MEETING ON EYE HEALTH AND UNIVERSAL HEALTH COVERAGE

25–27 April 2017
Manila, Philippines
Meeting on Eye Health and Universal Health Coverage
25–27 April 2017
Manila, Philippines
MEETING REPORT

MEETING ON EYE HEALTH AND UNIVERSAL HEALTH COVERAGE

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

Manila, Philippines
25–27 April 2017

Not for sale

Printed and distributed by:

World Health Organization
Regional Office for the Western Pacific
Manila, Philippines

14 June 2017
NOTE

The views expressed in this report are those of the participants of the Meeting on Eye Health and Universal Health Coverage 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 Meeting on Eye Health and Universal Health Coverage in Manila, Philippines from 25 to 27 April 2017.
CONTENTS

SUMMARY ............................................................................................................................. 1

1. INTRODUCTION .................................................................................................................... 5
   1.1 Meeting organization ....................................................................................................... 5
   1.2 Meeting objectives ........................................................................................................... 5

2. PROCEEDINGS ..................................................................................................................... 5
   2.1 Opening session .............................................................................................................. 5
   2.2 Global and regional eye health action plans ................................................................. 5
   2.3 Using the health systems approach in improving access to eye care ......................... 6
   2.4 Reflections from international partners and their activities in the WHO Western Pacific Region ...................................................... 7
   2.5 Improving access to essential medicines and health technology ................................ 8
   2.6 Group work: Patient journey ....................................................................................... 8
   2.7 Financing of eye care services ..................................................................................... 9
   2.8 Development of human resources for eye care – challenges and opportunities .......... 10
   2.9 Patient-centred care ..................................................................................................... 11
   2.10 Data collection and assessment of eye care services ................................................... 12
   2.11 Overview of the midterm review of the Eye Health Action Plan ................................... 12
   2.12 Country-specific actions and next steps .................................................................. 13
   2.13 Closing ......................................................................................................................... 13

3. CONCLUSIONS AND RECOMMENDATIONS .................................................................. 13
   3.1 Conclusions ................................................................................................................... 13
   3.2 Recommendations ...................................................................................................... 15
      3.2.1 Recommendations for Member States ..................................................................... 15
      3.2.2 Recommendations for WHO ................................................................................ 16

ANNEXES

Annex 1. List of participants ................................................................................................. 17
Annex 2. Programme of activities ....................................................................................... 21

Keywords

Eye diseases – prevention and control / Vision disorders - prevention and control / Universal coverage
The prevalence of vision impairment is alarmingly high. In 2010, 90 million people in the World Health Organization (WHO) Western Pacific Region experienced vision impairment, including more than 10 million people who were blind. While up to 80% of vision impairment can be treated or prevented, many policy-makers are not aware of the benefits and cost-effectiveness of simple interventions.

The economic cost of vision impairment is substantial. In 2000, the global economic loss from vision impairment was US$ 42 billion per year. That figure is expected to rise to US$ 110 billion by 2020. To address the impact of vision impairment and blindness in the Region, the WHO Secretariat presented a regional action plan, *Towards Universal Eye Health: A Regional Action Plan for the Western Pacific (2014–2019)* (Eye Health Action Plan), which was endorsed by the Regional Committee in 2013 (WPR/RC64/R7). Proposed actions for Member States, international partners and the WHO Secretariat aim firstly to generate evidence on the magnitude and causes of visual impairment and on eye care services, and to use the evidence to advocate for greater political and financial commitment to eye health by Member States; secondly, to support development and implementation of integrated eye health policies and programmes to enhance universal eye health; and thirdly, to ensure multisectoral engagement and effective partnerships to strengthen eye health.

WHO organized a regional meeting on 25–27 April 2017 to invite focal points for eye health in Member States, as well as health policy officials and experts from the Region, to review the progress made in implementing country action plans and strategies. The Fred Hollows Foundation supported this regional meeting, which assured the continuation of collaborative efforts in the Region and determined priorities and actions for the second half of the Eye Health Action Plan implementation period. This meeting informed a midterm review of progress achieved since 2014, and reported back to the World Health Assembly in 2017 based on resolution WHA66.4 – *Towards Universal Eye Health: A Global Action Plan 2014–2019*.

The meeting was opened by Dr Vivian Lin, Director of Health Systems, WHO Regional Office for the Western Pacific, on behalf of Dr Shin Young-soo, WHO Regional Director for the Western Pacific, and by Dr Ivo Kocur, Medical Officer on Prevention of Blindness and Deafness at WHO headquarters. Mr Bob McMullan, President and Chairman of the International Agency for the Prevention of Blindness (IAPB), as well as representatives from the Fred Hollows Foundation shared their views on the work of international partners in eye health progress. Experts from the Centre for Eye Research Australia also presented their research experience.

Member State participants and experts presented on and discussed:

- Using the health systems approach in improving access to eye care
- Improving access to essential medicines and health technology
- Financing eye care services
- Developing human resources for eye care
- Integrating patient-centred care
- Collecting data and conducting assessment of eye care services

...
Country representatives were invited to share their experiences through discussions and group work. Based on a review of progress and challenges, countries identified opportunities and developed specific action plans.

**Conclusions**

The meeting participants drew the following overall conclusions:

(1) Universal health coverage for effective and affordable eye care should be considered in the context of the Sustainable Development Goals (SDGs).

(2) Two of the main challenges in the provision of eye care in the Region are the backlog in cataract surgery and uncorrected refractive error.

(3) More countries in the Region are now including eye care in health insurance coverage, which is a significant achievement.

(4) Lack of human resources is still a challenge for many countries, including the dearth of eye care professionals working in rural or geographically remote areas.

(5) A patient-centred approach is necessary to ensure that the whole patient is treated and not just a discrete condition.

(6) Integration of eye care services into primary health care should be a priority and tailored to each country’s specific needs and capacities.

(7) Data obtained from country questionnaires on national indicators and progress will be incorporated into the midterm review of the Eye Health Action Plan.

During the group work activity, representatives of Member States identified country-specific actions that they intend to undertake at the conclusion of the meeting. These include the following:

**Cambodia** – Plan and organize a workshop summarizing outcomes and recommendations arising from this meeting; promote eye health in remote areas through mass media; and engage the Ministry of Health, National Program on Eye Health (NPEH), partner organizations and ophthalmologic health professionals to conduct a survey on diabetic retinopathy and glaucoma.

**China** – Develop a national policy on low vision and rehabilitation; establish an Eye Health Committee; work with Beijing Tongren Eye Center, International Council of Ophthalmology (ICO) and WHO in developing a standardized training model for eye care professionals; involve ministries of education, finance and human resources to formulate and implement a 5-year plan; increase education and work opportunities for people with visual impairment; and evaluate a no-payment scheme for poor population in line with a poverty reduction strategy.

**Fiji** – Organize a meeting to prioritize Fairfield Emerging Communities Action Partnership (FECAP) plan; conduct an extended rapid assessment of avoidable blindness (RAAB) survey with outreach; and explore partnership opportunities with various international agencies.

**Kiribati** – Revise work plan and budget to align with Ministry of Health and Medical Services priorities and that of implementing partners; improve and strengthen the collection of data through the current Health Information Unit; conduct an implementation and monitoring survey; develop in-country upskill training of medical assistants and public health nurses; develop a school screening programme; and develop an eye care programme for outer islands.
Lao People’s Democratic Republic – Convene an advocacy meeting to discuss integration of eye care into the health-care system; establish a team including members of the health sector and partner organizations to draft a policy on eye health; develop a country-specific PEN that includes eye care; and extend government subsidy for cataract surgeries to the whole country.

Malaysia – Form a National Committee for the Prevention and Control of Blindness and Visual Impairment; review and evaluate eye health data with committee members to determine national policy direction; strengthen cataract services through outreach by community volunteers and nongovernmental organizations (NGOs); strengthen diabetic retinopathy screening at the primary care level; and increase detection of refractive error through the School Health Programme.

Mongolia – Conduct a national assessment of cataract surgery outcomes; establish a monitoring system; establish low-vision clinics in Ulaanbaatar; provide optometric training with the assistance of the Brien Holden Vision Institute; and work with ministries of health and education in providing paediatric screening for children aged 3–5 years.

Papua New Guinea – Endorse the National Eye Plan; fill the position of National Eye Care Coordinator; complete the WHO eye care service assessment tool (ECSAT) and RAAB; plan activities for World Sight Day; increase awareness of eye health issues; and develop a school screening programme in partnership with NGOs, churches and the National Department of Health.

Philippines – Assess and evaluate the 2013–2017 National Prevention of Blindness Program strategic plan and implementation guidelines to ensure alignment with SDGs; conduct the National Survey of Blindness and Eye Disease Study Project; develop a vision screening programme for kindergarten pupils in public schools; plan advocacy activities for eye health to occur every August; and provide vision screening and eyeglasses to the elderly through the Community Eye Health Program for the Elderly.

Solomon Islands – Report to the Ministry of Health on the outcomes of this meeting; complete ECSAT and RAAB; endorse the National Eye Care Corporate Plan 2016–2020; plan health promotion activities for World Sight Day; and work with the Ministry of Education in developing a school screening programme.

Tonga – Organize meeting with eye clinic staff to review plans and discuss completion of ECSAT and RAAB; prioritize a plan to increase human resources and resource management of equipment and supplies; and explore collaboration opportunities with potential partners.

