Working closely with members, governments and other partners across the Western Pacific, the International Agency for the Prevention of Blindness (IAPB) aims to achieve universal access to eye health by:

- Advocating for leadership, resources and policy from government
- Increasing knowledge, building and strengthening collaborations for advocacy and more effective programming.

Objectives and activities in this strategy are based on Universal Eye Health: A Global Action Plan 2014-19 (known as the GAP) and Towards Universal Eye Health: A Regional Action Plan for the Western Pacific 2014-19. These two documents outline agreed commitments and activities for Member States, the World Health Organization and partners in work towards improving eye health. This strategy takes a lead from IAPB’s Strategic Plan for 2013-17, which was endorsed by the Board of Trustees in September 2013. Consultations with members and other partners across the region helped to shape this strategy.

IAPB is an alliance of civil society organisations, corporates and professional bodies promoting eye health through advocacy, knowledge and partnerships. This strategy builds on strong foundations, and more intensive work driven by IAPB at a regional level since 2011. With programmatic funding from the Australian Government until the end of 2015, IAPB strengthened its regional office and established sub-regional bases in Fiji and the Philippines, and strengthened national advocacy in selected countries. Since 2011, with funding from the Australian Government and in partnership with the WHO, IAPB has:

- Contributed to the development of a Regional Action Plan, the first for the Western Pacific
- Engendered a commitment to Universal Eye Health from governments across the region, with new resources committed directly and indirectly through insurance initiatives, training and system development
- Advanced planning and policies for eye health in more than 7 countries
- Developed advocacy material and strengthened capacity to influence policy and understand health systems
- Commenced deeper work to improve understanding of gender equity and financing for eye health
- Strengthened national and subnational bodies for coordination
- Provided training and tools to gather evidence, conduct assessments and surveys.

IAPB’s strength lies in its members, with more than 140 organisations united globally. IAPB is not an implementer of services or a donor; instead, IAPB aims to catalyse action by members and governments. IAPB will leverage support – financial and in-kind – from members and other partners to foster collaborations and deepen commitments for Universal Eye Health. All of the activities in this plan rely on contributions and partnership with members and other partners. Orbis and CBM will fund specific events through the global workshop program, and The Fred Hollows Foundation will support several activities and provide in-kind personnel. The Singapore Eye Research Institute will provide office space and support for the Regional Program Manager in Singapore.
IAPB will focus on five countries in the Western Pacific: China, Cambodia, Papua New Guinea, Vietnam and the Philippines, but aim to provide measured support, ongoing liaison and technical advice to all countries across the Western Pacific. These countries of focus have been selected as they align with priority countries for members and are countries where IAPB has done work previously.

Work in the region is directed by a Regional Chair, and co-chairs with national or sub-regional remit. IAPB has one full-time coordinator to manage work regionally and a full-time coordinator to oversee work in China. Depending on available resources, consultants may be engaged to support work in Vietnam, Cambodia and the Pacific Islands. Support from IAPB centrally will be vital, as will inputs and support from members and other partners.

The Western Pacific Region is home to approximately 1.8 billion people and more than 25 countries at very different stages of development. In many countries, cataract still accounts for more than half of the blindness and **uncorrected refractive error** accounts for most visual impairment. Both are easily treatable conditions. Living with vision impairment from these conditions is unnecessary and represents a failure of health systems. Looking specifically at the main conditions causing vision loss, we know that:

- **Countries with an equipped workforce, strong financing system, integrated services, facilities at all levels of the system, and national outcome monitoring systems** are in the best position to expand access to surgery and prevent blindness and vision loss from **cataract**. Cataract is a highly cost-effective intervention and surgery is a treatment recognized by the World Bank as “essential”. Preventing blindness from cataract increases employment opportunities and removes pressures on families and communities.

- **Uncorrected refractive error** is the major cause of visual impairment through the Western Pacific, and a very high prevalence of myopia (short sightedness) exists in China and other countries of East Asia. Increasing the number of health workers with quality training in refraction, as well as system regulation and options to reduce the cost of spectacles, contact lenses and other devices for marginalized populations are key.

