



Council of Members Meeting  
21 September, 2014

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**AGENDA ITEM 2.1g: Regional reports (for information only)**

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## IAPB WESTERN PACIFIC REGIONAL REPORT

### **Reporting regional progress in Western Pacific against the three objectives of 'Universal Eye Health: A Global Action Plan 2014-2019'**

The Global Action Plan guides all of the policy and advocacy work IAPB conducts in the Western Pacific. IAPB advocates to governments to promote implementation of the GAP and increase resources to eye health at a national level. In most of our focus countries there is good level of awareness of Universal Eye Health and countries have responded positively to the content and direction of the GAP. Additional advocacy to make sure there is a genuine commitment and investment in Universal Eye Health will be essential in the coming years. We have also been speaking to countries to check readiness on collecting data against the three national indicators, and will be working with WHO to convene a Regional Meeting on implementation in Manila in November.

#### **Objective 1 - Evidence generated and used to advocate increased political and financial commitment of Member States for eye health**

In March this year, IAPB worked with WHO and the Fred Hollows Foundation to deliver a 5-day training course on Rapid Assessment of Avoidable Blindness (RAAB) methodology in Manila. Following the training we now have 13 people selected from key countries in the Western Pacific Region who have an understanding of the methodology, as well as one certified trainer based in Manila. A

RAAB was also conducted immediately after the training in the province of Tarlac, supported by the Fred Hollows Foundation.

The status of RAABs and surveys at the national level is detailed in the table at the end of this report.

Additionally China, the Philippines, Lao PDR, Australia and Vietnam have plans to start surveys of blindness prevalence over the next 12 months, which is a sign that many countries are taking the GAP seriously. In Cambodia, China and Solomon Islands, there is also work underway to improve data collection on cataract outputs, which ensure more accurate reporting against the third indicator and cataract surgical rates.

**Objective 2 - National eye health policies, plans and programmes for enhancing universal eye health developed and/or strengthened and implemented in line with WHO's framework for action for strengthening health systems in order to improve health outcomes**

IAPB worked with WHO to develop 'Towards Universal Eye Health: A Regional Action Plan 2014-19' in 2013, endorsed by WHO's Regional Committee late last year and launched in July this year. The plan offers a menu of activities contextualized for the Western Pacific, all of which fall under the three objectives and goal of the Global Action Plan. This was a first for the Region, a good sign that eye health is more embedded in the work of the Western Pacific Regional Office and the member states.

IAPB worked with stakeholders in Vietnam to draft a national plan in 2013; worked with Lao PDR in 2014; and will support Cambodia in 2015. In all three countries the plans echo the framework of the GAP and RAP, and respond directly to national health strategies as well. The drafting, consultation and approval processes differ greatly in each country, with some taking much longer than planned. In all instances, the drafting and consultation process has presented good opportunities for advocacy, at a high level and also with stakeholders managing programs.

The status of national plans and coordination bodies at a national level is detailed in the table at the end of this report.

In the Pacific and PNG, plans are at various drafting stages. A national meeting was held in Solomon Islands recently with the title: "Universal Eye Health", so the theme is clearly relevant and resonant.

At every opportunity, IAPB promotes implementation of the GAP, collection of data against the global indicators and has presented on Universal Eye Health at numerous events and conferences, including at the Pacific Eye Society Conference in Fiji and at an advocacy workshop in Hanoi in July. A similar workshop will be held in Phnom Penh in January.

**Objective 3 - Multisectoral engagement and effective partnerships for improved eye health strengthened**

Our partnership with WHO Western Pacific Regional Office, formalised through a 3-year work plan funded by Australian Aid, is proving to be a very effective partnership that is increasing the impact of IAPB's advocacy work. Support and advice from the Technical Officer in Manila, Dr Andreas Mueller - as well as Country Office staff responsible for NCDs and NTDs in capitals around the region - has been invaluable.



Since July this year, IAPB has been a partner in work coordinated by the Fred Hollows Foundation to eliminate trachoma in Fiji, Vanuatu, Solomon Islands and Kiribati. This is the inception phase of a multi-year project funded by the Queen Elizabeth Diamond Jubilee Trust and IAPB has been leading advocacy and government relations work, supporting the development of trachoma action plans, as well as helping to identify possible implementing partners, which will be critical for the F and E components of the SAFE strategy.

