WORKSHOP ON EYE HEALTH FOR ALL IN THE WESTERN PACIFIC REGION: PLANNING FOR ACTION

3–4 November 2022
Singapore
MEETING REPORT

WORKSHOP ON EYE HEALTH FOR ALL IN THE WESTERN PACIFIC REGION: PLANNING FOR ACTION

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

THE INTERNATIONAL AGENCY FOR THE PREVENTION OF BLINDNESS

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NOTE

The views expressed in this report are those of the participants of the Workshop on Eye Health For All in the Western Pacific Region: Planning for Action and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the Workshop on Eye Health for All in the Western Pacific Region: Planning for Action, in Singapore from 3 to 4 November 2022.
### ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ECCF</td>
<td>Eye Care Competency Framework</td>
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<td>ECIM</td>
<td>Eye Care Indicator Menu</td>
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<td>ECSAT</td>
<td>Eye Care Situation Analysis Tool</td>
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<td>IPEC</td>
<td>Integrated, people-centred eye care</td>
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<td>IAPB</td>
<td>International Agency for the Prevention of Blindness</td>
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<td>NED</td>
<td>National Eye Database</td>
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<tr>
<td>NCDs</td>
<td>Noncommunicable diseases</td>
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<tr>
<td>PICs</td>
<td>Pacific island countries and areas</td>
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<tr>
<td>PECI</td>
<td>Package of Eye Care Interventions</td>
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<tr>
<td>SNEC</td>
<td>Singapore National Eye Centre</td>
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<td>NUS</td>
<td>SingHealth Duke–National University of Singapore</td>
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<td>UHC</td>
<td>Universal health coverage</td>
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<td>PEN Interventions</td>
<td>WHO Package of Essential NCD Interventions</td>
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Annex 1. List of participants
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Keywords:

Eye diseases – prevention and control / Regional health planning
SUMMARY

The World Health Organization (WHO) Regional Office for the Western Pacific and the International Agency for the Prevention of Blindness (IAPB) co-organized a Workshop on Eye Health for All in the Western Pacific Region: Planning for Action. The event was hosted by the Singapore National Eye Centre (SNEC) in Singapore from 3 to 4 November 2022.

In 2020, the Seventy-third World Health Assembly adopted a resolution on integrated people-centred eye care (IPEC), in line with WHO’s 2019 World Report on Vision. The resolution directs WHO to work with Member States, provide additional guidance to implement IPEC, and address the growing burden of avoidable blindness and vision impairment.

The goal of the workshop was to build the capacity of Member States and stakeholders in the Region to plan for and deliver IPEC, in line with 2030 IN SIGHT – the joint eye health sector strategy of the IAPB.

The objectives of the workshop were:

(1) to strengthen the integration of eye health within noncommunicable disease prevention and control and overall health systems;
(2) to introduce WHO’s newly published Eye Care in Health Systems: A guide for action, which will support Member States and relevant stakeholders in implementing the recommendations of the World Report on Vision; and
(3) to facilitate the engagement of Member States and relevant stakeholders with the newly developed WHO eye health tools.

The workshop was attended by 46 participants and 20 observers from 26 countries across the Western Pacific Region. Of these, 35 attended in person and 31 joined virtually. In addition, the workshop Secretariat comprised eight WHO staff from all three levels of the organization, six staff from the IAPB, and four staff from SNEC.

The workshop provided an opportunity to apply some of the relevant WHO resources using practical examples and participatory approaches, bringing together multidisciplinary teams from each country to start planning country-specific actions to reduce the growing burden of blindness and vision impairment.

The speakers and workshop participants acknowledged the significant burden of blindness and vision impairment in the Region and described the challenges to tackling this. Cataract, refractive error, and diabetic retinopathy were highlighted as conditions of particular concern for the Region. Also identified were opportunities to advance the eye health agenda in the Region. Key opportunities include strong political commitment exemplified by United Nations and World Health Assembly resolutions on eye health, a wide range of guidelines and tools developed by WHO and the IAPB, and great examples of good practices from Member States and other stakeholders.

