Vision 2020 Workshop Report
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Dhaka, Bangladesh

Organized by: INGO Forum, National Eye Care and IAPB, SEA
# Table of Content

1. Background 2
2. Workshop objectives 3
3. The process 3
4. Inaugural session 3
5. Business session
   5.1 Overview on important topics and discussions 4
   5.2 Sharing of program, achievements and future plans of INGOs 4
   5.3 Reflections by participants 4
6. Workshop Outputs 5 - 7
7. Conclusion 7
1. Background

Vision 2020 – the Right to Sight, was launched by the World Health Organization (WHO) and International Agency for Prevention of Blindness (IAPB) in 1999 in Beijing to eliminate avoidable blindness by the year 2020. The Government of Bangladesh is one of the signatories of Vision 2020. In 2005, National Eye Care (NEC) plan was developed along with a separate operational plan of Health Nutrition & Population Sector Program (HNPSP) which was subsequently incorporated into the new Health, Population, Nutrition Development Sector Program (HPNDSP). The following milestones of National Eye Care in Bangladesh:

- 1978: Bangladesh National Council of Blind (BNCB) was formed.
- 1980: Launching of first National Program for prevention of visual impairment and Blindness in Bangladesh
- 2000: Bangladesh government became the signatory of “Vision 2020”.
- 2000: Second Eye Care Plan was developed immediately after ratifying vision2020 which was integrated into Health Population Sector Program
- 2003: Bangladesh National Council for the Blind (BNCB) formed a National Eye Care Plan Review Sub-Committee to review and update national eye care plan
- 2011: 2nd Operation plan (2011 – 2016) for National eye care formulated under HPNSDP.
- 2013: National Blinding Eye Disease Survey in Bangladeshi Adults
- 2014 : Review of National Eye Care plan 2005

The national plan emphasized capacity building of secondary care and strengthening primary health care infrastructure so that primary prevention and referral cases may be institutionalized. The plan underscored the role of coordination, in particular at the district level. The plan also emphasized public-private and non-government organizations partnership for achieving Vision 2020 goal. The World Health Assembly in May 2013 approved a Global Action Plan 2014-2019 -Towards Universal Eye Health in strengthening national efforts to prevent avoidable visual impairment including blindness through inter alia, better integration of eye health into national health plans and health service delivery, as appropriate. The three strategic objectives of the WHO plan focused on addressing the need for generating evidence on the magnitude and causes of visual impairment and eye care services, encouraging the development and implementation of integrated national eye health policies, plans and programs to enhance universal eye health and addressing multi-sectoral engagement and effective partnerships to strengthen eye health.

The National Eye Care (NEC) along with INGO Forum reviewed and drafted a strategy and action plan to address the eye care issues in line with WHO Universal Eye Health: a Global Action Plan 2014-2019. It was felt that further review of Vision 2020 progress along with the key stakeholders in eye care, health and development sector including media was due in order to
finding a way forward in achieving the Vision2020 goals contributing to WHO-GAP.

This workshop was organized during October 20 and 21, 2014 in Dhaka by the NEC and International NGOs working in eye sector with technical and financial support from the International Agency for Prevention of Blindness (IAPB). The following sections are the highlights and outcome of the Bangladesh Vision 2020 Workshop.

2. Workshop objectives

The overall objective of the Vision 2020 Bangladesh workshop was to understand Universal Eye Health and WHO – GAP 2014-2019 and a develop action plan for Bangladesh in line with WHO-GAP. The specific objectives of the workshop were to:
- Induce participants implementing of Universal Eye Health: WHO- GAP 2014-2019
- Clarify on Vision2020, its 3 pillars in context to universal eye health
- Share current programs, achievements, and future plan of NEC, International NGOs working in eye care
- Draft WHO Global Action Plan- Bangladesh Five Year Plan of Action

3. The process:

The workshop was mainly divided into three sessions such as inaugural, business including Break Outs and Closing. The first day focused on the understanding and clarity of the objectives and expected contributions of multiple stakeholders and the second day was dedicated to work on a draft action plan in line with WHO-GAP.