Viet Nam – Submit a summary of the content of this meeting to the Ministry of Health; develop a plan for a workshop on the National Strategy on Prevention of Blindness and Visual Impairment 2016–2020; conduct research on prevalence of all eye diseases; map accessibility to eye care by district and develop guidelines for an organizational model at the district level; develop guidelines for early detection of diabetic retinopathy in provincial hospitals; coordinate with Ministry of Education and Training to establish a screening programme in schools; and advocate for refractive glasses to be covered by health insurance.

Recommendations for Member States

The meeting recommended the following for Member States:
(1) to engage in multisectoral collaboration and partnerships with other ministries, NGOs, international funding agencies and industry in providing affordable, effective and timely eye care;

(2) to explore different financing options and opportunities available with governments, NGOs and businesses;

(3) to include eye health needs when making requests to funding agencies;

(4) to refer to the WHO Model Essential Medicines List for ophthalmic medicines as a basis for procurement and reimbursement decisions;

(5) to complete the WHO ECSAT to determine gaps in eye care service and plan for future needs;

(6) to consider providing incentives for medical professionals to select ophthalmology as a specialty;

(7) to tailor the integration of eye care into primary health care based on individual country needs, capacities and types of eye conditions appropriate for integration;

(8) to evaluate existing health information systems to determine their ability to capture data; consider using electronic devices or systems to ensure efficient and secure collection and storage of data; and

(9) to continue planning and implementation of national action plans.

Recommendations for WHO

The meeting requested the following from WHO:

(1) to continue supporting Member States in their ongoing implementation of the Eye Health Action Plan, including providing technical assistance and assessment tools as needed;

(2) to further support Member States in advocating eye care as part of universal health coverage, in alignment with the SDGs; and

(3) to encourage and facilitate partnerships between Member States, NGOs and funding agencies to increase accessibility and affordability of eye care services.
1. INTRODUCTION

1.1 Meeting organization

The Meeting on Eye Health and Universal Health Coverage was organized by the World Health Organization (WHO) Regional Office for the Western Pacific in partnership with the Fred Hollows Foundation. Presentations, plenary discussions and interactive activities were held from 25 to 27 April 2017 at the Regional Office in Manila, Philippines. Country representatives shared their experiences through discussions and group work. Based on a review of progress and challenges, countries identified opportunities and developed specific action plans.

A list of participants and the programme of activities are available in Annexes 1 and 2, respectively.

1.2 Meeting objectives

The objectives of the meeting were:

(1) to review progress in developing and implementing country action plans and strategies;
(2) to discuss innovative ways for ensuring political and financial commitment in the context of universal health coverage (UHC); and
(3) to strengthen intercountry collaboration and explore opportunities for engagement with international partners.

2. PROCEEDINGS

2.1 Opening session

Mr Darryl Barrett opened the session and welcomed participants to the meeting. He thanked the Fred Hollows Foundation for their support and urged participants to make full use of the meeting to share experiences, take stock of progress made thus far and explore partnerships to advance their objectives.

Dr Vivian Lin delivered the opening remarks on behalf of Dr Shin Young-soo, WHO Regional Director for the Western Pacific, noting that eye health is a priority issue. In 2010, 90 million people in the Region had eye problems, but 80% of these cases could have been prevented or treated. Despite the need, many people do not have access to quality health-care services. WHO is working with governments to develop policies and actions to ensure that people and communities receive the services they need without suffering financial hardship. Furthermore, UHC is a core target of the Sustainable Development Goals (SDGs), which serve as the framework for WHO action plans. Ensuring good eye health is closely linked to many SDGs, including SDG 1 on poverty eradication and SDG 3 on health in particular. In addition, efforts to address eye health must also take into account disability issues.

2.2 Global and regional eye health action plans

In his opening presentation, Dr Ivo Kocur encouraged participants to think of one another as being part of one global family, united through Towards Universal Eye Health: A Regional Action Plan for the Western Pacific (2014–2019) (Eye Health Action Plan). It complements Universal Eye Health: A Global Action Plan 2014–2019, which was developed with the guidance and support of WHO.
partners, the International Agency for the Prevention of Blindness (IAPB) and the Fred Hollows Foundation. Dr Kocur explained the concept of UHC, defined as ensuring that all people have access to needed promotive, preventive, curative and rehabilitative health services, of sufficient quality to be effective, while also ensuring that people do not suffer financial hardship when paying for these services. UHC in relation to eye health, therefore, must include comprehensive eye care services and integration of these services into national health systems. Thus, achieving these goals requires a health systems approach.

Dr Kocur then described the three objectives endorsed in the Global Action Plan and how they can be applied to eye health in the Region: (1) the continued need for epidemiological surveys and studies to be conducted to generate evidence and understand trends in the Region; (2) the importance of the six elements identified in the Plan (i.e. leadership/governance, adequate financial resources, sustainable workforce, comprehensive and equitable eye care services at all levels of care, accessibility and affordability of essential medicines and technologies, and indicators for monitoring service quality and provision) to strengthening national policies, plans and programmes; and (3) the need to increase multisectoral engagement and partnerships, especially with other areas of health care.

2.3 Using the health systems approach in improving access to eye care

Dr Anjana Bhushan presented on the health systems approach, emphasizing that a strong and well-performing health system – organized around the five attributes of efficiency, quality, equity, accountability in governance, and sustainability and resilience – will lead to UHC. UHC must include the full continuum of services, beginning with promotion/prevention all the way through to detection, treatment, management, prevention of complications and rehabilitation. Countries need to evaluate which policies and programmes to put in place to ensure that no one is left behind. Often, the populations that are most difficult to reach have the greatest need. Countries should ask what they can do to reduce barriers to care and close the equity gap. New skills, capabilities and approaches may be necessary to achieve universal eye health.

Dr Mohamad Aziz Salowi described the efforts in Malaysia to provide comprehensive eye care to hard-to-reach populations. These include conversion of shophouses to health centres, use of mobile buses to penetrate rural areas and establishing cataract centres in urban areas. The formation of a National Prevention of Blindness Committee was a big step in improving coordination among hospitals in the public health sector and increasing cost-efficiency. The Ministry of Health has contracted with a private vendor to maintain registries for patients with cataracts and diabetes; data are collected for every patient and the extent of coverage will be known in 2019.

Dr Bulgan Tuvaan presented on the challenges faced by Mongolia in 90 years of eye health care treating trachoma, cataracts and uncorrected refractive error in the country. Policies and programmes are in place, and family doctors are trained to provide vision screening to their patients and refer them to specialist eye doctors in their area if needed. Each part of the country has centres available where people can undergo surgery and receive quality treatment. However, Mongolia’s national strategic plan for prevention of blindness now faces an uncertain future due to the instability of the political situation, including at times the lack of a minister of health or new/different personnel in the ministry.

Dr Cung Hong Son reported on the current state of eye care and incidence in Viet Nam, where services for minority and poor populations are mostly covered by the government. Many guidelines are in place for different eye conditions and the National Plan for Prevention of Blindness has received support from many different sectors.
In response to a question from the floor about the process in Malaysia to establish a good health information system, Dr Salowi explained that it was started with only a few variables and people were initially reluctant to share data because they felt it was burdensome. However, once data were published and people saw the value of the information, momentum picked up. Participants from Papua New Guinea, Fiji, the Philippines and Solomon Islands also commented on the challenges that they have faced in gathering data and providing care.

In his summary of the range of issues raised during this session, Dr Kocur advocated giving higher priority to eye health in the face of competing urgent health-care challenges. He suggested that countries focus on the primary health care level, think about what should be included in a service delivery architecture and what core competencies health-care staff should be trained in, and consider inclusion of eye health in national insurance packages.

### 2.4 Reflections from international partners and their activities in the WHO Western Pacific Region

Ms Jennifer Gersbeck thanked WHO for organizing the meeting and explained that the purpose of the session was to allow IAPB and other WHO partners to share information about their activities in the Region.

In his speech, Mr Bob McMullan described the role of IAPB as one of advocacy, knowledge and partnership. As an alliance of more than 120 nongovernmental organizations (NGOs), corporations and professional bodies promoting eye health, IAPB can help governments in supporting national plans, developing policies and coordinating efforts between partners. He urged meeting participants to be advocates of eye health by requesting their governments to include the issue in requests to funding agencies such as the Asian Development Bank (ADB) and the United Nations Development Programme (UNDP). IAPB can assist by encouraging agencies to respond positively to these requests. Examples of effective partnerships included the formation of the National Prevention of Blindness Committee in Papua New Guinea and the Avoidable Blindness Initiative funded by the Government of Australia. Currently, the Our Children’s Vision campaign, endorsed by IAPB and including more than 60 partners, aims to provide appropriate, accessible and quality screening, refraction and referral services to 50 million children by 2020, to integrate child eye health into existing child health and education systems, as well as to create awareness of the risk of myopia in children. Mr McMullan concluded his speech by expressing his appreciation of the important work that participants are doing in governments and within NGOs. New ways to mobilize more resources for eye health should be considered by working effectively with WHO and other partner organizations.

Representatives from the Brien Holden Vision Institute, Project BOM: Blindness Zero Movement, Centre for Eye Research Australia (CERA) and the Fred Hollows Foundation gave brief overviews of their programmes in the Region.