- **While the prevalence of diabetes** in most Asian countries is between 2 and 10% (9% in China), some Pacific Island countries report prevalence as high as 30%, with patients in young age brackets rising. The prevalence of diabetes in the Western Pacific has the potential to escalate well into the future. Much work will be needed to ensure early diagnosis, timely, affordable and effective treatment for diabetic eye disease. More effective partnerships and referral systems, behaviour change and technology to enhance screening and treatment will all help to manage diabetic eye disease in the region.

- **In resource-poor settings with weak infrastructure for water and sanitation, endemic pockets of the infectious eye disease trachoma** remain. Work is in advanced stages to map and eliminate the disease in China, some of the Mekong countries, remote Australia and islands of the Pacific. The Queen Elizabeth Diamond Jubilee Trust, with the Fred Hollows Foundation, is contributing to a valuable Trachoma elimination program and research work in the Pacific Islands, where the situation looks hopeful. Advocacy is required to ensure this commitment is sustained and countries meet the global trachoma elimination target in 2020.

Across several components, good evidence for advocacy and policy has been gathered in recent years with updated prevalence data, system assessments and information on financing and gender.
These will help to inform future advocacy and policy work. In 2016 and beyond, work will be required to collate and present this information. Of course, gaps remain and further research and data collection will be needed. The GAP has focused action and clarified key national indicators. The challenge now is to support countries as they collect data and report, and make sure this reporting is shared among members and in advocacy.
International Agency for the Prevention of Blindness (IAPB)

STRONGER TOGETHER: WORKING TOWARDS UNIVERSAL EYE HEALTH IN THE WESTERN PACIFIC

REGIONAL STRATEGY 2016-2020

Vision
A region in which everyone has access to the best possible standard of eye health; where no one is needlessly visually impaired; and where those with irreparable vision loss achieve their full potential.

Mission
To achieve universal access to eye health by
• Advocating for leadership, resources and policy from government
• Increasing knowledge, building and strengthening collaborations for advocacy and more effective programming

Values
The work of IAPB is guided by the following values:
• Plurality. We embrace the plurality of approaches we adopt in the pursuit of our common goals, in the belief that our strength derives from diversity rather than uniformity.
• Collaboration. We believe that by working together we have far greater chances of achieving change than any one organisation can alone. We actively seek partnerships and collaboration with others as an effective means to achieve our vision.

Objective 1
Generate and use evidence to advocate for increased political and financial commitment to eye health

<table>
<thead>
<tr>
<th>COMPONENT</th>
<th>ACTION FOR IAPB</th>
<th>ACTIVITY FOR 2016</th>
<th>OUTCOME</th>
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<tbody>
<tr>
<td>Population-based surveys</td>
<td>Advocate on the need for surveys</td>
<td>1. As data is finalized and made available, share information from surveys in Vietnam, Australia, China, Malaysia and the Philippines</td>
<td>Partners have access to good prevalence data to improve planning and understand efficiencies and effectiveness</td>
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<td>Source and provide additional resources to conduct surveys</td>
<td>2. Support efforts to raise funds for surveys in Cambodia, Solomon Islands and Samoa for 2016 and 2017</td>
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<td>Share data and ensure reports are accessible</td>
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<td>Provide support in the analysis of data for planning</td>
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| **Eye Care Systems Assessments and assessments on diabetic retinopathy and low vision** | Advocate on the need for assessments, employing available tools  
Source and provide additional resources to conduct assessments  
Share data and ensure reports are accessible  
Provide support in the analysis of data for planning | 3. Share experience and reports from assessments conducted in 2015 among members and advocacy targets  
4. Work with partners to identify countries for new assessments or repeat assessments in 2016 | Partners have access to good qualitative and system data to improve planning and understand efficiencies and effectiveness |
| **Advocacy** | Advocate to governments to increase resources for eye health and support for WHO commitments of Universal Eye Health  
Support partners to advocate more effectively using strong evidence and through a coordinated and planned approach | 5. Hold a workshop in the Philippines to build advocacy skills and strengthen the national partnership  
6. Document good practice coordination and evidence-based advocacy from across the Western Pacific, with support from the Fred Hollows Foundation  
7. Work with Vision 2020 Australia to develop specific plans to enhance advocacy and strengthen partnerships in Papua New Guinea, Cambodia and Vietnam | Partners work collaboratively to strengthen government commitments to eye health |
| **Compilation of global data and material** | Support collection of data against the indicators identified in *Universal Eye Health: A Global Action Plan 2014-19* | 8. Support WHO and collaborating centres to collect official data from health ministries on progress against the GAP in 2014 and 2015  
9. Support and contribute to the development of the Vision Atlas and other initiatives to share eye health data | Progress against the GAP indicators will be measured |
### Objective 2  Develop, implement and review of national, plans, policies and programmes for Universal Eye Health