The workshop participants agreed that focus needs to be placed on increasing accessibility of eye health care and on the quality of services provided. This includes, but is not limited to, improving the outcomes of cataract surgery. It was acknowledged that improving the quality of eye care requires data collection and utilization to be strengthened and routinized, along with a cultural shift in how the eye health sector and the health sector generally implement ongoing quality assurance and improvement processes. There was agreement that an improvement in eye health in the Region cannot be achieved unless WHO, international organizations, donors, and the public and private sectors work together to provide the long-term investment and management capacity to scale up IPEC. Member States called for genuine, long-term commitment from non-state actors and from the private sector to implement truly sustainable solutions and monitor their impact over long periods of time.
1. INTRODUCTION

1.1 Meeting organization

The World Health Organization (WHO) Regional Office for the Western Pacific and the International Agency for the Prevention of Blindness (IAPB) co-organized a Workshop on Eye Health for All in the Western Pacific Region: Planning for Action. The workshop was hosted by the Singapore National Eye Centre (SNEC), with support from the SingHealth Duke–National University of Singapore (NUS) Global Health Institute. The workshop was held in the Academia Building at SNEC, in Singapore, on 3–4 November 2022.

The goal of the workshop was to build the capacity of Member States and eye health stakeholders in the Western Pacific Region to plan for and deliver integrated people-centred eye care (IPEC), in line with the 2030 IN SIGHT sector strategy. The cornerstones of IPEC include increased coordination to integrate eye health within noncommunicable disease (NCDs) systems, strengthening of primary care services, and taking a life-course approach that promotes health literacy, early intervention and healthy ageing.

The workshop was attended by 46 participants and 20 observers from 26 countries across the Western Pacific Region. Of these, 35 attended in person and 31 joined virtually. In addition, the workshop Secretariat comprised eight WHO staff from all three levels of the organization, six staff from the IAPB, and four staff from SNEC. The full list of participants is available in Annex 1.

1.2 Meeting objectives

The objectives of the workshop were:

1. to strengthen the integration of eye health within NCDs prevention and control and overall health systems;
2. to introduce WHO’s newly published *Eye Care in Health Systems: A guide for action* and its accompanying tools, which will support Member States and relevant stakeholders in implementing the recommendations of the *World Report on Vision*; and
3. to facilitate the engagement of Member States and relevant stakeholders with the newly developed WHO eye health tools.

2. PROCEEDINGS

2.1 Opening session

Dr Derrick Heng from the Ministry of Health in Singapore, Dr Huong Thi Giang Tran, from the WHO Regional Office for the Western Pacific, Ms Amanda Davis, from the IAPB, and Professor Aung Tin from SNEC welcomed participants to the workshop and provided some opening remarks on eye health in the Region and the ongoing collaborative work and commitment to improve eye health in the Western Pacific.

It is estimated that more than 90 million people experience vision impairment in the Western Pacific Region, including 10 million who are blind. Blindness can be avoided in eight out of 10 cases with appropriate treatment or early prevention. Cataract, refractive error, and diabetic retinopathy are of particular concern, given the high burden, societal impact, and the increasingly common risk factors across the Region such as ageing populations and changing lifestyles.
WHO recognizes that universal health coverage (UHC) cannot be achieved unless all people have affordable access to the eye care services they need. Opportunities must be sought to integrate eye health within mainstream health systems and within other sectors as well. For example, eye care can be integrated into existing programmes such as newborn care, education, NCDs programmes, and healthy ageing. Indeed, WHO is committed to working with Member States: to improve the delivery of eye care, in particular through primary health care; to improve health information systems for eye care; and to strengthen the eye care workforce – three enabling factors for implementing IPEC.

2.2 Eye health matters: A look at the Western Pacific

Dr Rolando Enrique Domingo from the WHO Regional Office for the Western Pacific presented an overview of the state of eye health in the Region. Visual impairment is a major cause of disability for people aged 60 years and above in the Region; however, the evidence on eye health in the Western Pacific is scarce. Coverage of eye health services is also problematic, with Malaysia the only country for which relevant data are available that meet the IAPB recommendations for cataract surgery coverage and outcomes.

Many eye health conditions share risk factors and characteristics and may benefit from the same responses as that for the most common NCDs. The WHO Regional Office for the Western Pacific has identified NCDs as one of four main priorities and is supporting a shift towards a patient-centred, life-course approach to health, and towards ensuring people are empowered to take the right steps towards maintaining health long before they may be considered as having an NCD or other conditions.

Collection of evidence and its utilization to inform policy and practice should be a priority. Consideration should be given to how to strengthen collaboration between the three levels of WHO and Member States in order to promote a shift towards “healthy systems” from “sick systems”; actions should be taken to improve the quality of cataract surgery as a priority.

2.3 Opportunities and priorities: A Member States perspective

Participants from three Member States shared examples of opportunities and challenges from diverse contexts in the Western Pacific Region.

