12. Integrated, people-centred eye care, including preventable blindness and impaired vision

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In focus

In EB146/1 (annotated) the Secretariat advises that EB146/13 outlines the rationale for action to integrate the delivery of people-centred eye care services into the health system, to reduce inequities to access these services, and to enable health systems to respond to the projected increase in eye conditions.

The report draws on the 2019 WHO World report on vision. The Board is invited to note the report and provide guidance, for instance on the next steps to accelerate the implementation of integrated people-centred eye care.

Note the decision of the Officers of the Board to accept for addition to the provisional agenda of the 146th session of the Board the item on Preventable blindness and impaired vision/vision for all, proposed by the Government of Indonesia, and the item on Integrated people-centred eye care – proposed by the Governments of Australia, Austria, Burkina Faso, Indonesia supported by the Member States of the South-East Asia Region, Mexico, Pakistan, Singapore and Tonga – merging them in a single standalone item.

Background

See Tracker links to earlier discussions of vision and eye care and previous resolutions.

PHM Comment

The 2019 WHO World report on vision (on which EB146/13 is based) is a useful and constructive document although shaky in some important respects.

The report provides an overview of the epidemiology of impaired vision globally and the principal modalities of prevention, treatment and rehabilitation and develops a case for 'integrated patient-centred eye care' or IPEC. IPEC is to be achieved through four strategies: (i) empowering and engaging people and communities; (ii) strengthening eye care in primary

health care (PHC); (iii) coordinating services and programs within and across sectors; and (iv) creating an enabling environment.

PHM appreciates the vision of IPEC and endorses particularly the need for an ‘enabling environment’ including attention to health planning, workforce development and health information systems.

The report talks about empowering people and communities and about reorienting eye care within a primary health care approach. However, the service model which is projected is based more on a primary care perspective than comprehensive primary health care; indeed the term ‘primary care’ is used much more frequently in the report than ‘primary health care’. The reorientation which is recommended includes outreach to the underserved and health education but there is nothing about structures to support family and community involvement in planning, program delivery or provider accountability. Comprehensive primary health care envisages health care practitioners working in partnership with families and communities to improve health services and outcomes.

PHM urges the Board to ensure that any resolution arising from this item highlights primary health care as an approach to health care delivery generally rather than restricting its meaning to primary care.

The silence of this report in relation to community involvement is in part a reflection of WHO’s dogma around universal health coverage which privileges health insurance and mixed public private health care delivery. In accordance with this dogma the report speaks repeatedly about *‘a package of eye care interventions’* but remains mute regarding the health system architecture through which such interventions are best provided.

On page 74 of the report a box describes the English National Screening Programme for the early diagnosis and early treatment of diabetic retinopathy. This kind of large scale population based program depends on centralised coordination, powerful information systems, recall and follow up protocols all of which are more efficiently and effectively delivered through public sector organisation rather than the private sector.

PHM urges the Board to highlight the need for single payer funding and for progress towards comprehensive public sector provision in any resolutions arising from this item.

The report makes frequent reference to campaign style interventions (particularly in relation to cataract and trachoma) but does not consider the challenges of scaling-up such programs to ensure continuity and universal coverage. Integrating such programs into comprehensive and universal health care depends on strong public sector leadership and organisation.

The report highlights ‘coordination’ as one of the key pillars of the IPEC model; coordination between different specialties within the health sector and between health sector actors and those in education, labour, community services etc.

Coordinating services within and across sectors: coordination of care for the individual involves a range of strategies including case management, task-sharing and efficient referral systems to improve the continuity of eye care, and a discrete, coherent and interconnected care process that meets individual needs and preferences.

The report is ambivalent in relation to the coordination of public and private sectors. While it recognises the risks of a dominant private sector including inequality in access to services and resistance to regulation it also urges the exploration of public private partnerships because of 'the growing demands for eye care'. This contradiction appears to be a reference to the myth of publicly subsidised private sector provision 'taking the pressure off' the public sector.

The report also fails to recognise the challenges of coordination and domestication where eye care programs are delivered in whole or in part through international development assistance (cataract, vitamin A supplementation, ivermectin, spectacles, trachoma).

In terms of advice to national planners the report finds difficulty in achieving a balance between vertical vision-specific program development versus integrated health system strengthening or between vision-specific interventions versus more broadly based health gain strategies (diabetes, nutrition, etc). Undoubtedly donor assisted vitamin A supplementation has impacted on the prevalence of child blindness. However, the efficacy of this intervention should not be allowed to defer action around the structural determinants of malnutrition generally. The report urges investment in screening for diabetic retinopathy but makes no reference to the cost barriers to insulin treatment in low income settings.

PHM urges the Board to ensure that any resolutions arising from this item keep the need for health systems strengthening generally uppermost.

Notes of discussion at EB146

Meeting 9 (Afternoon of Day 4, Thurs 6 Feb)

Documents

- EB146/13,
- EB146/CONF./4 and
- EB146/CONF./4 Add.1

1552

Chair: To note the report and provide guidance

EB MS comments on IPCEC: Integrated People Centred Eye Care

Japan: notes that eye care is not directly included on SDGs. Japan will provide money to help to reduce the burden of neglected tropical diseases.. We prioritize this issue since Eyes and ear problems affect the quality of life of older people

Singapore: happy to cosponsor; support report and IPCEC; commend World report; domestic effort summary; challenges with lack of coordination across sectors, need R&D; propose two new indicators: 1) eye care refractive, and 2) cataract surgery in UHC

Benin: on behalf of the african region. 1 bil people worldwide with vision problems are not treated. integrated people centred eye care is needed. We approve the the integrated people centred eyecare, but there are not enough resources to improve eye health and avoid blindness. In order to achieve goals we need to also include: Vaccination against measles, neglected tropical diseases, vitamin a suppl. , because they can also lead to blindness

Indonesia: notes global context; eye health often not well integrated into health systems; LMIC have untreated vis impairments; support world reportWith Aus propose draft resolution, listed co-sponsors: burkina faso, eswatini, Ethiopia, israel, peru, singapore, south africa, UK, Northern Ireland, US, EU mem states [missing maybe 3-5 countries in this list].

