ministry

The Ministry of Health should take primary responsibility for avoidable blindness and for reporting to the World Health Organization on national progress against the Global Action Plan. Usually the Ministry of Health is the main decision-maker on resourcing eye health. It is critical that an enthusiastic representative from the Ministry of Health is part of the Committee, or Chair of the Committee. This representative should be senior and have authority to influence planning decisions within the Ministry. Someone with technical or programmatic knowledge of challenges in blindness prevention is also valuable.

Other Ministries

Other government bodies – such as representatives from ministries of education, disability and social services, infrastructure, planning/finance – may also be good contributors to the Committee. These departments may decide to take part at special annual meetings, or through partnerships managed by the Ministry of Health. Where control for health is decentralised, representatives from provincial or state health departments may also wish to be included.



Civil Society

NGOs are very important players for eye health in most countries. International NGOs are key funders and good sources of information and technical advice. Local NGOs are of increasing importance and should be supported, particularly as we continue work to make eye health programs more sustainable and locally-owned.

We know that duplication and waste can be reduced when NGOs and service providers have a regular opportunity to coordinate their efforts. Outreach visits to remote areas or a new specialist centre are two examples of when collaboration is most strongly encouraged.

In all countries, civil society has an important role to play.



Training and Professional Organisations

How do we train more ophthalmologists and cataract surgeons? How much training do nurses need to refract or assist with surgeries? How do we build a strong cadre of optometrists? All these are questions to discuss with professional associations and universities. Importantly, professional organisations or societies that represent the three cadres: ophthalmologists, optometrists or allied ophthalmic personnel should have a voice and opportunity for input.



Disability and Low Vision

Not all vision loss can be prevented and treated. Support and rehabilitation programs should be provided for those whose sight cannot be restored. Referral pathways should be clear for service providers, particularly those who conduct screening at the primary level. In many countries low vision services may not exist or may be poorly resourced, so advocacy should aim to strengthen these services.

The perspectives of people who are blind, have low vision, or are living with another disability can be invaluable in advocacy and planning. Low vision shouldn't be the only consideration. Health services should be inclusive and accessible to people with other disabilities too. Ramps for wheelchair access and clear signage are two examples. Agencies such as Disabled People's Organisations are important partners and can help to ensure services are inclusive.



Donors

Bilateral donors or aid agencies may be interested to hear about the Committee's progress or possibly join the Committee. It is a good idea to invite them, make them feel welcome and keep them up to date. However, donor representatives may have broader responsibilities and may not be able to contribute consistently. A representative from the World Health Organization, or the World Bank or UNICEF may also be a good contributor on particular projects or at special meetings.



Advice on Gender

In low and middle income countries, cataract and trachoma occur more frequently in women, and women are much less likely than men to use eye health services. In accordance with good development practice, IAPB recommends that gender be considered in the development of national eye health plans. Committees should analyse gender barriers and include groups that represent women or gender issues in their planning. Partnerships with existing agencies that provide outreach and health services to women are one way to ensure gender disparities are addressed.



Research Organisations

Research expertise is also important and the Committee should have access to a mix of both biomedical and operational research skills. Biomedical research is important in developing new and more cost-effective interventions, especially those for low-income and middle-income countries. Operational research – such as program evaluations, analysis of patient numbers and coverage information – will provide evidence on ways to overcome barriers in service provision. It may also be worthwhile to tap into more general research expertise (on economics, poverty elimination, gender) rather than relying on simply a medical or epidemiological lens for research. This can be powerful for advocacy to decision-makers outside the health area.



The Private Sector

While eye health requires a strong public health response, a good Committee will also incorporate the views and inputs of the private sector. Private hospitals, ophthalmologists and optometrists in private practice are critical to the national program's success and essential in work towards universal access. The private sector can be an important financial supporter to eye health programs, through sponsorship, donations, providing volunteers or in-kind support.

What about an NGO Forum or Working Group just for NGOs?

Some countries have separate NGO Forums, which bring organisations together to harmonise advocacy messages or plan programs. Critically, there should be a clear and inclusive mechanism for regular dialogue with government stakeholders or the larger Committee. This could be a special annual meeting, or regular bilateral discussions with a smaller representative group of the NGO Forum and senior government officials. This requires transparency and timely reporting back to the Forum members to maintain trust and confidence.

What about the provincial or sub-national level?

To ensure responses are more localised, large countries may wish to develop provincial plans or provincial Committees. Naturally, provincial plans should be linked, at least through reporting, to the national plan and national Committee. A consistent national approach and direction should be agreed and supported at more local levels.

How do we make sure the Committee is resourced and managed effectively?

Committees will often be made up of volunteers, or have members with responsibility for other matters on top of their usual work. The 'work' of the Committee – be it administrative or more substantial projects – may need to be delegated. A National Eye Health Coordinator should be appointed and funded to prepare meetings and ensure activities in the plan are coordinated and monitored.

Consider what structures are appropriate and needed from the outset. Some Committees have sought to register as organisations in their own right and then required office space, bank accounts and a constitution. This approach can be very cumbersome, and time may be quickly consumed by process tasks. It may be simpler to operate more informally as a project or initiative of an NGO or the Health Ministry, particularly in the start-up phase. Most important, is a clear and well-understood Terms of Reference for the Committee and work plan that clarifies advocacy priorities, timelines and responsibilities.

How often should meetings be held?

There is no rule for how regular meetings should be, though meetings once every three months may be sufficient. Check the consensus of the group on how often members would like to meet and reconsider this as work gains momentum. Most importantly: set dates of meetings well in advance, notify everyone, and try not to change the date. Some people may have to travel to attend, or schedule their work and clinical activities around the meeting. It will be frustrating if dates are left unclear or frequently change.

There's too much work for one Committee!

Over time, Committees and organisations will inevitably create additional work and taking on new projects. The Committee may decide to delegate some responsibilities or specific projects to a task force, subcommittee or agency. Make sure tasks and expectations are clear; prepare a Terms of Reference and share this widely, inviting comment from the group or key people affected. There should be opportunities for the task force to report back to the main group in a formal way, with a point on the agenda.



How do we know if we're doing a good job?

The Committee should have a role to monitor the national program and collect data to make sure the country is on track to reach its target. It should also take some time to monitor itself and look inward to see if the Committee is working to its full potential, and that the partnership is effective. The Committee could use a partnership analysis tool to evaluate itself. Check the IAPB Western Pacific website for more information.

How do we raise the profile of eye health?

A Committee should also have a strong advocacy function and reach out to secure new funding and improve the policy context. Advocacy kits are available on the IAPB Western Pacific website, and IAPB staff are available to advise on good strategies and approaches.

Having an influential Committee Chair or National Eye Health Coordinator is invaluable. A good Chair will be someone who can persuade decision makers in Government and inspire different stakeholders to work together.

All bureaucracies and political systems are complex, and it will take time and special insight for any Committee to understand how policy and funding decisions are made. In most instances, the Ministry of Health should be considered a primary target, but other ministries – such as the finance department or treasury, the prime minister's office, foreign ministry, social welfare department – make decisions that affect eye health. As a Committee, it is valuable to agree on your joint advocacy priorities and identify the decision-makers you need to meet and persuade.

You're not alone ...

IAPB staff and Regional Chairs are always available to help with technical advice and may also be able to assist with accessing funding and resources. Staff within NGOs and IAPB member organizations also have experience in drafting plans and working with Committees.

Resources are available on the IAPB website: www.iapb.org and IAPB Western Pacific website: www.iapbwesternpacific.org.