Professor Ningli Wang from the Chinese National Committee for the Prevention of Blindness presented on opportunities and challenges in China, where the total burden of myopia on the economy is equivalent to 1.1% of the gross domestic product. To tackle this, the Ministry of Education and other departments issued a Myopia Reduction Resolution in August 2018. This aims to create a favourable environment for vision protection across society. In addition, a national myopia prevention guide was released in 2018. In 2020, a 0.9% decrease in myopia prevalence among children and adolescents was recorded.

Ms Laite Tuiloma from Ebeye Hospital in the Republic of the Marshall Islands presented on opportunities and challenges in these remote islands. Difficulties associated with the provision of eye care in Pacific island countries and areas (PICs) are exacerbated by a challenging geography. Despite being the second most populous island in the Marshall Islands, Ebeye did not have a resident ophthalmologist at the time of the workshop and eye health patients must fly an hour each way to see the nearest specialist in the country’s capital. The issue of limited workforce is compounded by a lack of resources, including infrastructure and supplies (equipment and medicines). Integration of eye care within primary health care, training/capacity-building, and involvement of the education sector have been identified as potential strategies to improve availability, accessibility and quality of eye care in Ebeye.
Professor Do Seïha from the National Program for Eye Health in Cambodia and Mr Tokyo Bak from the Fred Hollows Foundation in Cambodia presented on opportunities and difficulties in the South-East Asian Country. Cambodia is one of less than a handful of countries in the Western Pacific Region that have repeated population-based studies on the prevalence of blindness and vision impairment over the two decades prior to the workshop. These studies demonstrated a reduction in the prevalence of blindness from 1.2% in 1995 to 0.4% in 2019. This reduction took place in the context of a National Program for Eye Health, with a new national strategic plan for blindness prevention and control now in place until 2030. The Cambodian Ministry of Health and Ministry of Education have now highlighted child eye health as a priority – a national policy on school health was released in 2019 and a school health curriculum has been drafted and finalized pending approval from the Minister for Education in late 2022 or early 2023. This was done in close collaboration with non-state actors and it underscores the importance of cross-sectoral collaboration, sustainability through integration to broader national policy, and advocacy.

### 2.4 A plan and map for the decades: The anchors

Ms Amanda Davis from the IAPB introduced its 2030 IN SIGHT sector strategy and put forward priorities for different stakeholders from across the Western Pacific Region.

2030 IN SIGHT is the sector’s strategic plan for the decade ending in 2030. It provides a call to action to embed vision as a fundamental economic, social, and development issue, to incorporate eye health in wider health-care systems, and to drive patient, consumer and market change. The following elements of the strategy were highlighted: (1) Elevate – advocating with evidence; (2) Integrate – convening and supporting; and (3) Activate – creating awareness and driving demand. The IAPB’s “Love Your Eyes” campaign centred around World Sight Day is an example of a successful and impactful approach to elevation and activation, globally.

Mr Holden Kim from Yonsei University in South Korea and Mr Brandon Ah Tong from the Fred Hollows Foundation in Australia provided a non-state actor perspective, and recommended that a focus should be placed on being proactive, providing support to government, and convening and collaborating. This should be done with a view to achieve common, tangible outcomes. This view was echoed by Member States representatives who called for increased collaboration among stakeholders from within and outside the eye care sector for the delivery of inclusive eye health services that are patient-centric and support patients throughout the patient journey. Dr Jambi Garap from PNG Eye Care in Papua New Guinea (PNG) provided a practical example of collaboration between WHO, Member States, and non-state actors. A workshop that was held in September 2022 in Port Moresby, PNG; this was arranged by the National Prevention of Blindness Committee and it was attended by clinicians, government representatives, non-state actors, and WHO representatives from the PNG Country Office and the Regional Office for the Western Pacific. During the workshop, evidence on eye health and health systems in the country was presented and analysed, priorities were identified, and key actions for the short and medium term were outlined.