1604

Tajikistan: the report is timely and well justified. There are shortages on the budget for eyecare in many countries. We have to see the problem through Medical and socioeconomic point of view. We should emphasize that eye diseases are more likely to strike people in rural areas and vulnerable social groups. We should highlight the Low level of integration of eye healthcare to the healthcare system.

Iraq: welcome report; note global context/significance; ask sec for practical guidance on how can translate Integrated eyecare into measures to be implemented at nation level; want guidelines to be provided by secretariat so can align with what provide at nat level.

Bangladesh: already acts to reduce eye health problems and blindness. readyness of PHC to help to prevent blindness is of high importance. To include also blindness due to diabetes and other ncds. we support the draft resolution. We want to Co-sponsor the resolution

Australia: context with the ending of current plan, is a key window to have action now. Notes Aus context, esp re indigenous and aging population. Look forward to action on report.

China: to include into eyecare in the UHC. Countrywide we have established policies to reduce eye care problems since 30 years. Proposals: Integrate eyecarer to domestic healthcare strategy, promate Global research on eye care, create a 5 year action plan.

Finland: on behalf of EU states; align with pillar one. Concept of eye health be added to [UHC??]Brazil: noting context, and there are effective interventions. Notes country progress.

1615

Chile: last decade we made a lot of improvement. 7differnt pathology priorities were cataracts and Glaucoma. Surgery of cataract between 2008-18 free and available for refraction and for DM retinopathy in 2019. Aging pt with retinopathy and glaucoma need rehabilitation. Commit for high care. Co- sponsor for countries with the same resolution.

Austria: Welcome the report as it is an important issue in terms of quality of life (blindness) and costly for the health sector. In line with the report due to lifestyle changes the life expectancy is longer in this regards the approach of vision problems is key. It is important to improve people's literacy in vision care, especially in PHC. Welcome the efforts of Who in considering MSs to work more in the vision problems.

Israel: It is important for us and we welcome the report. Its important the early detention of vision problems. In this sense we have improve technical tools for early detection with a simple camera. In the near future its gonna be use by artificial intelligence, for this reason we encourage WHO to include technical innovation in vision health problems within this resolution and draft item.

1635

Non Member States

Peru : thanks for the excellent quality report. Main cause is non-treated cataracts. We are working hard to strengthen the care at the level of PHC for better access and better quality. We support this draft.

Iran: In our country there are periodical examinations in schools but in some rural areas we are running out of speculums. Cataracts burden is also increasing in our country. We are also trying to approach glaucoma in which PHC plays and important role and we have developed training to work force. Our main challenge: information about blindness, support in information system and support in technical tools for vision.

Thailand: support comprehensive eye care in PHC. Active primary health care with UHC we cannot be done within 30 years. We accept the application of the fundus camera.

India: We recognize the social burden of blindness and we have been implementing a national program in order to achieve the target. The childhood program is also important for us. We are trying to improve accessibility to these programs especially in remote areas. Sharing of knowledge between countries is key for together approach blindness and achieve global targets.

Montenegro: lifestyle causes eye problems but preventable. Eye care is comprehensive and cost effective (CE). It's a part of the Public health care system and ppp under UHC. We are under the process of CE eye care.

Myanmar: 2 million people at least are living with vision problems taht can be prevent worldwide, a proper action is needed in this sense, thats why we welcome the report. We have implemented an eye program at the national level wich will contribute to achieve the global targets in this sense.

Poland: interggrated people centred eye care. Its a part of UHC. April 2019 we exceed the limit and reduce waiting time 35%.

New Zealand: we are concerned about the considerable number of people living with vision problems worldwide and the impact on quality of life. Vision hygiene is key in this moments. We confirm the importance of this item in order to assure that no one is left behind in eye health care through UHC.

Nigeria: Alliance with republic of ….. Every 3 after 4 blindness is avoidable. Universal eye care is part of UHC. Engaging people and community via raising awareness in early conditions. Straightening eye in PCH and at international health strategy plan.

Turkey: vision health care plays a key role in our daily life. It is related with incidence of poverty in this sense we in¡¡encourage international donors to support the cataract surgeries. It is important to increase the number of cataract surgeries, we also give training of this surgeries to developing countries.

Ecuador: This type of care is possible. SDG indicators and targets are achievable. Early detaion, prevention and treatment is to be integrated into national health policy and PHC. future challenges occupation and online training. Equity during the underprivileged patients.

NSA statements: https://extranet.who.int/nonstateactorsstatements/meetingoutline/7

Chair: Thank you for MS and NSA for your support in this vision health report. The intervention need are not affordable for so many countries in the world. That is why our hope is that this resolution will strengthen effort worldwide for approaching vision problems through UHC.

No objection report noted Resolution adopted

EB146.R8 Integrated people-centred eye care, including preventable vision impairment and blindness

Item closed