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<tr>
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<th>ACTION FOR IAPB</th>
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<tbody>
<tr>
<td><strong>National eye health plans</strong></td>
<td>Advocate to national and subnational leadership for the development of plans</td>
<td>1. Following support in previous years, assist in the final stages of development for plans and policies in Vietnam, Lao PDR, Kiribati, Fiji, the Solomon Islands and Cambodia, and ensure documents are shared and reviewed</td>
<td>Countries have clear planning frameworks in place to respond to the GAP</td>
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<td>Provide advice and support for the development of plans</td>
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<td>Encourage implementation and regular review of progress</td>
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<td>Share planning documents among the membership</td>
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<td><strong>National Coordination bodies and committees</strong></td>
<td>Strengthen national coalitions to improve coordination of services and advocate for eye health.</td>
<td>2. Work with Vision 2020 Australian and other partners to strengthen coordination mechanisms in Papua New Guinea, Cambodia and Vietnam</td>
<td>Countries have inclusive and appropriate leadership and coordination mechanisms in place</td>
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<td>3. Support members based in China through the IAPB China Committee</td>
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<td>4. Following dedicated support since 2011, provide ongoing assistance and liaison to committees in the Philippines</td>
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<td>5. Support the Pacific Eye Care Society in monitoring national progress against the GAP</td>
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<td><strong>Elimination of trachoma</strong></td>
<td>Advocate for mapping surveys, and implementation of the SAFE strategy in countries with endemic blinding trachoma</td>
<td>6. Share successes and stories of good practice from elimination work in China and the Mekong countries</td>
<td>Trachoma eliminated as a public health problem in the Western Pacific by 2020</td>
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<td>7. Support work led by the Fred Hollows Foundation and Queen Elizabeth Diamond Jubilee Trust to survey and eradicate trachoma in identified Pacific Island countries</td>
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<td>8. Continue to advocate and support partners to take action in countries with endemic trachoma</td>
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<td><strong>Health financing</strong></td>
<td>Advocate the importance of eye-care service coverage by insurance schemes</td>
<td>9. Review evidence gathered from assessments conducted in 2015 Cambodia, Lao PDR, Vietnam and the Philippines and disseminate the results and prepare a paper on the situation for eye health financing in the Western Pacific</td>
<td>Countries have initiatives in place to limit out of pocket costs for the treatment of poor patients</td>
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<tr>
<td><strong>Human resource development</strong></td>
<td>Advocate for the importance of sustainable eye health workforces</td>
<td>10. Prepare a paper on the situation for human resource development in the Western Pacific</td>
<td>Training and development needs supported in line with national priorities</td>
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<td>Support training and coordinated professional development, in line with national priorities and strategies</td>
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<td><strong>Inclusion</strong></td>
<td>Advocate to ensure gender equality and inclusion of people with a disability are key concerns in the shaping of programs and delivery of services</td>
<td>11. Work with the Fred Hollows Foundation to compile material on good practice programs for gender and eye health and other actions from the workshop in 2015</td>
<td>Partners will take an equity approach to increase access to services for women and people with a disability</td>
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<td>12. With CBM, convene workshops to enhance the inclusion of people with a disability in Cambodia and Vietnam</td>
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<td><strong>Service quality</strong></td>
<td>Encourage the use of systems, tools, policies and standards to ensure high service quality</td>
<td>13. Advocate for national systems to monitor outcomes</td>
<td>Tools and systems will be in place to promote service quality</td>
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<td>14. Document successful work in this area (ie Malaysia and China)</td>
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<td>15. Contribute to global initiatives to monitor outcomes (ie BOOST)</td>
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### Objective 3: Support members, engage other sectors and strengthen the partnership for eye health

