



International Agency for the Prevention of Blindness

**IAPB COUNCIL OF MEMBERS MEETING
SEPTEMBER 14, 2011**

REGIONAL REPORTS ON VISION 2020 ACHIEVEMENTS - WESTERN PACIFIC

I. GENERAL REGIONAL OVERVIEW

First, let me apologise for the delay in getting this to you. A host of factors contributed to this, most of which have been out of my control. Secondly, this general overview may be somewhat discursive and cover items that perhaps could be better organised under the individual “pillars” of VISION 2020, as suggested by Alessandro. Those sections will therefore be all the shorter to avoid repetition. Thirdly I am attaching a separate Australia Update from Jennifer Gersbeck of Vision 2020 Australia as an appendix to this report.

The Regional Office is based in Melbourne and until now has been co-located with Vision 2020 Australia. Funding has been almost exclusively from the Australian Avoidable Blindness Initiative, from AusAID, as agreed by the V2020 Australia Consortium members. Vision 2020 Australia has been very supportive throughout and has continued with paying the salary for the Regional Program Manager, Sheona McGraw, auditing the accounts and providing office space in an already crowded office.

IAPB WPR covers 28 countries scattered over the Western Pacific Region, ranging in size from China with a population of 1.4 Billion to Niue and Tokelau with populations of 1,200 and 2,000 each. This Region accounts for c.25% of the world’s blindness and Vision Impairment.

The Regional Office has in the past struggled to provide any sort of consistent coverage to all the 28 countries. Most activity has centred on countries of the Mekong Sub-Region: Vietnam, Cambodia and Laos, and the countries of the Pacific: The Philippines, Fiji, Solomon Islands, Vanuatu, Tonga, Samoa, Nauru, Kiribati and PNG. There has been little opportunity to do these countries justice because of their small populations and isolated scattered nature. Some like Niue, Tokelau, Tuvalu are so small and difficult to access that it has not been cost-effective even to visit them. This has also applied to the small island nations North of the equator: Federated States of Micronesia, Palau, Marshall Islands.

Until 2009, when AusAID funding became a reality (as part of the initial ABI tranche of AUD \$45 million), China and Korea were regularly visited but since AusAID funds were specifically excluded from being spent in East Asia, there has been much less activity in that Sub-Region and almost all of it has been possible through funding from INGOs like FHF. Nevertheless, there is a serious imbalance in our ability to support the two Co-Chairs in China for workshops and Regional meetings.

Singapore, Malaysia, Korea and Japan are considered well enough off and sufficiently developed not to be prioritised for action, although recently the Singapore Eye Research Institute (SERI) has applied to join IAPB and was visited by the Regional Chair and Regional Program Manager to assist this process and look for opportunities. SERI, as an outstanding research institution could play a valuable role as part of the IAPB Research Working Group.

In May 2011 the Federal Budget conferred a further \$21.9 million for up-scaling activities started in Phase 1 of the ABI and extending into Phase 2. Restructuring by AusAID and quite marked changing of implementation philosophy have resulted in some uncertainty on how the Phase 2 of ABI will proceed. There is greater emphasis on the development of integrated country plans, with a high priority being placed on National Ministries of Health, PBL Committees and National plans rather than depending on ABI Consortium members to set the development agenda. This is much more satisfactory but does make it more difficult (and important) for the INGOs to work together in a comprehensive and coordinated way. In order to facilitate ABI 2 activities (from end of 2012), 8 planning workshops were planned to be held this year. These have taken place in PNG, Philippines, Cambodia, Vietnam and in the Pacific with pre-planning workshops being held in the Philippines and the Solomon Islands. Others are planned for Mongolia and Indonesia, although with AusAID's new and as yet unconfirmed views in how the money will be disbursed and when, there may be some delays. IAPB has been active and involved in all these meetings and workshops, most being chaired by IAPB staff.

Finally, in April 2011, after discovering a further \$3 million AusAID approached Vision 2020 Australia to see if this extra funding could be spent quickly. This presented IAPB WPR with an opportunity to have its original 2007 Regional Plan (to devolve responsibility and increase the capacity of the Sub-Regional Co-Chairs) funded, so an application was made for about \$2.3 million. After an incredible amount of hard work by Sheona McGraw we were awarded a grant of \$1.7 million and are now able to increase the capacity of both the Sub-Regional Co-Chair offices and the Regional Office. Again, under the rules of the Consortium and AusAID, none of this can be spent on either of the 2 China Co-Chairs – an obvious discrepancy. The Fred Hollows Foundation has kindly agreed to help fund an IAPB China Coordinating Office, probably in Yunnan Province. The details are still being considered and there has been no detailed discussion with other stakeholders in China. Clearly coordination in China is of a different order compared with other areas of the Region and one or two Co-Chairs will probably be too few.