### 2.5 Integrating eye health within the health systems: What does it mean and how can we do it?

In this session Dr Andreas Mueller from WHO introduced key concepts relating to IPEC and provided an overview of WHO’s *Eye Care in Health Systems: Guide for action*. This guide aims to be a practical resource for countries to analyse, plan, implement, and review IPEC. It links four resources, or tools, developed by WHO to support countries in the development of their plans and frameworks: (1) Eye Care Situation Analysis Tool (ECSAT), (2) Eye Care Indicator Menu (ECIM), (3) Package of Eye Care Interventions (PECI) and (4) Eye Care Competency Framework (ECCF).
Dr Lucilla Ah-Ching Sefo from Tupua Tamasese Meaole Hospital in Apia, Samoa, presented on the inclusion of eye health within WHO Package of Essential NCD (PEN) Interventions in Samoa. This is a practical example of successful delivery of some of the key elements of IPEC. As part of the PEN Fa’a Samoa programme, Dr Ah-Ching Sefo arranged for eye screenings to be provided to individuals presenting for assessment for the most common NCDs. This not only resulted in the identification of numerous patients who required eye care (e.g., cataract surgery and follow-up for diabetic retinopathy), but it also bolstered the number of individuals who presented at the PEN Fa’a Samoa screening. In other words, inclusion of eye health with the programme was a catalyst for more patients being screened for the most common NCDs.

This agenda item generated discussion in relation to the 2030 eye health targets. The 2030 targets are only for strategic guidance and the ECSAT serves as a starting point to assess the current situation of the country and develop actions to address gaps and challenges.

2.6 Understanding the context and opportunities: ECSAT

In this session, Dr Andreas Mueller from WHO introduce the ECSAT and Member States and other stakeholders were given an opportunity to engage with this tool. The ECSAT supports Member States in planning, monitoring of trends, and the evaluation of progress towards implementing IPEC. It was revised and relaunched in 2022 and is aligned with the WHO strategic recommendations made in the World Report on Vision. In addition to the questionnaire component, the revised ECSAT includes a maturity scoring system and a set of possible actions. An ECSAT should be conducted if there is a plan to develop or revise an eye care plan. Key resources needed for an ECSAT include a coordinator who will gather data and write the report, a technical working group, and at least three months for data collection and report writing.

An eye care situation analysis was implemented in New Zealand in 2022 using the revised ECSAT. Mr Drew Keys from the IAPB spoke about this initiative as an example of cross-sectoral collaboration for the gathering and analysis of evidence, as well as for the setting and communication of shared priorities among diverse stakeholders. A formal launch of the Eye Care in Aotearoa New Zealand 2022 – Eye Care Situation Analysis Tool (ESCAT) Report was held at the New Zealand Parliament in Wellington in July 2022.

2.7 Finding the right interventions: PECI

Dr Mitasha Yu from WHO introduced WHO’s PECI and guided participants through the process of identifying evidence-based interventions that can be implemented to address priorities at the local level.

The PECI provides a set of recommended evidenced-based eye care interventions with material resources required for implementation, presented across the continuum of care: (1) health promotion and prevention; (2) screening; (3) diagnosis and monitoring; (4) treatment; and (5) rehabilitation. It serves to facilitate policy-makers and decision-makers in integrating eye care into the packages and policies of their health services.

This agenda item generated discussion in relation to service delivery models. Although integration of eye health within primary health care is recommended, there is no single approach to achieve this given the different contexts in countries across the Region. Rather, Member States are encouraged to gain a deep understanding of their local situation and adapt and implement evidence-based practices to the local context to achieve integration of eye health within existing programmes and systems.

2.8 Making sure we’re achieving impact: ECIM
In this session Dr Andreas Mueller from WHO introduced WHO’s ECIM and Dr Nor Fariza Ngah from the Malaysian Ministry of Health provided workshop participants with a practical example of the importance and impact of monitoring key indicators such as cataract surgery outcomes. The ECIM provides a comprehensive set of input, output, outcome and impact indicators which Member States can select to facilitate the monitoring of interventions for eye care at the national and subnational levels.

The Malaysia Ministry of Health is a leader in the implementation of effective cataract surgery outcome monitoring systems. A systematic cataract surgery outcomes monitoring system has been in place in the public sector in Malaysia for approximately 15 years. Cataract surgery is the main area for performance monitoring in ophthalmology services. It is the main eye care service and serves an essential part in training as it involves the whole ophthalmic team (nurse, medical assistant and optometrist). The outcomes of cataract surgery are monitored under the Cataract Surgery Registry within the National Eye Database (NED) system. As part of performance indicator monitoring, NED was started in 2002 using manual charting and progressed to a real-time online database from 2007 onwards. It was noted that achieving targets for treatment outcomes is not possible unless there is adequate support for both hospital and community outreach interventions.

This agenda item generated discussion in relation to the monitoring of complications following cataract surgery. Training and engagement of medical officers in the monitoring of complications is important, as is transparent and ongoing quality assurance and improvement for professionals whose posterior capsular rapture rate falls outside of acceptable ranges. Workshop participants were also interested in the extent to which outcomes can be monitored when surgery is provided in outreach settings. Procedures done in outreach are typically entered in the database; however, data are limited when it comes to outreach arranged and delivered by the public sector.