4. Inaugural session

A two day workshop was planned in consultation with the Co-Chair, SEA, NEC and INGO Forum members. A total of 122 participants actively participated in the workshop. The format of the workshop included a brief inaugural session opened by the Director General of Health Services (DGHS) as Chief Guest and the Line Director, National Eye Care. The Co-Chair, IAPB, South Asia & Regional Program Director, Orbis International, Asia was present as special guest.

5. Business session

5.1 Overview on important topics and discussions: A total of eight presentations were made in the workshop. These are as follows:

- Implementing Universal Eye Health
- Bangladesh - eye care scenario and progress
- Role of WHO in eye care in Bangladesh, recent national blindness survey
- Preparing for the epidemic: Diabetes and Blindness
• Clarity on Vision2020, 3 pillars, Universal Eye Health
• Integration of Health Care in Primary School
• Medical Teachings - Points to Remember
• Commitment of Ophthalmologists in realizing Vision2020

The main elements of Universal Eye Health included Comprehensive eye care services (covering the range of causes of vision impairment, from promotion, prevention to rehabilitation and care), eye health integrated into health systems (attending governance, health financing, service delivery, human resources, medicines and technologies, and information) and access for everyone (including Free for the Poorest). The presenters highlighted Bangladesh goal - reduction of blindness prevalence by 25% by 2019 and its implications. The Line Director, NEC while presenting the progress of NEC plan, challenges and lessons learned acknowledged the increasing role of private, public and NGO partnership to raise current CSR from 1300 to at least 3000/million/year. He highlighted that NEC plan included 1000 vision center establishment through public & NGOs sector, district vision 2020 committee formation, subspecialty services in seven divisional medical college hospitals, automated HMIS system development and in-country capacity for training in all sub-specialities. He also shared that NEC plan prioritized Cataract, Childhood Blindness, Diabetic Retinopathy and Low Vision & Refractive Errors to achieve for Vision 2020 goals.

WHO representative shared the recently completed national prevalence of blindness & low vision of adult survey which revealed that the Prevalence percentage of Low Vision 3.2% and Blindness 1.0%. The final report is yet to be published by the WHO and NEC. The experts shared about Diabetes as a growing problem and expressed concerns about the impact. It was mentioned that Diabetes kills one person in every six seconds and 5.1 million deaths due to diabetes in 2013, 93 Million people have Diabetic Retinopathy (DR). A brief on the prevention of diabetes and related blindness, ICO Diabetic Eye Care Initiative was discussed by the Co-Chair of IAPB, SEA. Line Director, CDC shared his experiences in involving primary grade school students in eye care which has included primary eye examination once a year through trained students – Little Doctor program. He highlighted the role and impact of the program. It was mentioned that the current medical curriculum is limiting students as these are constantly changing. The doctors of tomorrow will have to respond in a much better way to the needs of the future communities in eye health. The President of Ophthalmological Society of Bangladesh (OSB) highlighted on the contributions and recommended few practical actions of ophthalmologists in realizing the Vision 2020 goals.

5.2 Sharing of program, achievements and future plans of INGOs:

Representatives of five International NGOs working in eye sector in Bangladesh shared their current program, achievements and future plan. Besides, largest NGO, BRAC also briefed its joint initiative with National Eye Care - Vision Bangladesh Project which is being implemented in partnership with private/NGO hospitals.
The organizers also arranged to share Nepal Experiences where the Regional Coordinator, IAPB, SEA, presented the history and development of eye care program of Nepal. He shared how Nepal eye care program improved and became a successful model over a few decades in respect to facilities, human resource development and service provisions. Following Nepal Blindness Survey during 1980-81, how Government service network was strengthened with support from I/NGOs were to combat fight against the blindness: Public Private Partnership (PPP).