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<tr>
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<th>ACTION FOR IAPB</th>
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</thead>
<tbody>
<tr>
<td><strong>Supporting members and sharing knowledge</strong></td>
<td>Facilitate training workshops and other learning opportunities for IAPB members and other stakeholders&lt;br&gt;Document and share good practice for Universal Eye Health&lt;br&gt;Establish on-line and face to face forums for IAPB members to exchange learning on effective practice and advocacy priorities</td>
<td>1. Secure funding for a regional GAP workshop in early 2017&lt;br&gt;2. Encourage attendance and presentations by Western Pacific stakeholders at the General Assembly&lt;br&gt;3. Work with members and partners to produce two copies of the Chinese language edition of Community Eye Health Journal&lt;br&gt;4. Share member experience and knowledge via the IAPB website and through existing publications</td>
<td>Members view IAPB as relevant and support and take part in activities</td>
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<td><strong>Non-health and private sectors</strong></td>
<td>Advocate across sectors on the added value of multisectoral work and the need for inclusive national responses to eye health</td>
<td>5. Working with Vision 2020 Australia, increase the involvement of private sector agencies and other actors in Vietnam, Papua New Guinea and Cambodia&lt;br&gt;6. Identify regional and national health and development networks and initiatives to support and engage</td>
<td>New players (in the private sector and other health areas) will join work for Universal Eye Health</td>
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<tr>
<td><strong>Subregional and regional cooperation</strong></td>
<td>Strengthen partnerships with regional organisations to contribute to work on eye health</td>
<td>7. Continue with scaled-back support and liaison to the Pacific Eye Care Society&lt;br&gt;8. Encourage informal bilateral partnerships such as Singapore and China (on health systems and management), and Vietnam and Malaysia (on cataract monitoring)</td>
<td>Examples of cooperation and sharing between countries will have increased in number</td>
</tr>
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</table>
### Engaging WHO

Support WHO in its role as the lead global agency for health and as a provider of guidance and tools on eye health for Member States

9. Support WHO’s work on Universal Eye Health and develop a strong working partnership with the technical officer for disability and blindness in Manila

10. Participate in and support review processes at the World Health Assembly and the Regional Committee Meeting for the Western Pacific

11. Maintain contact and engage officials in WHO Country Offices across the Western Pacific

- Strong links and information sharing exist between IAPB and WHO

### Future Planning

Work with members to develop priorities and garner support for a global planning framework for after 2020.

12. Build support and awareness and continue to promote implementation of the current GAP.

- Commitment to new, strong global plan will be secured by 2020

### Strengthening IAPB

Mobilise resources and support for IAPB to ensure it can support members and promote Universal Eye Health

13. Mobilise resources to secure funding for regional activities and the Regional Coordinator position

14. Engage members to nominate and vote for a new Regional Chair in 2016

15. Review structures and roles for co-chairs

- IAPB will be resourced to deliver on this strategy and support its members

### Monitoring and review

This strategy will be updated with new activities to reflect progress and change. IAPB will also report on progress against the objectives at the end of each year. Feedback and evaluation will be sought from members and stakeholders on an activity-basis and through Member Surveys.