2.9 Putting the right human resources in place: ECCF

In this session Dr Mitasha Yu from WHO, and Dr Dr Thiyagarajan Jayabaskar, Ms Carin Tan, and Ms Karen Zhang from SNEC introduced WHO’s ECCF and guided participants through the process of utilizing this tool in practice. The ECCF provides a set of global comprehensive competencies and activities. This tool enables planning and development of an eye care workforce that is aligned to a recognized standard of competencies and activities, and it assists with maintaining an effective eye care workforce in terms of composition, deployment and ongoing availability to meet population needs. The ECCF was piloted by the SNEC during its development. The tool should be used in conjunction with the national legislation governing practice, and acts as the benchmark to establish core competencies, which will develop practices and provide further learning and development opportunities. In addition to the ECCF, WHO also made available a guide to applying the ECCF. This was presented during the workshop for the first time and provides a step-by-step approach on how users can adapt and use the ECCF in their context. Additionally, it guides users to develop their own competency framework and/or competency-based curricula for their setting. Four case studies are included in the guide to assist users in understanding the application of the ECCF in different settings.

2.10 Eye health promotion: MyopiaEd Toolkit

In this session Dr Andreas Mueller from WHO introduced the MyopiaEd Toolkit and Member States and other stakeholders were given the opportunity to engage with this tool. Education campaigns play a vital role in the management of myopia and its associated complications, while also raising awareness of good eye care behaviours. WHO and the International Telecommunication Union developed a toolkit that includes evidence-based message libraries for key population groups, along with operational guidance and resources for adapting, implementing, and monitoring the MyopiaEd programme. The
The toolkit is intended to assist policy- and decision-makers and implementers to establish a national or large-scale MyopiaEd programme.

2.11 Parallel sessions

In parallel and concurrent sessions, participants and observers were divided into different groups to explore the complementary roles of state and non-state actors. Mr Drew Keys from the IAPB and Dr Fabrizio D’Esposito from the WHO Regional Office for the Western Pacific facilitated the sessions for non-state actors and for Member States, respectively. For the non-state actors there was a focus on understanding the importance of 2030 IN SIGHT and how it underpins systems change within their focus countries; for Member States, the focus was on how nongovernment eye health stakeholders can support the implementation of IPEC and the recommendations from the World Report on Vision.

There was a focus on the importance of 2030 IN SIGHT as a global strategy – a strategy that individual members of the IAPB have been instrumental in shaping. Activities explored the way that the 2030 IN SIGHT strategy is a vehicle for coalescing the global advocacy successes and WHO tools from the past few years into a streamlined message.

The importance of Elevate, Integrate and Activate was highlighted as means to delivering improved outcomes by 2030. The case was made that in order to achieve our goals by 2030 we need to change the way we do things – this is sometimes referred to as systems change.

State actors were encouraged to see non-state actors as development partners who support delivery of an eye health agenda within the wider UHC framework. There was discussion around the Elevate and Activate elements of the 2030 IN SIGHT agenda, with non-state actors identified as conduits to new partners and funding sources. There were discussions around the importance of technical support delivered by non-state actors, as well as the role that non-state actors play in the dissemination of information and advocacy messages.

2.12 Takeaway messages

At the end of the workshop, participants and observers were given an opportunity to share their thoughts and “takeaway messages” from the workshop. Representatives from several countries showed a keen interest in applying the learnings from the workshop and to take practical steps to deliver IPEC. This included carrying out situation analyses, developing new strategic plans and identifying opportunities for the integration of eye health services within existing systems. Some Member States representatives highlighted the importance of cross-sectoral collaboration and called for effective ways to monitor progress, foster accountability, and promote ongoing quality assurance and improvement. Both Member States and non-state actors called for the development of a new regional action framework for consideration by the WHO Western Pacific Regional Office, and for regular events like the workshop to be held at the regional level.

3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

- The speakers and workshop participants acknowledged the significant burden of blindness and vision impairment in the Region and described the challenges to tackling this. Key challenges include fragmented and limited eye health services, lack of access to eye care services at the community and primary health care levels, shortage of human resources on eye health, lack of data on eye health, and geographical issues. The challenges posed by a rapidly ageing
population and an increasing burden of NCDs – especially in the PICs – were also acknowledged.