Dr Kocur pointed out the diverse range of expertise and resources present and encouraged participants to make full use of the meeting to talk to one another and to the organizations so as to find opportunities for synergy and partnerships.
Mr Thierry Cordier-Lassalle moderated a discussion on the difficulties faced by countries in gaining access to affordable essential medicines and health technologies, which raised some of the following points:

- Basic eye care is increasingly being covered by governments, which is a positive development.
- Access to eye care between and within countries varies, especially in regard to cataract surgery. Surveys show there is also wide variation in the cost of cataract surgery, sometimes even in the same country, for instance between the private and public sectors.
- Countries should undertake to find out what the backlog is for cataract surgery in their population so they have a better sense of what is needed to meet demand.
- Procurement processes are often not cost-efficient, especially in countries where purchasing of medicines and health technologies is decentralized. It is therefore important for governments to conduct reference pricing against other countries in the Region.
- People sometimes believe that more expensive products are better, but this is not always the case; at times generics or cheaper brands can be just as good. A rigorous regulatory board can ensure the quality of the products.
- Countries should have a strong regulatory mechanism in place for monitoring product prices.
- Placing a ceiling on pricing can sometimes backfire as companies may try to approximate the ceiling, thus potentially artificially driving up the price.
- The therapeutic value of products should be determined based on evidence-based research; new products are not always necessarily better.
- Maintenance/repair of equipment and availability of spare parts should be taken into consideration when making purchasing decisions.
- It should be kept in mind that products do not always reach the populations that need it, even if they are available on the market.
- Imported equipment or medicines not being released from customs poses a bottleneck; it might be necessary to work with ministries of trade to facilitate a resolution in such circumstances.

Dr Kocur encouraged participants to refer to the WHO website for the Essential Medicines List (EML) of ophthalmologic medicines, which will be updated this year. A suggestion was made to include spectacles and intraocular lenses on the list. Dr Andreas Mueller and Mr Barrett suggested a regional procurement system among the Pacific island countries. Representatives from IAPB and the Brien Holden Vision Institute expressed interest in helping to coordinate and facilitate purchasing of equipment. Dr Noela Prasad from the Fred Hollows Foundation suggested that a technology platform for communities of users can help them share information and feedback on costs, budgets, needs and other issues related to provision of eye care services in their individual countries.

2.6 Group work: Patient journey

Dr Mueller, Dr Kocur and Mr Barrett facilitated a group work session during which participants were given an eye condition and a patient scenario to discuss in the context of their country. Factors to consider included the availability of screening services, access to medicines and assistive devices, affordability of care, impact on the patient’s current and future income, impact on the family, and barriers and support in the country.
The key conclusion drawn from the group work was that awareness of context is crucial to tailoring solutions, as different contexts require different strategies to be effective. It is necessary to evaluate each health system and the resources available in each. Multisectoral cooperation is an important strategy, as the achievement of the SDGs and UHC will require more than health interventions; managing long-term conditions in patient populations requires ongoing support outside the health system. Aligning the needs of eye health with government priorities would also lead to better outcomes.

2.7 Financing of eye care services

Dr Mueller presented on the topic of financing for eye care services. The topic can be challenging for clinicians not familiar with it. The Fred Hollows Foundation and the WHO Regional Office for the Western Pacific organized a technical consultation on models of innovative financing for eye care on 2–3 December 2014, bringing together experts on eye care and finance to share their experiences and ideas. The report with the outcomes of the consultation can be accessed from the WHO website. Recommendations to Member States included making elimination of avoidable vision impairment a public health priority, distinguishing between financing service provision and financing service access, investing more in data collection, and making detection and management of diabetic retinopathy an integral part of diabetes patient care.

Dr Mueller suggested that a good approach to seeking funding from banks, foundations and large companies is by addressing the backlog of cataract surgery as it is an achievable and measurable action they can fund. He also pointed out that cost is no longer the barrier that it was in the past, as more Asian countries are including eye health in insurance plans and there are no or minimal out-of-pocket costs in many Pacific island countries. Therefore, the next steps for the sector are to increase the number of patients treated so that more revenue can be generated and services improved (Asia) and to reduce government spending for purchases (Pacific island countries).

Dr Yang Xiaohui shared the Chinese experience on measures undertaken to promote affordable eye care. The Chinese Government has made “basic medical and health services for all” the goal of health-care reform. Village doctors go door to door and refer patients with symptoms to the county-level hospital for treatment. Some initiatives undertaken that are specific to eye care include cataract surgery for 1.5 million poor patients in 2009–2013, reduction of medical cost for poor populations through a “treatment first, payment later” policy in county hospitals, screening of children with disabilities who are 0–6 years of age, early screening for diabetic retinopathy and vision screening for all students at all levels. Private businesses are also now working with government hospitals to increase effectiveness. This is a successful business model because revenues are shared, making it a win–win solution for everyone.

Dr Maria Rosario Uy described the Philippine Health Agenda 2016–2022, which aspires to a health system that offers financial protection, leads to better health outcomes and is responsive to the needs of Filipinos. Medical services are predominantly financed by the Department of Health via the PhilHealth programme. An example of basic eye care coverage is cataract surgery, which costs approximately $320, with no out-of-pocket expenses for the patient. One challenge of the current system is the lack of monitoring of outcomes and the tendency for negative outcomes not to be reported. The successful inclusion of low-vision services in disability packages for children was a year-long process involving multisectoral collaboration among local NGOs and low-vision groups.
2.8 Development of human resources for eye care – challenges and opportunities

In terms of human resources, there is a growing awareness globally of the need to go beyond numbers (i.e. quantity of staff) to prioritization of quality and patient safety in health care. To address this, WHO has published a technical series on reducing errors in primary care. Dr Kocur called on eye care not to be left behind as a sector. Depending on country context, different ophthalmologic professionals (ophthalmologists, optometrists, allied ophthalmic personnel) may serve different functions. In some countries, for instance, ophthalmic nurses may be trained to treat patients but in others they may not have received any special training or certification. Therefore, it is difficult to compare situations between different countries. Dr Kocur encouraged participants to use the WHO eye care service assessment tool (ECSAT) to determine where there is a shortage in their country. The tool has been implemented in many countries in the Region (e.g. Viet Nam, Mongolia and Fiji) in the last few years.

Dr Luisa Rauto from Fiji, Dr Simon Melengas from Papua New Guinea and Ms Mele Vuki from Tonga gave presentations on the human resource situation in their respective countries. Dr Kocur also invited all participants to share their experiences with the whole group. The discussion brought up some of the following challenges, issues and potential solutions:

- Many doctors who receive specialist training in other countries choose not to return. In some countries, such as in Kiribati, medical students are bonded and required to serve the country for a minimum number of years.
- Staff movement within the same country may also lead to a dearth of specialists in some areas, especially more remote locations. In Cambodia, nurses and surgeons from rural areas were given a salary and free training after signing a contract that they would return to serve in that area.
- Ophthalmology is a competitive discipline in certain countries such as Australia, but elsewhere it may not be as desirable as other specializations. Participants may want to think about ways to excite or incentivize medical students to take up ophthalmology.
- Specialists sometimes leave the public sector to go into private practice. In Malaysia, the Ministry of Health introduced various incentives to encourage doctors to practice in public hospitals.
- Lack of recognition of the allied staff positions is an issue in some countries, leading to low compensation. Proper job codes and commensurate salary scales might address this problem.

Dr Indrajit Hazarika pointed out that new policies may have to be adopted by countries to address the issue of distribution of services. Sanctioned posts or scholarships may be created to ensure that competencies are covered. Role delineation is important to determine the kinds of services that should be available at different levels (primary, secondary or tertiary). Opportunities should be taken to upskill where possible and feasible; for instance, advanced practice nurses may be trained to increase their skills and diabetic nurses trained to screen for diabetic retinopathy. Medical boards from different countries will have their own scopes of practice so there may be restrictions on what responsibilities are allowed for different health-care professionals. Working within those parameters, the main goal is to bring capacity to a safe level in a way that does not compromise quality of care.

Finally, training quality is also dependent on coordination with other sectors. In many countries, the ministry of education conducts training, the ministry of health sets the quality standards, and a department of personnel might determine public service commissions subject to approval by the ministry of finance. Lack of coordination or failure to share information among these departments can
lead to capacity shortage. Since it takes time to train personnel, advanced planning and recruitment are imperative to ensure that future health needs are met.

2.9 Patient-centred care

Dr Mueller spoke about the integration of eye care into primary health care. Although ophthalmology is a specialization, some eye conditions are suited for treatment at the primary level; these are services associated with the ongoing management of chronic diseases such as diabetic retinopathy or those requiring regular contact with primary care providers. He outlined some of the challenges to integration in low- or middle-income countries, such as limited capacity, lack of a referral system and lack of unique patient IDs, which make long-term follow-up difficult. He pointed out that the biggest gap across health systems is prevention and that one good approach is to establish linkages with existing health-care programmes, for instance including refractive error screening in healthy school and healthy ageing programmes. Dr Mueller reminded participants of the need to engage health-care decision-makers and planners in meetings and discussions about eye health.

Dr Mohamed Dirani reported on the results of the National Eye Health Survey conducted in Australia from March 2015 to April 2016. In total, almost 5000 people were surveyed, a third of whom were indigenous Australians. Results showed significant improvement in the last few years in closing the treatment gap between indigenous and non-indigenous populations, but there is still room for improvement. Surveys reveal the efficacy of eye health service delivery in a community, which can be used as a baseline against which to measure changes in prevalence or progress made by interventions. Although some surveys are expensive and require political commitment from individual governments, the initial investment will result in long-term savings. Other surveys, such as the rapid assessment of avoidable blindness (RAAB), while less comprehensive, are also useful tools for countries with fewer resources.