### Focus Countries

- **China**

  With such a large population, action and progress in China is critical to the global effort to reduce the prevalence of visual impairment. More than a dozen IAPB members have activities and interests in China, and for many, investments are in research, policy and advocacy rather than traditional project-based delivery or charity. China is committed to achieving Universal Health Coverage, and there are good links between IAPB, members and decision-makers at different levels of the government. To formalise the national eye health partnership, the IAPB China Committee was established in 2015 and a full-time Coordinator has been recruited to support the Committee and
direct IAPB’s work from Beijing. In 2016, IAPB will convene at least two IAPB China Committee meetings to strengthen the partnership, as well as the annual Forum for coordination. IAPB will also work with the National Health and Family Planning Commission, as well as members, to prepare a training workshop, likely with a focus on health systems and management. Officials in China are currently working to develop a national plan for eye health, in line with national development strategies, and IAPB will support this work through 2016. Once the national plan is developed, support for provincial plans will be prioritized in up to three provinces. With the 10th General Assembly in Durban in October, IAPB will work with members to ensure Chinese representatives are able to participate and share experiences from China. IAPB will also work with members to translate and produce two issues of the Community Eye Health Journal in Chinese, and provide regular briefings and email updates through the year. A more detailed national plan has been prepared for IAPB’s work in China.

- Papua New Guinea
Among Western Pacific countries, Papua New Guinea records some of the poorest development indicators with weaknesses across the health system. However, there is strong interest from donors and in late 2015, Vision 2020 Australia members agreed to prioritise collective action in Papua New Guinea and work together to solve specific problems. In particular, there is scope to improve the collection of data and health information systems, expanding access to spectacles and improving refractive services, child eye health and ophthalmology training. Over four years, IAPB provided funds to support the coordinating function of the national PBL Committee. Together with members and in different modalities, IAPB will continue to strengthen the Committee as a forum for advocacy and coordination. This aligns with the focus of Vision 2020 Australia and its members and a joint program of activities and support to strengthen eye care in PNG will be developed. Work to map and identify needs for trachoma elimination will also continue. Across all work in PNG, IAPB and members will aim to increase the Department of Health’s ownership of the eye health program and integrate eye health services with the broader health system.

- Cambodia
Since 2011, IAPB has provided small amounts of funding and technical support in Cambodia to improve planning and coordination, including work in 2015 to develop a national plan, which will be finalized in early 2016. Over many years, Cambodia has received significant aid flows and support from IAPB members and donors. With so many external partners active in Cambodia, the coordination challenges for the National Program for Eye Heath (NPEH) and the informal sub-sectoral working group are complex. In late 2015, members of Vision 2020 Australia prioritised collective action in Cambodia and there is a willingness from partners to co-fund a new coordinator position within the government, which will support the management of the program and action planning. IAPB and WHO have also funded several systems assessments and research on ways to strengthen financing schemes for eye health. This evidence, as well as an advocacy skills workshop convened in Phnom Penh in January 2015, provides a good base for advocacy and will be developed further. The NPEH also intends to conduct a RAAB in 2017 – 10 years after the last survey – and funding from IAPB members will be required to undertake this survey.

- Vietnam
Since 2013, Vietnam has been a focus country for work led by IAPB, with efforts to develop a national plan the main area of support. This document will be finalized in 2016. An Eye Care Systems Assessment, results from the Rapid Assessment of Avoidable Blindness and research on health financing constitute a strong base for advocacy in the future. In recent years, national eye health program management has changed with the Ministry of Health taking a more active role. Vision 2020 Australia members agreed in 2015 to prioritise collective work and coordination in Vietnam and will strengthen the coordination work of the informal Eye Care Partners Working Group.
Mapping various inputs, expanding the partnership and linking the work of IAPB members have been identified as immediate priorities and activities and will be done in partnership with Vision 2020 Australia.

- **Philippines**

In the Philippines, the National Committee for Sight Preservation (NCSP) has forged a strong and effective working relationship with officials in the Department of Health (DOH). For four years, IAPB has supported NCSP’s policy work and in that time, the DOH’s interest in blindness prevention has markedly increased. The DOH is now taking a more pro-active leadership role and has expanded health financing systems and designated priority provinces for additional support. The work of NCSP will be financially supported by IAPB members from 2016 onwards, a clear sign that the NCSP is valuable and relevant. Assessments of the eye care system and low vision and rehabilitation services (conducted in 2015) and the national blindness survey (to continue through 2016) will provide strong evidence for advocacy in the future. In 2016 and beyond, IAPB will work to add value to coordination work led by NCSP with support for workshops, events and advocacy to sustain the good momentum.