- Opportunities were identified to advance the eye health agenda in the Region. Key opportunities include strong political commitment exemplified by United Nations and World Health Assembly resolutions on eye health, a wide range of guidelines and tools developed by WHO and the IAPB, and great examples of good practices from Member States and other stakeholders.

- The potential for positive impact from the delivery of IPEC was acknowledged and highlighted, with a focus on the integration of eye care within NCD prevention and control, primary health care, eye care workforce and health information systems. In addition to integration, the importance of elevating vision as a fundamental economic, social and development issue as outlined in the 2030 IN SIGHT strategy was also acknowledged.

- Participants had an opportunity to engage first-hand with each of the new eye health tools and resources developed by WHO, with guidance from WHO staff from WHO headquarters and the Regional Office for the Western Pacific.

- The workshop participants also agreed that focus needs to be placed not only on increasing accessibility of eye health care, but also on the quality of services provided. This includes, but is not limited to, improving the outcomes of cataract surgery. It was acknowledged that improving the quality of eye care requires data collection and utilization to be strengthened and routinized, along with a cultural shift in how the eye health sector and the health sector generally implement ongoing quality assurance and improvement processes.

- Opportunities to improve cross-sectoral collaboration, as well as collaboration between Member States, non-state actors and WHO were discussed during dedicated sessions of the workshop. There was agreement that an improvement in eye health in the Region cannot be achieved unless WHO, international organizations, donors, and the public and private sectors work together to provide the long-term investment and management capacity to scale up IPEC. Member States called for genuine, long-term commitment from non-state actors and from the private sector, to implement truly sustainable solutions and monitor their impact over long periods of time.

3.2 Recommendations

3.2.1 Recommendations for Member States

All Member States are encouraged to consider the following:

1. Plan for and deliver IPEC through strengthened engagement of the NCD, education and other non-eye health sectors to identify and pursue opportunities for integration of eye health within new and existing policies, plans and interventions.

2. Systematically identify and document eye health needs, with a focus on the collection of baseline and follow-up data on effective coverage of cataract surgery and refractive errors.

3. Utilize the WHO eye health tools and resources to support the implementation of both these recommendations.

In addition, individual Member States are encouraged to pursue the intentions indicated by representatives from their respective ministries of health during the workshop:

1. Cambodia – Carry out a national situation analysis of eye health using WHO’s ECSAT during the next mid-term review.

2. Kiribati – Update the situation analysis of eye health using WHO’s ECSAT.
(3) Mongolia – Integrate eye care services within essential services at primary health care level and improve the quality of eye care at district and province levels with technical support from WHO.

(4) Philippines – Carry out a national situation analysis of eye health using WHO’s ECSAT.

(5) Samoa – Carry out a national survey of blindness, vision impairment and diabetic retinopathy, with support from WHO.

(6) Viet Nam – Carry out a national situation analysis of eye health using WHO’s ECSAT, hold a national eye health workshop and review the existing national eye health strategy.

3.2.2 Recommendations for WHO

WHO is requested to consider the following:

(1) Provide technical support to Member States for the collection of baseline and follow-up data on effective coverage of cataract surgery and refractive errors.

(2) Provide technical support to Member States for the assessment of local eye health needs and development of tailored, evidence-based eye health plans which may be integrated within existing health plans and/or strategies (e.g. NCD, education, etc.), in collaboration with other sectors, including non-state actors and the IAPB.

(3) Provide technical support to develop, implement and monitor strategies in response to the growing burden of posterior segment diseases associated with highly prevalent NCDs and a rapidly ageing population – with a focus on diabetic retinopathy, particularly in the PICs.

(4) Provide technical support for the elimination of trachoma in the Western Pacific Region.

(5) Provide technical support for the development of a regional action framework for consideration by the WHO Western Pacific Regional Office during the Seventy-fourth session of the Regional Committee in 2023. The framework should provide tailored guidance to Member States and other stakeholders in the Region on how to implement recommendations and strategies outlined in the existing relevant global and regional frameworks to improve eye health across the Region, and make progress towards newly endorsed 2030 targets for effective coverage of cataract surgery and refractive errors.

