STATEMENT BY THE INTERNATIONAL AGENCY FOR THE PREVENTION OF BLINDNESS

By Dr Richard Le Mesurier, Regional Chair, Western Pacific Region

The International Agency for the Prevention of Blindness (IAPB) is the peak umbrella body for organisations working in eye health. We have been working closely with WHO, Member States and NGOs on the global initiative, VISION 2020: The Right to Sight, and more recently on the global and regional action plans: Towards Universal Eye Health.

The Regional Action Plan (to be discussed today) and the Global Action Plan for Universal Eye Health represent the culmination of much hard work by the WHO Secretariat, by Member States and by IAPB and its members. We are grateful to strong support from China, Australia and Papua New Guinea, to name just three Member States that provided consistent support. Staff at the Regional Office have also been very supportive.

In particular I would like to highlight:

1. Resource and support for implementation
   The Global Action Plan and Regional Action Plan provide an excellent blueprint for blindness prevention in the lead-up to 2020. However, more funds will be required to ensure these plans are implanted. NGOs and donors are prepared to assist, but Governments must take a lead and increase budget allocations. Many Western Pacific Member States have already increased their investments in eye health and ensured eye health is included in recent health reform initiatives and insurance programs. This is welcome, but there is much more to be done.

2. Eye health is extremely cost effective.
   Research by the global accounting firm, PriceWaterhouseCoopers or PwC found that every dollar invested to target avoidable blindness and visual impairment, generated four dollars of economic benefits. A piece in a recent edition of the journal ‘Ophthalmology’ found that timely cataract surgery resulting in enhanced vision was associated with a 40% reduction in mortality risk, compared with no surgery. The association was independent of variables such as number of medications and comorbid conditions.

3. Focus on equity and inclusion
   Recent estimates from the Global Burden of Disease highlight stark gender disparities.
In East, South-East Asia and the Oceania, more women than men are visually impaired and the relative sex disparity for blindness in adults is 1.4. This means that likely many health services, in eye health we need to identify barriers to access and design programs that are gender sensitive. Disability inclusion should also be a priority area for improvement in service delivery and ensuring low vision aids, services and rehabilitation are also accessible for those whose weight sight cannot be restored.

4. The importance of data collection, reporting and monitoring
The Global Action Plan contains a realistic and achievable target and, for the first time, three national indicators to track our progress. Critically, Member States need to improve data collection systems and report against the national indicators.

5. Examine workforce needs, and forecast for changing disease trends
In countries such as China, the Philippines, Australia and Viet Nam, specialists tend to concentrate in urban areas, creating access issues for the rural poor. Some countries have launched incentive schemes, with mixed success. As we move beyond cataract control to the management of more complex conditions and non-communicable disease, many countries need to invest in the expansion training and quality systems for sub-specialties in ophthalmology and optometry.

6. Integrate eye care at every level of the health system, and build new partnerships
Health Ministers should lead responses to blindness and visual impairment, but also engage other sectors. Actions outside the health sector can positively influence behaviours and improve health outcomes. Last year IAPB worked with health ministers in Fiji, Kiribati and the Solomon Islands to map the prevalence of trachoma and found that those countries required implementation of a SAFE (surgery, mass distribution of antibiotics, face washing and environmental upgrades) strategy to eliminate trachoma.

7. Improve financing mechanisms to expand coverage and reduce out-of-pocket expenditure on health
IAPB and its members are fully committed to the goal of universal health coverage. We have long recognised that poor health is a major driver of poverty, and believe that all people should be able to obtain essential health services without financial hardship. Free or subsidised treatments, as well as sustainable, pooled insurance schemes, are key to achieving universal coverage and preventing blindness.

8. Screening for diabetic eye diseases and intervening early are fundamental for effective treatment
Managing diabetes will be an enormous challenge for many Pacific Island countries, and for middle-income nations in Asia. Again, there are clear benefits in tackling these problems through partnerships, clarifying referral pathways and using existing primary health care mechanisms.

9. Collaborations to prevent blindness will have the greatest impact
We have learnt valuable lessons – we know that NGOs and national programs that work in isolated silos have only a limited impact. That’s why the GAP speaks so strongly about integration, and why NGOs have shifted their approach; supporting health ministries to coordinate strong national programs. Committees and national plans for the prevention of blindness feature prominently in the GAP and the RAP and are critical to ensuring a coordinated and inclusive response to blindness prevention.