

Prevention and control of noncommunicable diseases

Implementation of the action plan for the prevention of avoidable blindness and visual impairment

Report by the Secretariat

1. This report provides an overview of progress in implementing the action plan for the prevention of avoidable blindness and visual impairment¹ since its endorsement by the Health Assembly in resolution WHA62.1 in May 2009, as requested in that resolution.
2. In January 2012, the Executive Board at its 130th session took note of an earlier version of this report² and adopted decision EB130(1).
3. The action plan aims (1) to increase political and financial commitment to eliminating avoidable blindness; (2) to facilitate the preparation of evidence-based standards and guidelines, and use of the existing ones, for cost-effective interventions; (3) to review international experience and share lessons learnt and best practices in implementing policies, plans and programmes for the prevention of blindness and visual impairment; (4) to strengthen partnerships, collaboration and coordination between stakeholders involved in preventing avoidable blindness; and (5) to collect, analyse and disseminate information systematically on trends and progress made in preventing avoidable blindness globally, regionally and nationally. The plan comprises five objectives, each with sets of proposed actions for Member States, international partners and the Secretariat.

PROGRESS BY OBJECTIVE

OBJECTIVE 1. Strengthen advocacy to increase Member States' political, financial and technical commitment in order to eliminate avoidable blindness and visual impairment

4. Actions undertaken by the Secretariat from 2009 to the present include the following:
 - (a) In 2011, the Secretariat finalized a global survey to assess Member States' capabilities for advocacy for provision of resources for eye care. Two questionnaires were distributed to 159 Member States. Responses received to one or both questionnaires from 110 Member States

¹ Document WHA62/2009/REC/1, Annex 1.

² See documents EB130/8 and EB130/2012/REC/2, summary record of the ninth meeting.

(69%) have been analysed in order to help to determine the best ways of securing the support of high-level decision-makers for investing in eye health. A report is being written.

(b) New estimates of the global magnitude of visual impairment and the distribution of the causes were made in 2010 and issued in 2011. These data are important for monitoring trends and advocating allocation of resources to prevention of avoidable blindness. Age-specific distributions of moderate and severe visual impairment and blindness have been estimated for each WHO region.¹ The results indicate that visual impairment remains a major health problem that is unequally distributed between the WHO regions and among Member States. Of all causes, 80% are estimated to be preventable. The Secretariat plans to issue a factsheet on poverty and visual impairment next year.

(c) Communications have been sent to 137 Member States encouraging them to support eye health and to implement the action plan. Workshops and meetings have been held in 83 countries in order to generate political, financial and technical commitment to tackling avoidable blindness and visual impairment. These have been led by the regional offices.

(d) The Secretariat organized the first stakeholders' conference on the action plan and the necessary steps to achieve its objectives (Geneva, 14 September 2010), which was attended by representatives of 18 Member States, 13 international partners and the Secretariat. Participants reviewed the experiences in implementing the action plan, discussed challenges and opportunities, and agreed on future steps. The need for global coordination of activities and the mobilization of adequate resources was emphasized. The importance of harmonizing advocacy messages by international partners was highlighted, in particular in terms of strengthening health systems and ensuring equity, access and quality of care.

OBJECTIVE 2. Develop and strengthen national policies, plans and programmes for eye health and prevention of blindness and visual impairment

5. Secretariat actions include the following:

(a) In September 2011, the Secretariat organized a WHO consultation on public health management of chronic eye diseases in order to review international experience in implementing strategies for the control of glaucoma, diabetic retinopathy, age-related macular degeneration, childhood blindness and refractive errors (Geneva, 19 and 20 September 2011). Participants reviewed best practices for prevention and treatment in different resource settings. (A report is being prepared for publication in WHO's Technical Report Series and will propose strategies for tackling chronic eye diseases.)

(b) The Secretariat, in partnership with the World Bank, launched the first *World report on disability*.² It provides new estimates of the global prevalence of disability and reviews the

¹ For global and regional estimates, see <http://www.who.int/blindness/en/> (accessed 29 February 2012).

² World Health Organization, World Bank. *World report on disability 2011*. Geneva, World Health Organization, 2011.

impact of disability, including that due to blindness or visual impairment. The report provides a set of recommendations to improve the lives of people with disability.¹

(c) At country level, the Secretariat has worked with 92 national blindness-prevention committees for eye health, in collaboration with international and national partners, on the development of national plans for eye health care. It has also provided, in conjunction with other partners, technical assistance to 92 Member States for eye-care programmes, including training of primary health-care workers and the development and use of tools for data collection, monitoring and evaluation. In three regions, this work has been complemented with regional workshops to assist countries integrate and strengthen eye health care into primary health care.

(d) The Secretariat is collating information from Member States on how they are approaching avoidable blindness. A database is due to be available in 2012.

(e) In collaboration with Lions Clubs International Foundation, continued support has been provided to Member States to reduce avoidable causes of childhood blindness through 25 implementation centres in various countries in all WHO's regions. Capacity to offer preventive and screening services and to provide diagnostic, treatment and rehabilitation services for children has increased in those 25 countries through the provision of equipment and training of eye health-care professionals. Further strengthening of this work and its extension to additional countries over the next two years are planned.

(f) Technical support to regional programmes for controlling onchocerciasis and to countries where the disease is endemic, especially for monitoring and evaluation, has been provided through regional meetings and visits to eight disease-endemic countries. The Secretariat has also coordinated cross-border control activities between the Democratic Republic of the Congo and Uganda.