(6) Hold regular (e.g. biannual) regional eye health events modelled on this workshop, in collaboration with the IAPB.
ANNEXES

Annex 1. List of participants, observers and secretariat

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### Annex 2. Programme of activities

<table>
<thead>
<tr>
<th>Time/Venue</th>
<th>Activities</th>
<th>Speaker/Facilitator</th>
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<tbody>
<tr>
<td><strong>Day 1: Thursday November 3rd</strong></td>
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<tr>
<td>08:30-09:00</td>
<td>1. Registration</td>
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<td>09:00-10:30</td>
<td>2. Opening of the meeting</td>
<td><strong>Dr Derrick Heng</strong></td>
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<tr>
<td>Academia:</td>
<td></td>
<td>Deputy Director Medical Services,</td>
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<tr>
<td>Auditorium</td>
<td>3. Group photo</td>
<td>Public Health, Singapore</td>
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<td></td>
<td></td>
<td><strong>Dr Huong Thi Giang Tran</strong></td>
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<td></td>
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<td>Director, Division of Programmes for</td>
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<td>Disease Control, WHO WPRO</td>
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<td><strong>Ms Amanda Davis</strong></td>
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<td>Chair at the International Agency for the</td>
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<td>Prevention of Blindness (IAPB),</td>
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<td>Western Pacific</td>
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<td><strong>Professor Aung Tin</strong></td>
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<td>Chief Executive Officer at the Singapore</td>
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<td>National Eye Centre (SNEC)</td>
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<td>10:30-11:00</td>
<td>4. Morning tea</td>
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<tr>
<td>11:00-11:30</td>
<td>5. Eye health matters – A look at the Western Pacific</td>
<td><strong>Dr Rolando Enrique Domingo</strong></td>
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<td>Academia:</td>
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<td>Coordinator, Management of</td>
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<td>Auditorium</td>
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<td>Noncommunicable Diseases, Division of</td>
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<td>Programmes for Disease Control, WHO WPRO</td>
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<td><strong>Time/Venue</strong></td>
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<tr>
<td>11:30-12:15</td>
<td>6. Opportunities and priorities: A Member States</td>
<td><strong>Professor Wang Ningli</strong> (virtually)</td>
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<tr>
<td>Academia:</td>
<td>perspective</td>
<td>Chair, National Committee for the</td>
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<tr>
<td>Auditorium</td>
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<td>Prevention of Blindness, Beijing, China</td>
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<td><strong>Ms Laite Tuiloma</strong></td>
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<td>Public Health/Ophthalmic Nurse,</td>
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<td>Ministry of Health, Ebeye Hospital,</td>
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<td>Marshall Islands</td>
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<td></td>
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<td><strong>Professor Do Seiha and Mr Tokyo Bak</strong></td>
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<td>Vice Chairman, National Program for Eye</td>
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<td>Health, Khmer Soviet Friendship Hospital,</td>
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<td>Cambodia</td>
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<td>Country Manager, The Fred Hollows</td>
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<td>Foundation, Cambodia</td>
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<tr>
<td>Time/Venue</td>
<td>Activities</td>
<td>Speaker/Facilitator</td>
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</tbody>
</table>
| 12:15-13:00 Academia: Auditorium | 7. A plan and map for the decades: The anchors                                                                           | Ms Amanda Davis  
Chair at the International Agency for the Prevention of Blindness (IAPB)  
Western Pacific                     |
| 13:00-14:00                 | 8. Lunch                                                                                                                    |                                                                                   |
| 14:00-14:45 Academia L1-S1 (Same level as Auditorium) | 9. Integrating eye health within health systems: What does it mean and how can we do it?                               | Dr Andreas Mueller  
Technical Advisor, Vision & Eye Care Programme, WHO HQ                          |
| 14:45-15:30 Academia L1-S1 (Same level as Auditorium) | 10. Understanding the context and opportunities: The Eye Care Situation Analysis Tool (ECSAT) | Dr Andreas Mueller  
Technical Advisor, Vision & Eye Care Programme, WHO HQ                          |
| (Same level as Auditorium) |                                                                            | Dr Jacqueline Ramke (virtually)  
Optometry and Vision Science, the University of Auckland, New Zealand               |
<p>| 15:30-16:00                 | 11. Afternoon tea                                                                                                           |                                                                                   |</p>
<table>
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<tr>
<th>Time</th>
<th>Event Description</th>
<th>Location</th>
<th>Presenter(s)</th>
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</thead>
<tbody>
<tr>
<td>16:00-16:30</td>
<td>12. Small group session – Implementing the ECSAT</td>
<td>Academia L1-S1 (Same level as Auditorium)</td>
<td></td>
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<tr>
<td>16:30-17:00</td>
<td>13. Finding the right interventions: The Package of Eye Care Intervention (PECI)</td>
<td>Academia L1-S1 (Same level as Auditorium)</td>
<td>Dr Mitasha Yu, Vision &amp; Eye Care Programme, WHO HQ</td>
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<tr>
<td>17:00-17:30</td>
<td>14. Summary of Day 1</td>
<td>Academia L1-S1 (Same level as Auditorium)</td>
<td>Dr Rolando Enrique Domingo, Coordinator, Management of Noncommunicable Diseases, Division of Programmes for Disease Control, WHO WPRO</td>
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<tr>
<td>17:30-18:00</td>
<td>15. SNEC Site visit</td>
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<td>18:00-20:30</td>
<td>16. Welcome reception dinner</td>
<td>SNEC Foyer</td>
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</table>