Mr Brandon Ah Tong then presented on integration of early detection of diabetic retinopathy, which affects one in three persons with diabetes, many of whom are not aware of their condition. The Fred Hollows Foundation is working with governments to raise awareness of diabetic retinopathy and to integrate screening into regular care. One successful outreach programme aimed at improving access to care for aboriginal Australians trains community health workers on how to use a fundus camera and how to refer patients who need eye care. The Foundation also intends to hold a meeting with stakeholders from various organizations to discuss global advocacy. The two objectives of the meeting are to: (1) improve policies, guidelines, financing and resources; and (2) improve evidence gathering, monitoring and reporting. Achieving these goals will require integration and proactive reaching out to other partners, sectors and collaborators.

Following these presentations, Dr Mueller opened the floor to discussion on the question: What are you doing to engage patients and consumers to ensure that policies, programmes and services are meeting their needs? Participants highlighted some of the following points:

- Fiji has integrated public health and clinical services vertically, and the next step is to strengthen and integrate horizontally across the whole health system.
- In the Philippines, the Management Committee for the National Prevention of Blindness Program brings together people from the Department of Health and other sectors to work on eye care issues. A PhilHealth package for premature infants that includes eye issues has been approved. A clinical pathway guideline for diabetic retinopathy for patients in rural primary
health care includes assessment using the WHO Package of Essential Noncommunicable Disease Interventions (PEN) tool; patients found to be at high risk are referred to a specialist.

- In Malaysia, a plan of action for noncommunicable diseases has been issued with various strategies, including eye care, which will take a life-course approach to eye examinations and screening, all provided at the primary level.
- An effective approach is to assess existing processes to determine which aspects are ready for integration and then work with providers to increase productivity and capacity.
- Another potential approach is to partner with local businesses to provide services; however, success of such an arrangement will require being able to make a good business case.

2.10 Data collection and assessment of eye care services

The collection of robust data is essential for assessing and evaluating progress towards the three national indicators outlined in the Eye Health Action Plan: (1) prevalence and causes of visual impairment, (2) number of eye-care personnel by cadre, and (3) cataract surgical service delivery.

Dr Stuart Keel and Dr Dirani gave an overview of their experience conducting the Australian National Eye Health Survey. Participants were also invited to share their comments and experiences. Some of the key strategies that may be applied to data collection in general were the following:

- Engage the eye health sector and show the government that there is widespread commitment to addressing the issue towards a common shared goal.
- Execute the survey through a research organization that can obtain ethics approval, handle large quantities of data and manage the project effectively.
- Standardize training using set protocols.
- Recruit from the local community as much as possible.
- Find ways to optimize the response rate, e.g. give away sunglasses, hand out appointment cards and make reminder calls.
- Try to locate the testing venue(s) close to the population being surveyed, e.g. near schools or community centres.
- Make regular site visits to ensure quality control.
- Input information obtained into a cloud-based database, ideally through a tablet or smartphone for immediate, on-site data entry. Back up data on a daily basis.
- If taking fundus photographs, look at them on a regular basis and give immediate feedback on image quality to the team members or sites so that any problems can be quickly resolved.
- Empower users so that they see the value of the data they are collecting – compliance often increases as people’s perception of the utility of the data increases.
- Make it as easy as possible for users to input data.
- Make data entry part of a workflow so that it is not considered an extra step or added burden.

2.11 Overview of the midterm review of the Eye Health Action Plan

Dr Mueller explained the importance of the midterm review. By reporting on their primary national indicators, Member States can assess and reflect on progress made thus far towards the objectives laid out in the Eye Health Action Plan, and in so doing reinvigorate their governments to commit to meeting those objectives. Periodic feedback to WHO will also lead to more targeted technical support from the Regional Office. The midterm review is also an opportunity for Member States to share their success stories and learn from one another’s experiences. Dr Mueller strongly encouraged participants
to return the questionnaires if they have not already done so. The WHO Secretariat is on hand to offer any assistance necessary. Using the information reported, the Regional Office will develop country narratives and profiles to include in the midterm review.

2.12 Country-specific actions and next steps

For the final activity of the meeting, participants were asked to brainstorm realistic and concrete country-specific actions and next steps by answering the following two sets of questions:

(a) What will you do immediately upon returning to your country?
(b) What will you be doing between now and 18–24 months from now until the end of the Eye Health Action Plan? Who are the stakeholders in your plan? What role will WHO and NGOs play?

Participants listed their actions/next steps and presented at least one short-term action and one long-term action to the whole group. A full list of action items for each country is available in Annex 3. A summary of these actions is listed in the Conclusions section of this meeting report.

2.13 Closing

In his closing remarks, Mr Barrett congratulated participants on the progress that they have made and reminded everyone that pursuit of eye health and UHC is a marathon and not a sprint. Achievement of these goals will require a health systems approach, political and financial commitment from governments, and focus on delivery of service and data collection. Multisectoral engagement and international partnerships are crucial. He thanked representatives from the various NGOs for their support and encouraged Member States to reach out to them and let them know how they can help. He thanked everyone for their active participation and reiterated that WHO country officers are available to support them and their goals.

3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

(1) Universal health coverage for effective and affordable eye care should be considered in the context of the SDGs.

(2) Two of the main challenges in the provision of eye care in the Western Pacific Region are the backlog in cataract surgery and uncorrected refractive error.

(3) More countries in the Region are now including eye care in health insurance coverage, which is a significant achievement.

(4) Lack of human resources is still a challenge for many countries, including the dearth of eye care professionals working in rural or geographically remote areas.

(5) A patient-centred approach is necessary to ensure that the whole patient is treated and not just a discrete condition.

(6) Integration of eye care services into primary health care should be a priority and tailored to each country’s specific needs and capacities.
Data obtained from country questionnaires on national indicators and progress will be incorporated into the midterm review of the Eye Health Action Plan.

During the group work activity, representatives of Member States identified country-specific actions that they intend to undertake at the conclusion of the meeting. These include the following:

**Cambodia** – Plan and organize a workshop summarizing outcomes and recommendations arising from this meeting; promote eye health in remote areas through mass media; and engage the Ministry of Health, National Program on Eye Health (NPEH), partner organizations and ophthalmologic health professionals to conduct a survey on diabetic retinopathy and glaucoma.

**China** – Develop a national policy on low vision and rehabilitation; establish an Eye Health Committee; work with Beijing Tongren Eye Center, International Council of Ophthalmology (ICO) and WHO in developing a standardized training model for eye care professionals; involve ministries of education, finance and human resources to formulate and implement a 5-year plan; increase education and work opportunities for people with visual impairment; and evaluate a no-payment scheme for poor population in line with a poverty reduction strategy.

**Fiji** – Organize a meeting to prioritize Fairfield Emerging Communities Action Partnership (FECAP) plan; conduct an extended RAAB survey with outreach; and explore partnership opportunities with various international agencies.

**Kiribati** – Revise work plan and budget to align with Ministry of Health and Medical Services priorities and that of implementing partners; improve and strengthen the collection of data through the current Health Information Unit; conduct an implementation and monitoring survey; develop in-country upskill training of medical assistants and public health nurses; develop a school screening programme; and develop an eye care programme for outer islands.

**Lao People’s Democratic Republic** – Convene an advocacy meeting to discuss integration of eye care into the health-care system; establish a team including members of the health sector and partner organizations to draft a policy on eye health; develop a country-specific PEN that includes eye care; and extend government subsidy for cataract surgeries to the whole country.

**Malaysia** – Form a National Committee for the Prevention and Control of Blindness and Visual Impairment; review and evaluate eye health data with committee members to determine national policy direction; strengthen cataract services through outreach by community volunteers and NGOs; strengthen diabetic retinopathy screening at the primary care level; and increase detection of refractive error through the School Health Programme.

**Mongolia** – Conduct a national assessment of cataract surgery outcomes; establish a monitoring system; establish low-vision clinics in Ulaanbaatar; provide optometric training with the assistance of the Brien Holden Vision Institute; and work with ministries of health and education in providing paediatric screening for children aged 3–5 years.

**Papua New Guinea** – Endorse the National Eye Plan; fill the position of National Eye Care Coordinator; complete ECSAT and RAAB; plan activities for World Sight Day; increase awareness of eye health issues; and develop a school screening programme in partnership with NGOs, churches and the National Department of Health.
Philippines – Assess and evaluate the 2013–2017 National Prevention of Blindness Program strategic plan and implementation guidelines to ensure alignment with SDGs; conduct the National Survey of Blindness and Eye Disease Study Project; develop a vision screening programme for kindergarten pupils in public schools; plan advocacy activities for eye health to occur every August; and provide vision screening and eyeglasses to the elderly through the Community Eye Health Program for the Elderly.

Solomon Islands – Report to the Ministry of Health on the outcomes of this meeting; complete ECSAT and RAAB; endorse the National Eye Care Corporate Plan 2016–2020; plan health promotion activities for World Sight Day; and work with the Ministry of Education in developing a school screening programme.

Tonga – Organize meeting with eye clinic staff to review plans and discuss completion of ECSAT and RAAB; prioritize a plan to increase human resources and resource management of equipment and supplies; and explore collaboration opportunities with potential partners.

