



International Agency for the Prevention of Blindness

**BOARD OF TRUSTEES MEETING
APRIL 8-9, 2013**

CONSENT AGENDA ITEM 1.8 : IAPB REGIONAL UPDATES – WESTERN PACIFIC

WESTERN PACIFIC PROGRESS REPORT OCT 2012 - MAR 2013

Significant achievements on a regional or national level

1. In January 2013, IAPB WPR's joint Work Plan (in partnership with WHO Western Pacific Regional Office) was approved for funding by AusAID. AUD 3.6 million will be provided over three years, with funding for advocacy, technical support, staff and research to advance national plans, improve policy and secure new funds for national eye health programs. The Work Plan splits funds and activities 50/50 between IAPB and WHO, and is based on the objectives and strategic intent of the new global action plan. In most cases IAPB funds will be directed to sub-regional IAPB secretariats and national prevention of blindness committees to bolster advocacy and planning work. Focus countries for the Work Plan are: Papua New Guinea, Vietnam, Cambodia, the Philippines, Fiji, Solomon Islands and Samoa. Developing the Work Plan (and previous work with Dr Andreas Mueller) has helped to strengthen IAPB's links with WHO in Manila, and narrow our focus towards advocacy and policy development. Relationship building – particularly with WHO and AusAID through the development of the Work Plan – has been an important part of our work in the Western Pacific Region.
2. IAPB is in the final stages of trachoma prevalence surveys for the Solomon Islands, Kiribati, Fiji and Samoa. These surveys were delivered in partnership with ministries of health in those countries. While data still needs to be analysed, early indications are that trachoma remains a public health problem in all of the communities surveyed (except for those in Samoa) and that the mass distribution of antibiotics and implementation of the SAFE strategy will be required. IAPB's survey work – along with the growing global momentum for action on trachoma – has renewed interest in gathering evidence in other countries, such as Papua New Guinea and Vanuatu. In 2012, IAPB received once-off project funds from AusAID to complete population-based surveys in the Solomon Islands, Fiji and Kiribati and conduct advocacy in others. While IAPB will likely rescind its leadership role once project funds are spent, the Pacific Program for the Elimination of Trachoma (PacET) is likely to continue with work led by other NGOs and health ministries in the future.
3. IAPB has been working with the Philippines' National Committee for Sight Preservation (NCSP) over a number of years, and supported work in 2012 to develop a 5-year plan for blindness prevention with the Department of Health. Key aspects of the plan are now being adopted into a broader strategy for the Department of Health on Non-communicable and Degenerative Diseases, which is welcome both as a sign of integration

and recognition of the need for a national strategic approach to eye health. In very exciting news, the Department of Health has also - for the first-time ever - committed significant domestic resources for blindness prevention and is in the process of completing a comprehensive program plan reflecting the elements of a health systems strengthening approach to address avoidable blindness and all other eye diseases. The plan will ensure service delivery in government hospitals utilizing the Universal Health Care coverage scheme, PhilHealth, and prioritize marginalized populations. This initiative will be funded through revenue from a new tax on tobacco and alcohol, which came into effect at the start of 2013. The Department of Health has also made a commitment to establish a Coordinator post within the Department to oversee implementation of the blindness prevention program and will invite the NCSP as a technical collaborating partner to consultations on planning for program implementation and future budget allocations. In addition, DOH has committed to undertake a study on eye diseases, to commence this year. Furthermore, as a result of a study initiated by NCSP and IAPB on the utilization of PhilHealth coverage for cataract, DOH and PhilHealth have expressed an intention to correct deterrents and provide incentives to increase access for the entire range of PhilHealth covered health services, which includes eye care. This significant progress is a real tribute to the success of Dr. Noel Chua (IAPB Co-Chair) as well as Steve Alcantara and Ellen Villate who have worked hard to build strong national support for VISION 2020 in the Philippines.

4. Late last year, IAPB visited three island states in the northern Pacific to undertake a situational assessment of eye health in the Federated States of Micronesia, the Marshall Islands and Palau – the first-ever official IAPB visit to those countries. In all three countries there is a shortage of trained eye health professionals, virtually no permanent programs and a growing number of people with diabetes. In some cases, vision loss is treated and integrated within the broader health system, though capacities are minimal. Valuable contacts were made, as well as recommendations for capacity building and advocacy. Opportunities were identified to draw on resources in the Philippines, Fiji and Hawaii. This visit has illustrated the real value of establishing sub-regional Secretariats and having IAPB representatives outside of the Regional Office to make and maintain closer in-country connections.

Opportunities or key issues

- I. Work towards our primary purpose to convince governments to develop, endorse and fund national eye health plans remains the biggest challenge. In China, health priorities are changing and a new Health Minister is to be appointed soon. Indications are that broader health reform efforts will be accelerated in 2013. This may see the attention of some Ministry officials shift away from elevating the blindness prevention program, and ongoing advocacy is required to ensure the momentum from 2012 is not lost (last year a broad national plan was adopted). In Papua New Guinea, Tonga, Kiribati, Mongolia and Samoa, IAPB has helped stakeholders and health ministries to draft a plan, but the majority of those plans still need to be finalized, endorsed and funded. Getting to this final stage represents our greatest challenge. Across the Western Pacific Region there are competing demands and priorities. In the Pacific, many countries will now have a more immediate impetus to develop plans for trachoma. Stricter parameters in the new Global

Action Plan that encourage national plans to outline multisectoral responses and linkages with health systems strengthening and other NTDs and NCDs are critical for effective and useful plans. However, in practice this makes plan-writing and policy development more complicated and more prone to delays, as more agencies are required to provide inputs and sign-off.

2. An opportunity not just for IAPB – but the entire eye health community – is the growing interest from governments and donors in work to eliminate trachoma and manage diabetic retinopathy. This enthusiasm is exciting and arguably long overdue for countries of the Western Pacific Region. However, managing expectations and developing effective program responses is a challenge, not just for IAPB but also its members. Ensuring adequate balance and focus on the central, unfinished disease-specific components of VISION 2020 (namely cataract and refractive error) also remains a priority.