**Day 2: Friday November 4th**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
<th>Location</th>
<th>Presenter(s)</th>
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<tbody>
<tr>
<td>09:00-09:30</td>
<td>17. Making sure we're achieving impact: Eye Care Indicator Menu (ECIM)</td>
<td>Academia White Space</td>
<td>Dr Andreas Mueller, Technical Advisor, Vision &amp; Eye Care Programme, WHO HQ</td>
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<tr>
<td></td>
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<td>(One level up from Auditorium)</td>
<td>Dr Nor Fariza Ngah, Chief Ophthalmologist, Ministry of Health, Hospital Shah Alam, Malaysia</td>
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<td>09:30-10:30</td>
<td>18. Putting the right human resources in place: The Eye Care Competency Framework (ECCF)</td>
<td>Academia White Space</td>
<td>Dr Mitasha Yu, Vision &amp; Eye Care Programme, WHO HQ</td>
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<tr>
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<td></td>
<td>(One level up from Auditorium)</td>
<td>Dr Thiyagarajan Jayabaskar, Director, Educational Development Unit at Singapore National Eye Centre</td>
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<td>Ms Carin Tan, Principal Optometrist, Singapore National Eye Centre</td>
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<td>Ms Karen Zhang, Principal Orthoptistis, Singapore National Eye Centre</td>
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<td>Time</td>
<td>Session</td>
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<td>Presenter/Note</td>
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<tr>
<td>10:30-11:00</td>
<td>19. Morning tea</td>
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<tr>
<td>11:00-11:30</td>
<td>20. Implementing the ECCF</td>
<td>Academia White Space (One level up from Auditorium)</td>
<td></td>
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<tr>
<td>11:30-12:00</td>
<td>21. Eye health promotion: The MyopiaEd Toolkit</td>
<td>Academia White Space (One level up from Auditorium)</td>
<td>Dr Andreas Mueller Technical Advisor, Vision &amp; Eye Care Programme, WHO HQ</td>
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<td>12:00-12:30</td>
<td>22. Small groups session – Implementing the MyopiaEd Toolkit</td>
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<td>12:30-13:30</td>
<td>23. Lunch</td>
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<td>13:30-14:30</td>
<td>24. The role of different stakeholders in planning for and delivering IPEC Parallel Session 1</td>
<td></td>
<td>Ms Amanda Davis Regional Chair of the IAPB, Western Pacific</td>
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<td>Mr Drew Keys IAPB Western Pacific Regional Coordinator</td>
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<td>25. The role of different stakeholders in planning for and delivering IPEC Parallel Session 2</td>
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<td>Dr Fabrizio D’Esposito Consultant, Management of Noncommunicable Diseases, Division of Programmes for Disease Control, WHO WPRO</td>
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<td>14:30-15:30</td>
<td>26. Fostering cross-sectoral collaboration</td>
<td></td>
<td>Ms Amanda Davis Regional Chair of the IAPB, Western Pacific</td>
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<td>11:00-11:30</td>
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<td>Mr Drew Keys IAPB Western Pacific Regional Coordinator</td>
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<tr>
<td>Time</td>
<td>Event</td>
<td>Location</td>
<td>Participants and Observers</td>
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<td>15:30-16:00</td>
<td>27. Afternoon tea</td>
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</table>
| 16:00-16:45  | 28. Takeaway messages                     | Academia White Space (One level up from Auditorium) | Participants Representative(s)  
Observers Representative(s)  
Ms Amanda Davis  
Regional Chair of the IAPB, Western Pacific  
Dr Rolando Enrique Domingo  
Coordinator, Management of Noncommunicable Diseases, Division of Programmes for Disease Control, WHO WPRO |
| 16:45-17:00  | 29. Closing Remarks                       | Academia White Space (One level up from Auditorium) | Professor Aung Tin  
Chief Executive Officer at the Singapore National Eye Centre (SNEC)  
Dr Huong Thi Giang Tran  
Director, Division of Programmes for Disease Control, WHO WPRO |