5.3 Reflection of participants:

i. Diabetic Retinopathy is an emerging problem.
ii. Human resource development priorities include developing ophthalmic surgeons, MLOP and more institutes to start Diploma in Ophthalmology and MLOP courses.
iii. Social cataract program through Public Private Partnership
iv. Upcoming nursing scarcity due to govt. recruitment and its solution directed by DGHS
v. Eye health focus on Primary Health Care (PHC),
vi. Ensuring proper referral channel
   a. Policy for systematic and national standard curriculum for all courses.
vii. Govt. & private partnership stronger that helps to work closely.
viii. For DR: Instrument based diagnosis system, Trained technicians and Treatment cost of DR is very high.

6. Workshop Outputs:

The workshop arranged two breakout sessions and identified key issues in specific areas such as Disease Control, Human Resource, and Technology followed by the draft action plan. These are as follows:

Key issues under disease control included:
   a. Less number of cataract surgery in the country against the needs - identification and referral, low awareness,
   b. Quality surgery to restore normal vision
c. Finance (affordability to services): no government subsidy, cost through NGOs are high, poor patients unable to bear cost of surgery, less functional of District Vision 2020 committee
d. Motivation of ophthalmologists (dedicated Ophthalmologists)
e. Productivity of district eye care team is not up to the mark.
f. Under Pediatric: cataract case identification, service delivery, skilled manpower, logistics and financial capacity

Key issues under Human Resources included:
   a. Inadequate residency program for ophthalmologists, limited training institute, limited fellowship opportunity for subspecialty, and cost of equipment
   b. Reluctant to become ophthalmologists
   c. Insufficient training facilities/ training institutions (no govt. training institution) for MLOP
   d. Curriculum for training /Uniform training module for MLOP
   e. No cadre /Specific Cadres for the job
   f. Who will be the MLOP? Sub divisions of MLOP with individual job description

Key issues under Technology included:
   a. National Level Management Information System/ patient record
   b. IT infrastructure
   c. Public/ Patient Awareness by involving technology such as mobile /Apps/ internet
   d. Telemedicine

Outline of the draft Bangladesh action plan: Based on the extensive discussions and question, comments, feedback the participants worked on the draft Bangladesh Action Plan to contribute WHO-GAP in five years. The key areas/major activities the objectives were identified
are described as below. The sub-activities, indicators, timeline and responsibilities under the major activities also worked out (Annexure).

**GAP - Objective 1:** Evidence generated and used to advocate political & financial commitment for eye health.

- Population based survey on prevalence of visual impairment and its causes,
- Assess national capacity to provide comprehensive eye care services and identify gaps,
- Document and use for advocacy, examples of best practice in enhancing universal access to eye care group work

**GAP- Objective 2:** National eye health plans and programs for enhancing universal eye health developed and/or strengthened and implemented in line with WHO framework for action for strengthening health systems in order to improve health outcomes.

- Provide leadership and governance for developing/upgrading, implementing and monitoring national/subnational policies and plans for eye health
- Secure adequate financial resources to improve eye health and provide comprehensive eye care services integrated into health systems through national policies, plans and programs
- Develop and maintain a sustainable workforce for the provision of comprehensive eye care services as part of the broader human resources for health workforce
- Provide comprehensive and equitable eye care services at primary, secondary and tertiary levels, incorporating national priority activities
- Make available and accessible essential medicines, diagnostics and health technologies of assured quality with particular focus on vulnerable groups and underserved communities, and explore mechanisms of new evidence-based technologies
- Include indicators for the monitoring of provision of eye care services and quality in national information system

**GAP-Objective 3:** Multi-sectoral engagement and effective partnership for improved eye health strengthened.

- Engage non-health sectors in developing and implementing eye health/prevention of visual impairment policies and plans
- Enhance effective international and national partnership and alliances
- Integrate eye health into poverty reduction strategies, initiatives and socio-economic policies

**7. Conclusion**

The workshop was successful in terms of huge number of relevant participants, commitment of the government and INGOs and development organization including WHO and media coverage. Most importantly the interactive sessions, sharing and reflections of senior eye health professionals has been a rare occasion and a milestone in the history of eye health in Bangladesh. The commitment on the action plan drawn against WHO-GAP through a consensus has reflected Bangladesh solidarity to eliminate avoidable blindness from Bangladesh and globally.