(g) In order to redress the lack of skilled human resources to implement national prevention of blindness programmes, the Secretariat has supported workshops for the training of eye-health professionals. It has also been working with leading global organizations of eye-care professionals on the preparation of a report that identifies examples of educational curricula that are available for the training of clinical and public health eye-care professionals. In 2010, a seminar was held in Geneva with the Global Health Workforce Alliance to discuss ways of training and retaining eye-care health workers in underserved communities.

(h) Five regional offices have staff members who provide technical support to Member States and WHO country offices to tackle visual impairment. In some cases there has been regional presence throughout the past two years, whereas in other cases it has been more intermittent, thus affecting the ability of the Secretariat to provide support to some Member States. Coordination on technical matters between staff at headquarters and the regional offices has been improved through monthly teleconferences.

¹ The report is published in print and in a format accessible for the blind and visually impaired. They include accessible PDF, Braille and the Digital Accessible Information System talking book format (DAISY).

OBJECTIVE 3. Increase and expand research for the prevention of blindness and visual impairment

6. Actions undertaken by the Secretariat include the following:
- (a) A multicentre international research project is under way to collect and analyse data on the prevalence, risk factors and the impact of uncorrected refractive errors. The conclusions of the research are being reviewed in March 2012 and a final report is expected to be issued in April 2012.
 - (b) The Secretariat has worked with four WHO collaborating centres over the past two years to draw up research programmes in line with the action plan. A prioritized research agenda is currently being finalized.

OBJECTIVE 4. Improve coordination between partnerships and stakeholders at national and international level for the prevention of blindness and visual impairment

7. Secretariat actions include the following:
- (a) A Taskforce consisting of members of the Board of Trustees of the International Agency for the Prevention of Blindness and the Secretariat was formed to evaluate and review the partnership, structure and governance of the Global Initiative for the Elimination of Avoidable Blindness (VISION 2020: the Right to Sight), and to chart a way forward. This work followed a global meeting of VISION 2020 partners organized by the Secretariat (Geneva, 12 October 2010). The conclusion of the Taskforce is for VISION 2020 to focus on meeting the objectives of the action plan over the next two years. A set of indicators for measuring progress is being created.
 - (b) The WHO Monitoring Committee for the Elimination of Avoidable Blindness, established according to resolution WHA56.26 on elimination of avoidable blindness, met in 2009 and will hold a meeting in 2012 to support the work of VISION 2020.
 - (c) In 2010 and 2011, the Secretariat organized annual monitoring meetings of the WHO Alliance for the Global Elimination of Trachoma by 2020 (see paragraph 8). In addition, the membership of the Non-Governmental Development Organization Coordination Group for onchocerciasis control has been increased from 10 to 15 members.
 - (d) In 2011, the Secretariat initiated regular electronic newsletters to keep partners updated on its work. As of May 2012, five will have been issued.¹

OBJECTIVE 5. Monitor progress in elimination of avoidable blindness at national, regional and global levels

8. Actions undertaken by the Secretariat include the following:
- (a) Support has been provided to 33 Member States for collecting data at district level through Rapid Assessment of Avoidable Blindness surveys in order to determine the prevalence

¹ <http://www.who.int/blindness/publications/newsletter>.

of blindness and visual impairment, their main causes, the output and quality of eye-care services and barriers to access to these services. The Secretariat has also provided support to Member States to collect, review and analyse other data in order to determine the impact of action at country level.

(b) Participants at the meetings of the WHO Alliance for the Global Elimination of Trachoma by 2020 held in 2010 and 2011 not only monitored progress, reviewing opportunities and challenges, but also elaborated coordinated approaches to elimination in countries endemic for trachoma. These meetings were attended by Member States, international partners and the private sector. The Secretariat has also provided technical support to 65 Member States for monitoring the epidemiology of trachoma, and to 19 Member States for designing protocols, conducting surveys, drafting national plans for eliminating the disease, and ensuring surveillance once the disease is no longer endemic.

(c) The progress report on onchocerciasis control through ivermectin distribution, which was noted by the Health Assembly in May 2011,¹ indicated that in Africa mass treatment with ivermectin is still not reaching 25 million people in need. In the Region of the Americas, Colombia and Ecuador have stopped ivermectin mass treatment and are now in the three-year post-treatment surveillance period before certification of elimination of the disease in the Region.

(d) The Secretariat has collaborated with the vision loss and neglected tropical diseases working groups as part of the Global Burden of Diseases, Injuries and Risk Factors 2010 Study for the estimation of the burden of visual impairment and trachoma.

Obstacles to implementation

9. The action plan clearly defines the activities necessary for overcoming the challenges in preventing avoidable visual impairment and blindness. These include increasing political awareness of the magnitude of the problem and translating this into resources for eye-care activities, effective national planning that integrates eye care into broader health development plans, increasing human resources, strengthening the infrastructure for delivery of effective eye-care programmes, and wider international development support. Integrating eye care into broader health plans is particularly important given the increase in chronic, noncommunicable eye conditions.

10. Numerous partners are advocating the pressing need to address visual impairment and its risk factors as a public health priority and it is increasingly recognized that visual impairment will impede achievement of the Millennium Development Goals. Nevertheless, investment and official development assistance specifically to support low- and middle-income countries in building sustainable national eye-care systems with sufficient capacity to control visual impairment remains inadequate.

11. The Secretariat has emphasized at various global and regional events the need to finance activities specified in the action plan, but resources for the Secretariat, international partners and many low- and middle-income countries remain inadequate for them to fulfil their responsibilities fully. As a result, several actions proposed in the action plan are delayed. Additional funding and ever-higher

¹ See document WHA64/2011/REC/3, summary record of the seventh meeting of Committee B, section B.

levels of commitment and coordination between partners are urgently needed if the action plan is to be fully implemented by 2013.

ACTION BY THE HEALTH ASSEMBLY

12. The Health Assembly is invited to note the report.

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