As a result of this latest funding we are appointing another Program Manager and an admin assistant plus Project Coordinators in Suva (Pacific), Manila (ASEAN) and Hanoi (Mekong). The increased numbers mean we will change location and join a new office being opened in Melbourne by FHF. These appointments are not intended to be sustainable beyond 2016 – the idea is to ramp up activity as a build-up to 2020 and we hope that if such activity is effective there would be even greater devolution down to country level. We hope that sustainability would become built-in because such activity and coordination will be valued by all stakeholders.

2. KEY EVENTS, ACTIVITIES & ACHIEVEMENTS

2.1 Disease Control: Two diseases have become the focus of increasingly prominent attention in WPR: Trachoma and Diabetic eye disease, particularly Diabetic Retinopathy. The Solomon Islands are continuing the process of accessing Zithromax in order to commence MDA, hopefully in 2011. The MOH has appointed a particularly well-motivated Trachoma Coordinator and we hope other countries will follow – particularly Vanuatu, Fiji and Kiribati. Trachoma has also been found in Samoa but the extent remains unknown until formal surveys can be done. A successful session was held during the Pacific Eye Health Conference in June, emphasising the role of community and school health nurses for screening and surveillance. At the same time The Fred Hollows Foundation has decided to put greater emphasis on the elimination of active trachoma and has joined the International Coalition for Trachoma Control (ICTC) and has recently been having major discussions with other players, particularly Sight Savers International and ITI.

With the increasing age of populations and changes in lifestyle Diabetes has become more common with extremely high rates in the Pacific. There is well coordinated agreement on how screening for DR should be done right across the Pacific. The screening makes use of well-trained nurses from eye and diabetic clinics (6-month Diploma Course at the Pacific Eye Institute). The nurses use non-mydratic cameras to image the fundi according to prescribed guidelines and refer for treatment or review as appropriate. Another advance is in the trialing of novel imaging devices like the new QC camera from Quantum Catch which we hope will be a major improvement both in quality of imaging and affordability. There has been a lot of recent activity in looking at ways to make more use of innovative technology. This may be particularly useful for inaccessible countries like Tokelau and inaccessible areas of remote Australia. This could later be applied to other remote areas of the world. Prof Hugh Taylor has floated a new Road Map to help close the gap in eye health for Australian Indigenous People, which also emphasises the importance of DR and its proper management.

Throughout the Region the unfinished agendas concerning Cataract, Uncorrected Refractive Error and childhood blindness continue to be addressed widely through project implementation and research.

2.2 Human Resource Development: Training programs continue across the Region. One major change is the new emphasis being placed on International Ophthalmology by the Royal Australian and New Zealand College of Ophthalmology (RANZCO) under their new CEO. The college has decided to take a leadership role in Ophthalmic education in order to help improve training across the Region. RANZCO piggy-backed on IAPB's application to AusAID for the last funding opportunity. Largely because of the work Sheona McGraw did on their behalf, RANZCO obtained \$500,000 and will be collaborating with the Pacific Eye Institute in Diabetic Retinopathy – capacity building, training, service delivery and research. RANZCO has also been collaborating with ICO and FHF for increasing linkage programs and making available Fellowships for ophthalmologists from neighbouring countries. Some of the Fellowships will be in Australia, others in South Asia.

2.3 Infrastructure and Technology: Not much to report here that has not already been mentioned. The manufacturing of a new and highly innovative direct ophthalmoscope is being supported by FHF. It works well, is popular with eye nurses and doctors in the Pacific, is rechargeable by USB or light and costs about AUD\$8 – so is affordable. In a recent survey of 24 clinics with eye trained staff in southern Ethiopia, only 3 clinics had ophthalmoscopes...

2.4 Advocacy: We see this as the prime Regional IAPB responsibility and are pleased with the close working relationship with Vision 2020 Australia – an organisation that has had outstanding success in this field. Over the period since we last updated the Board, our activities have primarily been doing battle (successfully) to obtain increased support from AusAID. We have not had the time to pursue National Planning in Kiribati nor advocate for stronger endorsement of existing National Plans. The new Plan in PNG appears to have been widely accepted but getting real commitment from a wildly corrupt and inept government (recently revealed, if it was needed, by Wikileaks) will remain a challenge. We hope that the strengthened Regional and Sub-Regional offices will give us a significantly greater chance to effect change. The next big advocacy opportunity will be the WHO Regional Session being held in Manila during the week of World Sight Day. All Co-Chairs will be there and we intend to make the best use of this opportunity.

The Fred Hollows Foundation has been very active in a whole number of areas associated with advocacy and partnership building. Its relationship with Price Waterhouse Cooper (PwC) and IAPB partners has resulted in two major advances – firstly, the cost of eliminating blindness and associated benefits framework and secondly, PwC's Trachoma advocacy. Both will be discussed here in Dubai and also in the forthcoming NTD meeting in Nairobi.