Viet Nam – Submit a summary of the content of this meeting to the Ministry of Health; develop a plan for a workshop on the National Strategy on Prevention of Blindness and Visual Impairment 2016–2020; conduct research on prevalence of all eye diseases; map accessibility to eye care by district and develop guidelines for an organizational model at the district level; develop guidelines for early detection of diabetic retinopathy in provincial hospitals; coordinate with Ministry of Education and Training to establish a screening programme in schools; and advocate for refractive glasses to be covered by health insurance.

3.2 Recommendations

3.2.1 Recommendations for Member States

The meeting participants recommended the following for Member States:

(1) to engage in multisectoral collaboration and partnerships with other ministries, NGOs, international funding agencies and industry in providing affordable, effective and timely eye care;
(2) to explore different financing options and opportunities available with governments, NGOs and businesses;
(3) to include eye health needs when making requests to funding agencies;
(4) to refer to the WHO Model Essential Medicines List for ophthalmic medicines as a basis for procurement and reimbursement decisions;
(5) to complete the WHO ECSAT to determine gaps in eye care service and plan for future needs;
(6) to consider providing incentives for medical professionals to select ophthalmology as a specialty;
(7) to tailor the integration of eye care into primary health care based on individual country needs, capacities and types of eye conditions appropriate for integration;
(8) to evaluate existing health information systems to determine their ability to capture data and to consider using electronic devices or systems to ensure efficient and
secure collection and storage of data; and

(9) to continue planning and implementation of national action plans.

### 3.2.2 Recommendations for WHO

The meeting requested the following of WHO:

(1) to continue supporting Member States in their ongoing implementation of the Eye Health Action Plan, including providing technical assistance and assessment tools as needed;

(2) to further support Member States in advocating eye care as part of universal health coverage, in alignment with the SDGs; and

(3) to encourage and facilitate partnerships between Member States, NGOs and funding agencies to increase accessibility and affordability of eye care services.
ANNEX 1

PROVISIONAL LIST OF PARTICIPANTS, TEMPORARY ADVISERS, RESOURCE PERSONS, OBSERVERS AND SECRETARIAT

1. PARTICIPANTS

Dr CHUKMOL Kossama, Official, Preah Ang Doung Hospital, #34 C Street 358 ToulSvay Prey 2, Chamkarmon, Phnom Penh, Cambodia, Tel. No.: (855) 17966989 E-mail: kossamachukmol@gmail.com

Dr HENG Sotheary, Official, Khmer-Soviet Friendship Hospital, 377 Eo Street, 205 Takhmao, Kandal, Phnom Penh, Cambodia, Tel. No.: (855) 12643143 E-mail: sothearyheng12@gmail.com

Dr YANG Xiaohui, Vice Director, Office of National Committee for Prevention of Blindness, 17 Hou Gou Lane, Chong Nei Street, Beijing 100005, China, Tel. No.: (8610) 58269532, E-mail: iamtrxhy@163.com

Mr ZHU GE, Senior Staff, Policy Office, Department of Healthcare Reform, National Health and Family Planning Commission, Zhi Chun Road, 14 Hai Dian District, Beijing, China, Tel. No.: (8610) 62030867, Fax No.: (8610) 62030867 E-mail: stephenzhuge@126.com

Dr Luisa Cikamatana RAUTO, Consultant/Ophthalmologist, Acting Deputy Secretary Hospital Services, Ministry of Health and Medical Services, P.O. Box 2223, Government Buildings, Suva, Fiji, Tel. No.: (679) 3306177, Fax No.: (679) 3306163, E-mail: lcikamatana@health.gov.fj

Sister Doreen MALA, Senior Sister, Eye Department, Ministry of Health and Medical Services Suva, Fiji, Tel. No.: (679) 8480964, E-mail: doreenmalaf@yahoo.com

Ms Eretii TIMEON, Director, Public Health Services, Ministry of Health, P.O. Box 268 Bikenibeu, Tarawa, Kiribati, Tel. No.: (686) 28100, Fax No.: (686) 28152 E-mail: eretii1979@gmail.com

Dr Rabebe TEKERAOI, Head of Ophthalmology, Eye Department, Tungaru Central Hospital P.O. Box 268, Bikenibeu, Tarawa, Kiribati, Tel. No.: (686) 73059040 E-mail: rtekeraoi@gmail.com

Dr Phisith PHOUTSAVATH, Deputy Director of Healthcare Department, Department of Health Care, Ministry of Health, Vientiane Capital, Vientiane, Lao People's Democratic Republic Tel. No.: (856) 20 99966198, Fax No.: (856) 21 217848, E-mail: psavath@gmail.com

Dr Siphetthavong SISALEUMSAK, Deputy Director of National Ophthalmology Center Ministry of Health, Vientiane Capital, Vientiane, Lao People's Democratic Republic Tel. No.: (856) 20 55904039, Fax No.: (856) 21 620476, E-mail: ssiphetthavong@yahoo.com

Dr Noridah Mohd SALEH, Chief Senior Assistant Director, Primary Care Section Family Health Development Division, Level 5, Block E6, Ministry of Health, Parcel E, 62590 Putrajaya, Malaysia, Tel. No.: (603) 88832168/6019 2349556, Fax No: (603) 88832210 E-mail: noridah@moh.gov.my
Annex 1

Dr Mohamad Aziz Salowi, Public Health Ophthalmologist, Ministry of Health
Selayang Hospital, Lebuhraya Kepong-Selayang 68100, Batu Caves, Selangor, Malaysia
Tel. No.: (603) 61263333/6019 8186214, Fax No.: (603) 61371652
E-mail: mohamadazizsalowi@gmail.com

Dr Oyunchimeg Maamkhuu, Officer, Department of Medical Care Service
Ministry of Health, Government Building VIII, Olympic Street-2, Sukhbaatar District
Ulaanbaatar 14210, Mongolia, Tel. No.: (976) 99167777/ (976) 51 263846
E-mail: em_tugsoyun@yahoo.com

Dr Bulgan Tuvaan, Chief of Ophthalmology, Chair of Board of Ophthalmology
Ministry of Health, POB 119, Central post-15160, Ulaanbaatar, Mongolia
Tel. No.: (976) 99857870, E-mail: t_bulgan@hotmail.com

Dr Simon Me lengas, Chief Ophthalmologist, National Department of Health
P.O. Box 807, Waigani, Papua New Guinea, Tel. No.: (675) 3248200, Fax No.: (675) 3250342
E-mail: melengassimon@gmail.com

Dr Maria Rosario Sylvia Z. Uy, Medical Officer IV, Essential Non-Communicable Disease
Division, Disease Prevention and Control Bureau, Department of Health, 3rd floor, Building 14
DOH Central Office, San Lazaro Compound, Sta Cruz, Manila, Philippines
Tel. No.: (632) 7322493, Fax No.: (632) 7322493, E-mail: herbRoss@yahoo.com

Dr Marillete Falagne, Medical Officer IV, Department of Health, 3rd floor, Building 14,
DOH Central Office, San Lazaro Compound, Sta Cruz, Manila, Philippines
Tel. No.: (63) 9321419765, E-mail: leng-falagne@yahoo.com

Mr Kelvin Ray Jack, National Eye Coordinator, Eye Division, Ministry of Health and
Medical Services (MHMS), P.O. Box 349, Honiara, Solomon Islands
Tel. No.: (677) 20610/7500313, E-mail: kelvinkeloga@gmail.com; KJack@eyesolomons.org

Dr Nola Pikacha, Consultant Ophthalmologist, Public Service, Solomon Islands
Government, P.O. Box R 63, Ranadi, Honiara, Solomon Islands, Tel. No.: (677) 7476721
Fax No.: (677) 24243, E-mail: gilaguana@gmail.com

Mrs Mele Latainui'ui Vuki, Eye Care Practitioner, Ministry of Health
P.O. Box 59, Vaialoa Hospital, Nuku'alofa, Tonga, Tel. No.: (676) 23010
Fax No.: (676) 24291, E-mail: mele.vuki@gmail.com

Dr Cung Hong Son, Vice Director, National Institute of Ophthalmology, Centre of Training
and Community Direction, 85 Ba Trieu Street, Ha Noi, Viet Nam, Tel. No.: (844) 913514588
Fax No.: (844) 39438004, E-mail: cunglongson@yahoo.com

Dr Vu Thi Mai Anh, Vice Head of Sociology Medicine Department, Health Strategy and
Policy Institute, A36 Alley, Ho Tung Mau Street, Mai Dich Ward, Cau Giay District
Ha Noi, Viet Nam, Tel. No.: (84) 38463801/912259288, E-mail: vumaianh@hspi.org.vn
2. TEMPORARY ADVISERS

Dr Andreas MUELLER, Deputy Director, WHO Collaborating Centre for Prevention of Blindness Centre for Eye Research Australia (CERA), Level 1, 32 Gisborne Street, East Melbourne Victoria 3002, Australia, Tel. No.: (61) 422636455, E-mail: amueller@unimelb.edu.au

Dr Mohamed DIRANI, Head, Evaluative Research and Health Services Principal Investigator National Eye Health Survey, Centre for Eye Research Australia (CERA), Level 1 32 Gisborne Street, East Melbourne, Victoria 3002, Australia, Tel. No.: (61) 413257797 E-mail: dirani@unimelb.edu.au

