



## **IAPB Response to the WHO Zero Draft “Universal Access to Eye Health: A Global Action Plan, 2014-2019”**

### **General comments**

IAPB welcomes the Zero Draft “Universal Access to Eye Health: A Global Action Plan 2014-2019” and would like to provide the following comments on the document.

IAPB believes that the Zero Draft represents a significant improvement on the current action plan. It builds on the experience gained through VISION 2020, and through the implementation of the current Action Plan 2009-2013.

Furthermore, IAPB appreciates that many of the suggestions that were proposed as part of the previous two consultations are reflected in the Zero Draft.

### **Vision, Goal, and Objectives**

IAPB welcomes the emphasis on ‘universal access to eye health’ as the overarching theme and its inclusion in the title of the action plan.

We broadly concur with the proposed vision, goal and purpose of the action plan but would suggest the following important refinements.

The proposed goal in the Zero Draft is to reduce blindness and visual impairment as a global health problem. We recommend that the goal be clearer in that it is about reducing *avoidable* blindness and visual impairment as a global health problem.

The proposed purpose of the action plan in the Zero Draft is to improve eye health through comprehensive eye care services integrated in health systems. Eye health is important to improving broader health outcomes, and needs to be better integrated into health systems, which the new action plan is trying to address. The IAPB therefore recommends that the purpose of the plan should be amended so it is ‘to improve health through comprehensive eye care services integrated in health systems’.

The proposed vision, combined with the refined goal and purpose will provide an appropriate focus for the action plan.

### **Objectives**

IAPB concurs with the three proposed objectives for the action plan. We would however like to make the following suggestion for improving consistency in the document:

Objective 1 is first stated in the final paragraph on Page 3 and refers to "financial commitment of Member States and international financing agencies and organisations for eye health". In the log frame on Page 6 and Annex 1 this appears to have been conflated to just referring to Member

States. IAPB supports Objective 1 as stated on Page 3 and would recommend that it be used consistently throughout the document as this will improve clarity.

### **Key issues**

The first part of the Zero Draft document identifies the key issues for addressing avoidable blindness and visual impairment, and eye health more generally. This provides a useful context for framing the objectives and actions proposed in the zero draft.

Developing and implementing national policies and plans for the prevention of blindness and visual impairment and the integration of eye disease control programmes into broader health delivery systems at all levels is critical to achieving eye health outcomes. IAPB also agrees with the emphasis on human resource development, financial and fiscal allocations, effective engagement with the private sector, social entrepreneurship and care for the most vulnerable communities.

We also agree with the need to document and share experiences in developing and implementing eye health systems. A further focus should be placed on building new partnerships as well as strengthening existing partnerships to maximise opportunities to address eye health.

The role of other global health and development agendas including developing health systems, and provision of water and sanitation are important in addressing eye health. The role of the education sector in supporting and integrating eye health into school screening programmes also needs to be reflected.

The Zero Draft recognises the need for including eye health into broader non communicable and communicable disease frameworks, and its role in improving overall health and the eradication of poverty. It would be useful for the action plan to also make specific reference to links to new initiatives and investments which address neglected tropical diseases. The need for multi-sectoral action to address proven risk factors for some causes of blindness is increasingly important and is appropriately recognised as a key issue in the Zero Draft.

The Zero Draft also notes that opportunities to enhance financial resources through development cooperation and through innovative financing are important areas for further investment. It however remains critical that existing financing mechanisms and national resources are also effectively identified, further developed and utilised.

### **Targets and indicators for the action plan**

IAPB welcomes the inclusion of options for global and national targets and indicators to monitor progress in meeting the goal and objectives of the new action plan. This is a significant step forward on the current action plan.

#### ***Target for avoidable blindness and for visual impairment***

IAPB believes that it is critical to have agreed global targets for avoidable blindness and visual impairment that are evidence based. It is also important that the specific targets be agreed as part of the action plan rather than be left for finalisation through a longer process.

IAPB recommends that WHO consider the inclusion of a key target: that *'avoidable blindness should be less than an x% (an agreed percentage) of overall global blindness'* (defined as vision less than 3/60). The definition of avoidable blindness should include Cataract, Diabetic Retinopathy, Onchocerciasis, Trachoma, and Uncorrected Refractive Errors.

The set percentage should be based on recent epidemiological data on avoidable blindness and visual impairment in high income countries. This would provide a best practice scenario and an effective practical global target that would be relevant at the country level.

This approach is proposed because it is evidence based, rather than the linear trend based target proposed under Option A in the Zero Draft, and because it is a realistic way for countries to assess and set their own national targets based on national data.

We recommend that WHO apply the same methodology for setting a percentage based target for moderate and severe visual impairment (defined as vision less than 6/18).

IAPB recommends that WHO set up a small time limited working group to analyse existing data to determine the proportion of avoidable blindness in high income countries, and use that to determine the actual percentage set as the threshold or target.

It will be important for this work to be completed in time for submission to the WHO Executive Board in January 2013 so that the draft action plan and the proposed targets can be considered and agreed at the same time.

### ***Indicators***

IAPB welcomes the inclusion of indicators to monitor progress in achieving the goal and objectives of the action plan. This represents a significant improvement on the current action plan and with proper implementation will allow measurement of measure national, regional and global progress towards the ultimate goal of eliminating avoidable blindness and visual impairment. We appreciate that further refinement will be needed on the indicators to be used, including on the relevant methodology, mechanisms and timeframes for collection and dissemination of the data.

IAPB would recommend the inclusion of one additional indicator on Cataract coverage disaggregated at sub-national or province level, gender, and age in selected countries. This will be important for understanding the prevalence of cataract which is the single largest cause of avoidable blindness.

### ***Other suggestions***

IAPB notes that the log frame on Page 6, under Objective 1 column 2 (Measurable indicators) refers to prevalence studies as the indicator for evidence to support advocacy. Other studies (for example by Access Economics, PricewaterhouseCoopers and Frick & Foster) provide useful economic analysis at country level which has proved effective as an advocacy tool in many developed countries, and should be reflected in the indicators.

In the log frame on Page 9 under Objective 2.4 in the last column under the proposed inputs from International Partners it refers to 'providing eye care services'. This is only appropriate in some exceptional circumstances such as in a post conflict situation. IAPB recommends changing this input to 'Supporting and developing local health systems to provide eye health services'.

IAPB would like to thank WHO for the opportunity to provide comment on the Zero Draft. IAPB looks forward to continue working with Member States and WHO on further development and finalisation of the action plan for 2014-2019.

Peter Ackland, CEO  
5<sup>th</sup> October 2012