Within WPR it is good to report that Dr Andreas Mueller, now with WHO in Manila, is doing an excellent job. There are indications that his temporary status may change to a permanent one before long. He works closely with the IAPB Regional Office and has been visiting several areas of the Region recently. He will be very supportive during the WHO Regional Session and is already raising the profile of Blindness and Vision at WPRO.

3. FUTURE PLANS AND CHALLENGES

Most of these have been articulated above. There are lots but we hope more staff employed on them will increase productivity.

It is easy to over-emphasize problems. In all likelihood many will not be solved soon. PNG is politically dysfunctional, Lao has leadership problems, Samoa has had no ophthalmologist for two years and is unable to attract anyone or even hold onto its own doctors, Vanuatu has consistently shown no interest in eye care, the cost-effectiveness of accessing small remote populations in the Pacific is questionable. These parts of our Region, however, only represent a small proportion of the 1.8 billion in the Region. The fact that these problems seem insurmountable is an academic challenge and current research looking at how top-level decisions are made and can be influenced may provide the keys to these locked doors.



Meanwhile we will continue to look for weaknesses in the various barriers and encourage collaborative initiatives that will make the most difference.

Lastly I would like to congratulate Sheona McGraw for the fantastic effort she has made to ensure we got the extra funding, that our program has flourished and that most deadlines (not this one) have been adhered to.

Richard Le Mesurier, Chair, Western Pacific Region. 07.09.2011

APPENDIX I

A Report from VISION 2020 Australia

National advocacy

Vision 2020 Australia was instrumental in the development of the National Framework for Action to Promote Eye Health and Prevent Avoidable Blindness and Vision Loss (National Framework). The National Framework is Australia's strategic national response to the World Health Assembly's resolution on the elimination of avoidable blindness. Endorsed in 2005 by Australian Health Ministers, it has guided the work of government and the sector over the past six years.

Outcomes from a recent stocktake of activities being undertaken by government and non government organisations will guide the future direction of the Australian Government's approach to eye health and vision care. A report on progress against the National Framework to be submitted to Australian Health Ministers later this year will also inform reporting to the World Health Assembly by the Australian Government.

Vision 2020 Australia is advocating for a revised National Framework to strengthen Australia's approach as we count down to 2020. A revised National Framework with a focus on; prevention and early intervention, low vision and rehabilitation, Aboriginal and Torres Strait Islander communities, together with the inclusion of key national indicators, will help Australia to meet its international obligations under the World Health Assembly Action Plan for the Prevention of Avoidable Blindness and Visual Impairment.

To guide our work, the Vision 2020 Australia Board recently endorsed a new three year Strategic Plan 2011-14. The Strategic Plan is supported by program and policy committees. Each policy committee is aligned with a strategic goal and Vision 2020 Australia is currently developing overarching governance arrangements to support their function.

In terms of the policy focus Vision 2020 Australia is working across the portfolio areas of health, disability, Aboriginal and Torres Strait Islanders and international aid.

In health, the responsibility for the eye health program recently shifted from the Office for an Ageing Australia to the Population Health Division of the Department of Health and Ageing. This is a welcome move, which will broaden the scope of the work, but also help to embed eye health into some of the recent Health Reforms the government announced this year, including the establishment of a new Medicare Locals structure for primary health care across Australia.

In terms of disability, Vision 2020 Australia is working closely with members to respond to and monitor developments with a proposed National Disability Insurance Scheme.

One of the greatest populations in Australia suffering disadvantage in eye health is the Aboriginal and Torres Straits Islander peoples. With blindness rates in Indigenous adults being six times the rate in mainstream, effort has been directed at closing this gap.

Global advocacy

In 2007, the Australian Government announced a \$45 million Avoidable Blindness Initiative to tackle blindness and vision impairment in the Asia Pacific region. The Initiative is based on Vision 2020 Australia's 10 year Plan to Eliminate Avoidable Blindness and Vision Impairment in our Region. A Consortium of members is currently implementing 14 collaborative projects across seven countries in Asia Pacific.

Due to Vision 2020 Australia's effective advocacy, tackling avoidable blindness was included as one of the Australian Government's major future challenges, alongside education, maternal and child health, water and sanitation and climate change. This resulted in a further budget allocation in May of \$21.3 million over four years for the next phase of the Avoidable Blindness Initiative in East Asia.

Discussions continue with AusAID about additional funding allocations through country programs, particularly in the Pacific. AusAID is also looking at expanding its programs in South Asia and Africa. There are potential opportunities for cross cutting funding schemes, such as new fellowships, research, short term placements and scholarships in Australia.