Dr Stuart KEEL, Post-doctoral Research Fellow, Centre for Eye Research Australia (CERA) University of Melbourne, Level 6, 75 Commercial Road, East Melbourne, Victoria, Australia Tel. No.: (61) 400597884, E-mail: stuart.keel@unimelb.edu.au

3. RESOURCE PERSONS

The Hon. Mr Bob MCMULLAN, President and Chairman, International Agency for the Prevention of Blindness (IAPB), London School of Hygiene and Tropical Medicine Keppel Street London WC1E7HT, United Kingdom, E-mail: c/o a.davis@brienholdenvision.org

Ms Jennifer GERSBECK, Director, Global Partnerships and Advocacy, The Fred Hollows Foundation, 52 Barry Street, Carlton Victoria 3053, Australia, Tel. No.: (613) 83308183 E-mail: jgersbeck@hollows.org

4. OBSERVERS

Ms Mitasha YU, Regional Director, Asia-Pacific, Brien Holden Vision Institute , Level 4, North Wing, RMB, Gate 14, Barker Street, University of New South Wales, Sydney NSW 2052 Australia, Tel. No.: (612) 9385 7481, E-mail: M.Yu@brienholdenvision.org

Mr Brandon AH TONG, Global Lead – Advocacy, The Fred Hollows Foundation 52 Barry Street, Carlton, Victoria 3053, Australia, Tel. No.: (613) 83308181 E-mail: bahtong@hollows.org

Dr Noela PRASAD, Medical Officer, The Fred Hollows Foundation, 52 Barry Street, Carlton Victoria 3053, Australia, E-mail: nprasad@hollows.org

Dr Sangchul YOON, Director, Center for Global Health and Innovation, National Medical Center, Professor, Preventive Ophthalmology, Yonsei University College of Medicine Department of Ophthalmology, #340 Ludlow Faculty Bldg., 50-1 Yonsei-ro, Seodaemun-gu Seoul, 03722, Republic of Korea, Tel. No.: (822) 2228 3584, Fax No.: (822) 312 0541 E-mail: littleluke22@gmail.com

Mr Holden Yoon Seung KIM, Co-founder and Chief Planning Officer, Project Blindness Zero Movement (BOM) affiliated with Severance Hospital, Yonsei University College of Medicine 50-1 Yonsei-ro, Seodaemun-gu, Seoul, 03722, Republic of Korea, E-mail: stoneflymd@gmail.com
Annex 1

4. SECRETARIAT

Dr Susan MERCADO, Director, Division of NCD and Health through the Life-Course
WHO Regional Office for the Western Pacific, P.O. Box 2932, 1000 Manila, Philippines
Tel. No.: (632) 528 9980, Fax No.: (632) 521 1036, E-mail: mercados@who.int

Dr Vivian LIN, Director, Division of Health Systems, WHO Regional Office for the Western
Pacific, P.O. Box 2932, 1000 Manila, Philippines, Tel. No.: (632) 528 9951
Fax No.: (632) 521 1036, E-mail: linv@who.int

Mr Darryl BARRETT, Technical Lead (Responsible Officer), Disabilities and Rehabilitation
WHO Regional Office for the Western Pacific, P.O. Box 2932, 1000 Manila, Philippines
Tel. No.: (632) 528 9865, Fax No.: (632) 521 1036, E-mail: dbarrett@who.int

Ms Anjana BHUSHAN, Acting Coordinator, Integrated Service Delivery, Division of Health
Systems, WHO Regional Office for the Western Pacific, P.O. Box 2932, 1000 Manila,
Philippines, Tel. No.: (632) 528 9814, Fax No.: (632) 521 1036, E-mail: bhushana@who.int

Ms Minjoo KWAK, Programme Management Officer, Division of NCD and Health through the
Life-Course, WHO Regional Office for the Western Pacific
P.O. Box 2932, 1000 Manila, Philippines, Tel. No.: (632) 528 9897, Fax No.: (632) 521 1036,
E-mail: kwakm@who.int

Mr Thierry CORDIER-LASSALLE, Technical Officer, Logistics, Emergency Operations
Centre, WHO Regional Office for the Western Pacific, P.O. Box 2932
1000 Manila, Philippines, Tel. No.: (632) 528 8001, Fax No.: (632) 521 1036
E-mail: cordierlassallet@who.int

Dr Ivo KOCUR, Medical Officer, Prevention of Blindness and Deafness
World Health Organization, Avenue Appia 20, 1211 Geneva 27, Switzerland
Tel. No.: (4122) 791 1435, Fax No.: (4122) 791 3111, E-mail: kocuri@who.int
PROGRAMME OF ACTIVITIES

Day 1: Tuesday, 25 April 2017

08:00 – 09:00  Registration

09:00 – 09:10  (1) Opening ceremony

Welcome remarks  Mr Darryl Barrett
Technical Lead, Disabilities and Rehabilitation, WHO WPRO

09:10 – 09:25  Opening address

Universal Health Coverage and public health issues related to the sustainable development goals Dr Vivian Lin
Director, Division of Health Systems, WHO WPRO

09:25 – 09:40  (2) Global and regional eye health action plans

Increasing access to universal eye health through the health system approach Dr Ivo Kocur
Prevention of Blindness and Deafness, WHO HQ

09:40 – 10:15  (3) Overview of meeting objectives

Self-introduction of participants Mr Darryl Barrett

10:15 – 10:35  Mobility break

10:35 – 11:30  (4) Using the health system approach in improving access to eye care

Experience from Viet Nam Country participant
Experience from Malaysia Country participant
Experience from Mongolia Country participant

Discussion: Challenges and opportunities for increasing access to eye care in the framework of health system and universal health coverage Moderator: Ms A. Bhushan

11:30 – 12:00  (5) Reflections from international partners and their activities in the region

The Honourable Mr Bob McMullan
President and Chairman International Agency for the Prevention of Blindness (IAPB)
Annex 2

Discussion

Moderator: 
Ms Jennifer Gersbeck
Director of Global Partnerships and Advocacy
The Fred Hollows Foundation

12:00 – 13:30  Lunch break

13:30 – 14:30  (6) Improving access to essential medicines and health technology

Mr Thierry Cordier-Lassalle
Technical Officer, Logistics
Emergency Operations Centre
WHO WPRO

Participating country representatives to share their experiences

Moderator:
Mr T. Cordier-Lasalle

14:30 – 15:00  Group work: Patient journey – identifying key prerequisites, opportunities and barriers for eye care provision

Facilitators:
Mr D. Barrett
Dr I. Kocur
Dr A. Mueller

15:00 – 15:20  Mobility break

15:20 – 16:45  Group reports, summary of observations, discussion

Moderator: Mr D. Barrett

16:45 – 17:00  Summary and wrap-up of Day 1

Meeting participants

17:00 – 18:00  Reception (Lower conference lounge)

Day 2: Wednesday, 26 April 2017

09:00 – 09:15  Recap of Day 1

Meeting participants

09:15 – 10:10  (7) Financing of eye care services

Dr Andreas Mueller
Deputy Director
WHO Collaborating Centre for Prevention of Blindness
Centre for Eye Research Australia

Summary of the WHO/WPRO expert consultation

Experience from China
Experience from the Philippines

Country participant
Country participant

Discussion:
Challenges and opportunities in making eye care affordable

Moderator: Dr A. Mueller

10:10 – 10:30  Mobility break
### Day 2: Wednesday, 26 April 2017

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:30 – 12:00</td>
<td><strong>(8) Development of human resources for eye care – challenges and opportunities</strong></td>
<td>Dr. I. Kocur</td>
</tr>
<tr>
<td></td>
<td>Experience from Papua New Guinea</td>
<td>Representative from PNG</td>
</tr>
<tr>
<td></td>
<td>Experience from Fiji</td>
<td>Representative from Fiji</td>
</tr>
<tr>
<td></td>
<td>Experience from Tonga</td>
<td>Representative from Tonga</td>
</tr>
<tr>
<td></td>
<td>Discussion: Achievement, barriers and opportunities for strengthening human resource development, coverage and retention in the region</td>
<td>Moderator: Dr. I. Kocur</td>
</tr>
<tr>
<td>12:00 – 13:30</td>
<td><em>Lunch break</em></td>
<td></td>
</tr>
<tr>
<td>13:30 – 15:00</td>
<td>Patient centred care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Integration of eye care into primary health care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Early detection – provision of comprehensive eye care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Integration of eye care into noncommunicable disease prevention and treatment programmes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Achievements and opportunities for strengthening patient centred care in countries</td>
<td>Moderator: Dr. A. Mueller</td>
</tr>
<tr>
<td>15:00 – 15:30</td>
<td><em>Mobility break</em></td>
<td></td>
</tr>
<tr>
<td>15:30 – 16:45</td>
<td><strong>(9) Data collection and assessment of eye care services</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dr. A. Mueller</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dr Mohamed Dirani</td>
<td>Centre for Eye Research Australia</td>
</tr>
<tr>
<td></td>
<td>Mr Brandon Ah Tong</td>
<td>Fred Hollows Foundation</td>
</tr>
<tr>
<td></td>
<td>Discussion</td>
<td>Moderator: Dr. I. Kocur</td>
</tr>
<tr>
<td>16:45 – 17:00</td>
<td>Summary and wrap-up of Day 2</td>
<td>Meeting participants</td>
</tr>
</tbody>
</table>