## APPENDIX I

### Western Pacific Region: Status of Committees, Plans and Surveys

Country	Committee	Plan	Survey and Systems Assessment
<b>Australia</b>	Active. Vision 2020 Australia	National Framework agreed in 2004. Implementation plan pending.	National survey funded to start soon.
<b>Cambodia</b>	Active. NPEH and informal meeting of NGOs.	Operational 2008-2015. To draft a new plan in 2015.	EHSA conducted in 2013. One RAAB trainee.
<b>China</b>	Active. Guiding Committee re-constituted to advise central government. IAPB convenes annual meetings.	2012-2015. New initiatives (such as national blindness survey) framed as a response to the GAP.	National survey to start soon. Two RAAB trainees.
<b>Fiji</b>	Taskforce established, originally to draft a national plan and for trachoma.	Drafting	One RAAB trainee.
<b>Kiribati</b>	Taskforce established, originally to draft a national plan and for trachoma.	Drafting	Small-scale visual impairment survey conducted in 2014.
<b>Lao PDR</b>	High-level committee established with a ministerial decree in 2014. Also an order has been drafted for a more active “sub-committee”.	Operational 2009-2013 – current plan is short on detail and just a budget. Currently drafting a new plan.	EHSA conducted in 2013. National Survey/RAAB planned for 2015. “Pilot” data collection to start late 2014.
<b>Malaysia</b>	No	No	Potential for ECSAT pilot in 2014.
<b>Marshall Islands</b>	No	No	No
<b>Micronesia</b>	No	Draft presented to Health Ministry leaders in 2014.	No
<b>Mongolia</b>	Yes.	Operational 2013-2017.	RAAB conducted in 2012
<b>Palau</b>	No	No.	No
<b>Papua New Guinea</b>	Active.	Operational 2011-2015. Not endorsed.	Stakeholders keen to conduct a RAAB, subject to funding. One RAAB trainee.
<b>Philippines</b>	Active, new Project Management Team	Operational 2012-2016. We don't have	RAAB in one province conducted in 2014.

	established by Department of Health to oversee national program.	the document, but have the first year annual report.	Government committed to national survey in 2015. Potential for ECSAT pilot in 2014. One certified RAAB trainer.
<b>Samoa</b>	Taskforce established	Drafting	No. Stakeholders keen to conduct a RAAB, subject to funding.
<b>Solomon Islands</b>	Established	2010-2014. New plan to be drafted for 2015.	Potential for ECSAT pilot in 2014. Stakeholders keen to conduct a RAAB, subject to funding.
<b>Tonga</b>	No	No	No
<b>Vanuatu</b>	No	Operational 2010-2014	No
<b>Viet Nam</b>	Active. Vice Minister chairs a government committee. Informal group for NGOs meets quarterly.	Operational 2010-2013. New plan drafted, final version to be translated to English once approved. The Plan uses the GAP as a framework.	Two RAAB trainees. RAAB potentially in 2015, subject to funding.

### Summary of outcomes as at September 2014

- Across the region, there is real evidence of ownership and alignment on Universal Eye Health and the Global Action Plan. ‘Towards Universal Eye Health: A Regional Action Plan 2014-19’, developed by WHO Western Pacific Regional Office with support from IAPB and its members, has been particularly helpful in giving the GAP regional relevance.
- National advocacy workshop on eye care priorities held in Hanoi, Vietnam in June received very positive feedback, and NGOs are keen to collaborate and work more effectively with government. There is great support for Vietnam’s draft national plan, which now just needs to be approved and translated. A similar workshop is planned for Cambodia in early 2015.
- The Pacific Eye Care Society (PacEYES) has now been formally registered in Fiji and is recognised as one of the better organised medical speciality organisations in the Pacific. With strong local leaders, PacEYES will take on a greater role with advocacy and a program of continuing professional development (CPD) will be a focus for the future.
- In Papua New Guinea, the national Prevention of Blindness Committee is becoming a more effective coordination body with members getting better at working together. It has become an exemplar for Pacific Islands countries, and

slowly new government resources are being allocated for blindness. PNG remains one of the more difficult countries in our region.

- Leadership is improving slowly in Lao PDR, and some enthusiastic and proactive individuals are driving the program in Vientiane. Three years ago, the national program operated in a very insular way, and there was poor interaction with NGOs. Now there is a commitment to develop a national plan that is aligned with the GAP and the RAP, by the end of the year. IAPB has facilitated the drafting.
- In Fiji, relationships have become much stronger. The Health Minister and Ministry of Health regularly seek advice from IAPB.
- Dedicated staff have been appointed to manage eye health programs and plan within health ministries in Fiji, China and the Philippines. Important policy work has been undertaken in the Philippines to remove barriers in national health insurance arrangements for cataract surgery.
- Across the Western Pacific, there is growing understanding of the need for evidence for planning and advocacy. Surveys will commence soon in Vietnam, Lao PDR, China, Australia and the Philippines.
- In the Federated States of Micronesia, the government now routinely contracts and funds visiting teams for outreach surgery; this followed advocacy by IAPB. A doctor and two nurses are being trained as eye specialists, and these individuals will be responsible for building a permanent national eye health program. Previously there were no eye health services available and people waited for ad-hoc visiting teams or sought treatment overseas.
- Data collection has improved and there is good capacity to collect data against the global indicators, particularly in Asia. Some countries in the Pacific will require additional support, though initiatives such as an online database in Solomon Islands and recognition of the importance of collecting information from visiting teams in Fiji are positive steps.
- There are some indications that gender and disability are being included more frequently on the agenda of eye health programs, particularly where there is NGO leadership from CBM and the Fred Hollows Foundation. More work in 2015 will be undertaken to promote an inclusive approach to eye health and improve services and policies for people with disabilities.