

## IAPB WORK GROUP – LONG -TERM GLOBAL INDICATORS

### MEETING SUMMARY

Saturday 6th February 2016

World Ophthalmology Congress, Guadalajara, Mexico

### PURPOSE OF GLOBAL INDICATORS

The purpose of the long term global indicators was clarified. The purpose is to provide leadership on priority in-country health data collections which will be needed to measure progress in eliminating avoidable blindness. The proposed data and information collected can then be used to generate indices, targets and so on. The focus is on important indicators which enable countries to understand the burden of blindness and measure their progress in eliminating avoidable blindness. INGOs would be encouraged to use similar data and indicators in their work, wherever possible. However, measuring the impact of INGO work and advocacy is not the main goal of the indicators.

Wherever possible, the indicators identified need to be feasible to collect in the context of existing information systems. INGOs can support the roll out of the indicators by using similar indicators in their own work and supporting country governments to embed these indicators into data collection systems.

### PROPOSED DRAFT INDICATORS

The paper '*Proposed short-list of indicators*' was discussed. The group agreed that the main list of indicators presented in that paper could be reduced to 7 indicators by:

- Adding an indicator for Refractive Error
- Moving Trachoma indicators to a 'sub-group' of indicators for eye health NTDs and adding River blindness. This second group will be applied only in those countries where trachoma and/or river blindness are public health issues.

Specific changes to the proposed draft indicators are summarised below:

Key Measures		Comment
<b>General</b>	Prevalence and causes of blindness and severe and moderate visual impairment	No change
	Number of eye care personnel per million population, by cadre <ul style="list-style-type: none"> <li>- Ophthalmologists</li> <li>- Optometrists</li> <li>- Allied eye health personnel</li> </ul> <i>Stretch goal: Also subdivided by rural/urban</i>	No change
<b>Cataract</b>	Cataract Surgical Rate	No change
	Cataract Surgical Coverage <i>Stretch goal: Also subdivided for males &amp; females</i>	No change
	Proportion of cataract surgeries meeting post-surgical visual acuity standards.	Alternative proposed
<b>Trachoma</b>	Status of endemicity for blinding trachoma	Move to

Key Measures		Comment
	Population living in trachoma-endemic areas	NTD sub-group.
	Population treated for active trachoma (MDA)	
	Number of people with TT	
	Number of people receiving TT surgery	
	Proportion of people with TT who received surgery	
DR	Proportion of people with diabetes who are screened for diabetic retinopathy	Replacement not proposed

### General: Workforce

- IAPB working group on Human Resources for Eye Health is working to refine workforce indicators.
- Suzanne Gilbert to act as liaison with HREH working group, and share when available.
- Leave indicators as is for now (ie: in line with WHO GAP), pending advice from HREH working group.

**ACTION:** Johannes to share the new WHO Workforce Action Plan

### Cataract: Surgical outcomes

- Group supportive of having an indicator for cataract outcomes, but recognise challenges in implementing system-wide monitoring of surgical outcomes, and ensuring data quality.
- The group proposed that the current proposed indicator ("*Proportion of cataract surgeries meeting post-surgical visual acuity standards*") be the primary indicator using facility-reported data or a representative survey.
- The group also discussed that an alternative indicator may be allowed if collecting data on visual outcomes was too difficult. For example, "*% of facilities consistently monitoring visual outcomes*".

**ACTION:** Elena, Amir, Kirsten to act as sub-working group to refine the proposed secondary indicator.

### Diabetic Retinopathy

- Indicator in draft paper will be too difficult to implement in practice.
- Alternative proposed indicator based on something such as "*% of people at time of DR diagnosis who have vision threatening DR*".

**ACTION:** Nathan to liaise with IAPB DR working group and recommend potential indicator and rationale.

### Refractive Error

- By including an indicator for "*# optometrists per million population*", the existing workforce indicators provide some data on the availability of workforce to meet refractive error needs.

- Some country HMIS include 'glasses prescribed' but this is not an ideal indicator, as it does not reflect glasses actually provided or glasses worn.
- An indicator for refractive error is needed, focussing on coverage if possible. Such an indicator may require population-based studies for children and adults.

**ACTION:** Hasan to recommend potential indicator and rationale.

- Note that a recent WHO myopia meeting recommended population-based surveys of refractive error.

### Trachoma

- Propose to reduce number of indicators to 2-3 indicators if possible, including one 'lag' indicator (such as "*Prevalence of active TT and TF*") and two lead indicators for MDA and TT Surgery respectively.

**ACTION:** Kirsten to liaise with ICTC (through Virginia Sarah) to finalise.

### River blindness

- African Programme for Onchocerciasis Control (APOC) have released recommended indicators for River Blindness.

**ACTION:** Elena to follow up and recommend up to 3 key indicators for River Blindness.

### ACTIONS:

13<sup>th</sup> April: Johannes to share the new WHO Workforce Action Plan

13<sup>th</sup> April: FHF to propose 2016 workplan for work group

27<sup>th</sup> April: Hasan, Nathan, Elena, Amir, Kirsten to propose indicators as set out above.

11<sup>th</sup> May: FHF to revise document to be an IAPB working group document and circulate revised draft.

### ATTENDEES

Kirsten Armstrong - The Fred Hollows Foundation (Chair)

Amir Bedri Kello - Light for the World, IAPB East Africa

Nathan Congdon - ORBIS, Queen's University Belfast

Suzanne Gilbert - SEVA Foundation

Jill Keeffe - Aravind eye hospital

Daisy MacDonald - Sightsavers International

Hasan Minto - Brien Holden Vision Institute

Kolawole Ogundimu, Sightsavers International

Elena Schmidt - Sightsavers International

Johannes Trimmel - IAPB

Kirsten Armstrong, 29 March 2016