### Day 3: Thursday, 27 April 2017

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:00 – 09:10</td>
<td>Recap of Day 2</td>
<td>Meeting participants</td>
</tr>
<tr>
<td>09:10 – 09:30</td>
<td><strong>(10) Overview of the midterm review of the Regional Action Plan</strong></td>
<td>Dr. Stuart Keel</td>
</tr>
<tr>
<td>09:30 – 10:30</td>
<td>Group work: Developing country-specific actions</td>
<td>Facilitators: Mr. D. Barrett, Dr. I. Kocur, Dr. A. Mueller</td>
</tr>
<tr>
<td>10:30 – 10:50</td>
<td><em>Mobility break</em></td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>Session Description</td>
<td>Moderator/Leader</td>
</tr>
<tr>
<td>----------</td>
<td>--------------------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>10:50 – 11:50</td>
<td>(11) Country-specific actions and next steps</td>
<td>Mr D. Barrett, Dr I. Kocur</td>
</tr>
<tr>
<td>11:50 – 12:00</td>
<td>Wrap-up</td>
<td>Mr D. Barrett</td>
</tr>
<tr>
<td>12:00 – 12:15</td>
<td>(12) Closing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Closing remarks</td>
<td></td>
</tr>
<tr>
<td>12:15 – 14:00</td>
<td>Lunch</td>
<td></td>
</tr>
</tbody>
</table>
### COUNTRY-SPECIFIC ACTION PLANS

#### Cambodia

<table>
<thead>
<tr>
<th>Actions</th>
<th>Stakeholder(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan workshop – draft agenda; who will join the workshop (MOE and MOF)</td>
<td>NPEH, MOE, partner NGOs, representative from health centre/provincial hospitals that have eye unit</td>
</tr>
<tr>
<td>Promote eye unit in our remote area (5 provinces that have only NFEU) – develop a story about eye care problem; marketing material (TV, radio, banner, social media)</td>
<td>NPEH, partner NGOs, regional health staff</td>
</tr>
<tr>
<td>Draft proposal to conduct survey on DR and glaucoma</td>
<td>NPEH</td>
</tr>
<tr>
<td>Conduct workshop – summary of WHO meeting; action plan of Eye Health and Group Discussion; follow-up on the workshop</td>
<td>NPEH, MO, NGO (FHF, ECF, SevaF, Brien Holden), representative from health centre, provincial hospitals that have eye unit (6 months; follow-up in 1 year)</td>
</tr>
<tr>
<td>Broadcast story in remote area through radio a whole month for each province</td>
<td>NPEH, NGO partnership, regional health staff (6 months)</td>
</tr>
<tr>
<td>Meeting between NPEH, MOH, partners and group of ophthalmologists and ophthalmologic nurses; conduct survey about DR and glaucoma</td>
<td>NPEH, MOH, partners, ophthalmologists, ophthalmologic nurses, general medicine and endocrinology (18 months)</td>
</tr>
</tbody>
</table>

#### China

<table>
<thead>
<tr>
<th>Actions</th>
<th>Stakeholder(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Typical areas, 9 provinces, Beijing, Handan, of visual impairment</td>
<td>NPFPC, TR (1 year)</td>
</tr>
<tr>
<td>Provide comprehensive eye care services for low vision, rehabilitation</td>
<td>NHFPC, DPF (1 year)</td>
</tr>
<tr>
<td>Eye Health Day, World Sight Day – advertise in media (TV, mass media, Internet) to raise community awareness of prevention (face, hand washing; diabetes prevention)</td>
<td>NHFPC (all through the year)</td>
</tr>
<tr>
<td>Eye health 5-year plan – develop national policy on low vision and rehabilitation</td>
<td>NHFPC (1 year)</td>
</tr>
<tr>
<td>Establish eye health committee</td>
<td>NHFPC (1 year)</td>
</tr>
<tr>
<td>Undertake HR eye care</td>
<td>NHFPC (1 year)</td>
</tr>
<tr>
<td>Provide standardized training model for professionals</td>
<td>Tongren, ICO, WHO</td>
</tr>
<tr>
<td>Build report system for cataract surgical services availability and quality</td>
<td></td>
</tr>
<tr>
<td>GP health records, including eye care indicators – health information system</td>
<td></td>
</tr>
<tr>
<td>Involve ministry of education, finance, HRSS to formulate/implement policy, 5-year plan, advertising, and report to State Council</td>
<td></td>
</tr>
<tr>
<td>Giving people with visual impairment access to education opportunity and work</td>
<td></td>
</tr>
<tr>
<td>Poverty-reduction strategy and evaluation of no payment for poor population</td>
<td></td>
</tr>
</tbody>
</table>
## Fiji

<table>
<thead>
<tr>
<th>Actions</th>
<th>Stakeholder(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting of ophthalmologic CSN – prioritise FECAP 2016–2020; develop operation plan</td>
<td>MOHMS (19–21 May 2017)</td>
</tr>
<tr>
<td>Extended RAAB survey with outreach</td>
<td>WHO, MOHMS (2018 [1 year])</td>
</tr>
<tr>
<td>Monitoring and evaluation of operation plan</td>
<td>MOHMS (mid-term and annual)</td>
</tr>
<tr>
<td>Bilateral discussions and exploring opportunities for support – E/RAAB, plans</td>
<td>MOHMS, DFAT, UNDP, WB, ADB (2017–2019)</td>
</tr>
</tbody>
</table>

## Kiribati

<table>
<thead>
<tr>
<th>Actions</th>
<th>Stakeholder(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revise work plan for eye health care – in line with MHMS priorities</td>
<td>WHO, GoK</td>
</tr>
<tr>
<td>Revise budget – aligning with implementing partners</td>
<td>WHO, GoK</td>
</tr>
<tr>
<td>Data collection – incorporating into current HIU [central data collection]; improve and strengthen</td>
<td>WHO, GoK, Fred Hollows</td>
</tr>
<tr>
<td>Survey – implementation and monitoring survey</td>
<td>WHO, GoK, Fred Hollows</td>
</tr>
<tr>
<td>In-country training of MAs/PHNs – upskill training; linking to DPNOs for monitoring and evaluation</td>
<td>WHO, GoK (end of July 2017)</td>
</tr>
<tr>
<td>RAAB – needed; to completed eye care assessment tool</td>
<td>(before end of 2017)</td>
</tr>
<tr>
<td>Human resource training for 2 ophthalmologists, 16 allied ophthalmologic personnel (nurses or eye), volunteers</td>
<td>(over 5 years)</td>
</tr>
<tr>
<td>Medical supplies – consumables and equipment (portable camera, microscope)</td>
<td>GoK (within 1 year)</td>
</tr>
<tr>
<td>Eye Clinic Building – 100,000 AUD budget; 20,000 FHFNZ; 80,000 outstanding - still seeking this amount</td>
<td>(within 1 year)</td>
</tr>
<tr>
<td>School visit screening</td>
<td>Ministry of Education, GoK</td>
</tr>
<tr>
<td>Eye care programme in outer islands</td>
<td>Ministry of Internal Affairs</td>
</tr>
<tr>
<td>DR programme; M+C+H</td>
<td>MFAT, DFAT</td>
</tr>
<tr>
<td>Glasses workshop</td>
<td>Potentially GoK or Other</td>
</tr>
</tbody>
</table>

## Lao People’s Democratic Republic

<table>
<thead>
<tr>
<th>Actions</th>
<th>Stakeholder(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy meeting to summarize this workshop – how to integrate eye care into health care system</td>
<td>MOH/DHC/DOF/DOP, NOC, partnerships, eye unit general hospital in VT</td>
</tr>
<tr>
<td>Initiate draft policy of eye care – set up team members for eye health policy drafting</td>
<td>NOC, health sector around MOH, WHO, CMM, ECF, FHF, etc., eye unit</td>
</tr>
<tr>
<td>Integrate eye care into PHC on multisectoral action by developing Lao PEN including eye care</td>
<td>Non-health/MOE/MDA/mass organization, Lao National Front Union, NCD/Lao PEN/Eye care</td>
</tr>
<tr>
<td>Expend government subsidized fee for cataract surgeries from 10 provinces to all country</td>
<td>All partnerships (1 year)</td>
</tr>
<tr>
<td>Government approve UHC eye care into eye health policy</td>
<td>All partnerships have a contribution (2 years)</td>
</tr>
<tr>
<td>National and local committees for eye health working together with MSA/eye care</td>
<td>All (&gt; 2 years)</td>
</tr>
</tbody>
</table>
### Malaysia

<table>
<thead>
<tr>
<th>Actions</th>
<th>Stakeholder(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form a National Committee for the Prevention and Control of Blindness and Visual Impairment – TOR (tech guidance formulation of policies; monitoring and evaluation programme; make recommendation to relevant ministries; review progress at regular intervals)</td>
<td>MOH (Chair: Deputy Director General (PH)), Dis. Control/NCD/MCH, ophthalmology, optometry, FMS, professional bodies, NGOs rep.</td>
</tr>
<tr>
<td>Share input of the Regional Action Plan meeting with committee members for national policy direction</td>
<td>Same as above</td>
</tr>
<tr>
<td>Review and evaluate data (cataract/DR/ref. error) collected by various sections and create access for users</td>
<td>Hospital divisions and Fam. Health Dev. Division</td>
</tr>
<tr>
<td>Strengthen cataract services including outreach via community empowerment</td>
<td>KKIM, existing community volunteers, NGO (bank, Rotary Club) (2017–2018)</td>
</tr>
<tr>
<td>Strengthen the screening process of DR as primary care – using CPG and increased adherence (annual eye check-up), audit process</td>
<td>NGO volunteers, MOH (2017–2018)</td>
</tr>
<tr>
<td>Increased detection of RE – school health/kindergarten</td>
<td>School Health Programme, NGO/bank to donate spectacles (2017–2018)</td>
</tr>
<tr>
<td>Engagement with NGO (Rotary Club), local Community Volunteers Group for health promotion and awareness</td>
<td>MOH, Fam. Health Dev. Division, NCD Section (2017–2018)</td>
</tr>
</tbody>
</table>

### Mongolia

<table>
<thead>
<tr>
<th>Actions</th>
<th>Stakeholder(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>National assessment of cataract surgery outcomes</td>
<td>WHO, MOH, DBO (2 years)</td>
</tr>
<tr>
<td>Monitoring system</td>
<td>WHO, MOH, DBO (2 years)</td>
</tr>
<tr>
<td>Finalize guidelines</td>
<td>MOH, ICO, Prof board (6/12 month)</td>
</tr>
<tr>
<td>Establish LV clinics – UB</td>
<td>WHO (12/12 months)</td>
</tr>
<tr>
<td>Optometric training</td>
<td>BHVI (≥ 2 years)</td>
</tr>
<tr>
<td>Pediatric screening age 3–5</td>
<td>MOH, MOE (6/12 months)</td>
</tr>
</tbody>
</table>

### Papua New Guinea

<table>
<thead>
<tr>
<th>Actions</th>
<th>Stakeholder(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete mid-term review questionnaire</td>
<td>Ministry/NGOs</td>
</tr>
<tr>
<td>Endorsement of National Eye Plan</td>
<td>Ministry</td>
</tr>
<tr>
<td>Position of National Eye Care Coordinator</td>
<td>Ministry</td>
</tr>
<tr>
<td>Equipment and essential eye medicines</td>
<td>Ministry, NGOs, hospital, corporate sector</td>
</tr>
<tr>
<td>Surgical outreaches – cataracts</td>
<td>Ministry, NGOs</td>
</tr>
<tr>
<td>Assessment of eye services profile – completed (ECSAT)</td>
<td>WHO, Ministry (completed)</td>
</tr>
<tr>
<td>RAAB (whole country)</td>
<td>BHVI, FHF (Australia), Ministry (completed in April)</td>
</tr>
<tr>
<td>National Eye Plan 2016–2019 (awaiting endorsement)</td>
<td>NGOs, NBPL (awaiting endorsement)</td>
</tr>
<tr>
<td>World Sight Day</td>
<td>Partners, Ministry (ongoing)</td>
</tr>
<tr>
<td><strong>Awareness</strong></td>
<td>Education Ministry (ongoing)</td>
</tr>
<tr>
<td>--------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td><strong>School screening</strong></td>
<td>NGOs, churches, Ministry (ongoing)</td>
</tr>
</tbody>
</table>

### Philippines

<table>
<thead>
<tr>
<th><strong>Actions</strong></th>
<th><strong>Stakeholder(s)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation and review of AO 2013–0010 (implementation guidelines of PBP) – review of the AO if aligned with SDGs and PHA (inputs from the regional meeting)</td>
<td>PAO, PHIC, NGSP, HPDPB, selected DOH regional coordinators, hospital staff (eye care), UP-PERI, DepEd, Optometry Group (June 8)</td>
</tr>
<tr>
<td>Final review of Unified Disease Registry System (UDRS) – following inputs from implementers last April 18–19, 2017; for implementation second half of the year</td>
<td>ENCODO, KMITS, EB (May)</td>
</tr>
<tr>
<td>Philippines National Survey of Blindness &amp; Eye Disease Study Project (preliminary report August 2017) – UDRS</td>
<td>UP NIH PERI (researcher), DOH regional coordinators, hospital staff/encoders, KMITS, EB, DDO (to start July 2017 – revised form)</td>
</tr>
<tr>
<td>Revision of AO 2013–0010</td>
<td>PAO, PHIC, NCSP, HPDPB, selected DOH regional coordinators, hospital staff, UP-PERI, DepEd, Optometry Group (August – September 2017)</td>
</tr>
<tr>
<td>Strategic Planning for PBP 2018–2022</td>
<td>Regional coordinators, NCSP, Cataract Foundation of the Philippines, PPP, LGUs, TAP, DOH Central Office (August – September 2017)</td>
</tr>
<tr>
<td>Vision screening program for kindergarten pupils in public schools</td>
<td>DepEd, UP-PERI, PHIC, Optometry Group, LGUs, DSWD, DOH (January – December 2017; June 2018 implementation)</td>
</tr>
<tr>
<td>Advocacy for eye health every August (Walk for Sight; wreath laying at Rizal Monument; ASSM Forum)</td>
<td>DOH CO, RIVA-B, RIII; PAO, training hospitals, industry; all member organizations of NCSP (CFP, PPP, FHF, Lions, DepEd, etc.); DOH, PHIC, DSWD, Optometry Group (annual; first week of August)</td>
</tr>
<tr>
<td>Community Eye Health Program for the Elderly (vision screening and provision of eyeglasses)</td>
<td>DOH, PHIC, DSWD, Optometry Group (January – December 2017)</td>
</tr>
</tbody>
</table>

### Solomon Islands

<table>
<thead>
<tr>
<th><strong>Actions</strong></th>
<th><strong>Stakeholder(s)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Fill in mid-term review questionnaire</td>
<td>WHO/SIG</td>
</tr>
<tr>
<td>Fill in or do eye care service assessment tool</td>
<td>WHO/SIG</td>
</tr>
<tr>
<td>Report to HOD/MOH about this meeting</td>
<td>SIG/MOH/FHF</td>
</tr>
<tr>
<td>Conduct a RAAB; develop HIS (REC)</td>
<td>SIG, DFAT, FHFNZ, WHO, IAPB (3 Qrt 2017; in progress)</td>
</tr>
<tr>
<td>HR – ophthalmologist, allied ophthalmic personnel</td>
<td>SIG, FHFNZ (ongoing)</td>
</tr>
<tr>
<td>Service provision – spectacle workshop manager</td>
<td>SIG (in progress)</td>
</tr>
<tr>
<td>Endorse SI National Eye Care Corporate Plan</td>
<td>SIG, MOH (in progress)</td>
</tr>
<tr>
<td>2016–2020</td>
<td></td>
</tr>
<tr>
<td>-----------</td>
<td></td>
</tr>
<tr>
<td>NCD – clinical/policy</td>
<td>SIG, MOH (ongoing/2019)</td>
</tr>
<tr>
<td>HP – IEC, WSD</td>
<td>DFAT (ongoing)</td>
</tr>
<tr>
<td>WASH/environmental health</td>
<td>World Vision</td>
</tr>
<tr>
<td>Ministry of Education – school screening; curriculum</td>
<td>MFAT (in progress)</td>
</tr>
</tbody>
</table>

### Tonga

<table>
<thead>
<tr>
<th><strong>Actions</strong></th>
<th><strong>Stakeholder(s)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting with eye clinic staff – review plans, discuss ECSAT and RAAB</td>
<td>MOH, VAIOLA Hospital, Skype with Dr Luisa (May 2017)</td>
</tr>
<tr>
<td>RAAB Survey coordination of outreach WSD</td>
<td>WHO, MOH (2017, annual activity)</td>
</tr>
<tr>
<td>Prioritise plan – HR development plan, equipment and supplies</td>
<td>MOHMS, WHO, partners (2017–2019)</td>
</tr>
<tr>
<td>Discussions with potential partners</td>
<td>SPC, MOH (2017–2019)</td>
</tr>
</tbody>
</table>

### Viet Nam

<table>
<thead>
<tr>
<th><strong>Actions</strong></th>
<th><strong>Stakeholder(s)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Summarize the content of the workshop and send it to MOH</td>
<td>Administration of examination and treatment management (MOH) (1 week)</td>
</tr>
<tr>
<td>Develop a plan for a dissemination workshop on the National Strategy on Prevention of Blindness and Visual Impairment for period 2016–2020 (just approved at the end of 2016)</td>
<td>WHO, NGOs (ORBIS, FHF) (1 year)</td>
</tr>
<tr>
<td>Mapping the accessibility to eye care by district</td>
<td>Government, NGOs</td>
</tr>
<tr>
<td>Conduct research on prevalence of all eye diseases (pilot provinces)</td>
<td>NGOs, provincial government, eye care units of provincial hospitals (1–2 years)</td>
</tr>
<tr>
<td>Develop guidelines for organizational model and eye care at district level</td>
<td>WHO, NGOs (ORBIS, FHF) (1 year)</td>
</tr>
<tr>
<td>Develop guidelines for early detection of diabetic retinopathy in provincial hospitals</td>
<td>WHO, NGOs (ORBIS, FHF) (1–2 years)</td>
</tr>
<tr>
<td>Advocate for refractive glasses covered by health insurance</td>
<td>NGOs (2 years)</td>
</tr>
<tr>
<td>Coordinate with MOET in developing refractive error screening in schools</td>
<td>NGOs (1 year)</td>
</tr>
</tbody>
</table>