

Summary report on the

WHO-EM/CPB/---/E

**Regional workshop to guide
Eastern Mediterranean Region
Member States on developing and
implementing national plans of
Avoidable Blindness 2014-2019 in
line with the WHO Action Plan
'Towards Universal Eye Health'
within the framework of the Health
System**

Cairo, Egypt
18–20 March 2014



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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1. INTRODUCTION

The WHO Regional Office for the Eastern Mediterranean, in collaboration with the International Agency for the Prevention of Blindness – Eastern Mediterranean Region (IAPB-EMR), IMPACT-EMR and Prevention of Blindness Union (PBU) organized a regional workshop on WHO Global Action Plan 2014-2019 ‘Towards Universal Eye Health’ and Child Eye Health, from 18 to 20 March 2014 in Cairo, Egypt. The objective of the workshop was to guide Member States on developing and implementing national plans of avoidable blindness 2014-2019 in line with the WHO Global Action Plan ‘Towards Universal Eye Health’ within the framework of the health system. The workshop was organized as a response to the new Global Action Plan that was endorsed by the World Health Assembly at its 132nd session in 2013. The workshop was inaugurated by Dr Ramez Mahaini, Coordinator, Women’s Reproductive Health, WHO/EMRO on behalf of the Regional Director, Dr Ala Alwan.

The opening recalled the World Health Assembly resolution WHA66.4 (2013) on the Global Action Plan 2014-2019 ‘Towards Universal Eye Health’, urging Member States to implement the proposed actions in the Global Action Plan and to allocate necessary resources for implementation. In 2010, WHO estimated that 285 million people in the world were visually impaired, including 39 million blind. In the Eastern Mediterranean Region, 23.5 million are visually impaired. Of those, 5 million are blind. The poor and underserved communities are most affected. The main cause of blindness is cataract, while uncorrected refractive errors are the major cause of visual impairment. In 2010, data indicated that, overall, 80% of all blindness and visual impairment is avoidable.

The workshop was attended by 31 participants including representatives from Member States and other technical experts. Representatives of nongovernmental organizations, which included the Al-Noor Magrabi Foundation, CHEF International, Islamic Development Bank, Nadi Albasar International, Noor Dubai Foundation and Sightsavers also participated in the workshop.

Dr Ala Alwan, Regional Director WHO EMRO, expressed his deep appreciation to His Royal Highness Prince Abdulaziz bin Ahmed bin Abdul Aziz Al Saud, Chairman IMPACT-EMR for his continuous support for eye care in the Eastern Mediterranean Region.

Dr Mohammad Babar Qureshi and Dr Tawfiq Al-Khatib (Yemen) were elected as Chair and Co-Chair respectively. Dr Mohammad Alamuddin, Prof. Mohammad Daud Khan, Dr Ahmed Trabelsi, Dr Ivo Kocur, Dr Mohammad Babar Qureshi, Dr Mohammad Mansur Rabiou, Dr Abdul Hanan Choudhury, and Dr Haroon Awan acted as facilitators, while Dr Mohammad Mansur Rabiou and Dr Haroon Awan served as Rapporteurs.

2. CONCLUSIONS

Egypt, Jordan, Libya, Qatar and Saudi Arabia have already developed national eye health plans, in line with the WHO Global Action Plan 2014-2019, in collaboration with WHO and IAPB-EMR. However, most of the Members States still need to develop their new national eye health plans.

Other than Yemen who had recently conducted a national situation analysis of eye health services in the country, most of the other Member States did not have recent data, and where available it was mostly outdated. WHO, in collaboration with the ministries of health had conducted rapid assessments of avoidable blindness in Egypt, Iraq, Libya, Saudi Arabia, Sudan and Yemen, while a population based survey on visual impairment, blindness and low vision had been undertaken in Pakistan. The findings indicate that communities still have a high prevalence of blindness and visual impairment, which requires further attention.

A few countries are collecting data on eye health. However, there does not seem to be a standardized reporting system for eye health indicators across the Region, and in only a few cases are these integrated within the national health information system. Very few countries are reporting any eye health indicators at the primary health care level.

Most countries were still implementing their national prevention of blindness plans as vertical programmes and were not adequately aligned with a health systems framework. Furthermore, there was very little coordination and collaboration with other relevant departments in the ministry of health (like primary health care, health information, health planning and development) or with other sectors like education (for school health), social services (for rehabilitation of disabled), non-state actors involved in health and professional bodies.

Although there was a high prevalence of childhood blindness in the Eastern Mediterranean Region, very few countries had incorporated a component of child eye health in their national prevention of blindness plans.

In only a few countries had ministries of health allocated dedicated resources to implement national eye health activities, with the result that most countries had national plans but were inadequately resourced for their implementation.

While the ministries of health of most countries had officially notified national committees for prevention of blindness, the overall functioning and capacities of these committees was inadequate. This needs to be revisited as it is critical for planning and implementation of the new action plans.

3. RECOMMENDATIONS

To Member States

- Develop a national eye health action plan by December 2014 based on a health systems framework to achieve universal eye health in line with the WHA resolution 66.4 “Towards universal eye health: a global action plan 2014-2019” – this should incorporate a component on child eye health.
- Obtain relevant available baseline information prior to the development of the national eye health action plan, which may include prevalence and causes of vision impairment, eye health services and resources.
- Ensure wide consultation and involvement of all stakeholders in the development of the new national eye health action plan. This may include various departments of Ministry of Health, other governmental ministries or agencies, private sector, professional bodies, non governmental organizations etc.
- Engage WHO and EMR-IAPB in consultation and for technical support in the development of the new national eye health plan.
- For countries that have already drafted the plan to approve it by Ministries of Health and allocate appropriate resources for its implementation.
- Establish a mechanism for collating and synthesizing eye health information, within the existing health information system, that can be used for planning, monitoring and policy advocacy.

- Produce an annual ‘National State of Eye Health’ report.
- Strengthen the functioning of national eye health committees to ensure effective implementation of the new national eye health plan.

To partners, professional associations, nongovernmental organizations and collaborating centres

- Assist and support countries in the consultation process and technical support to develop the national eye health action plan in collaboration with WHO.
- Advocate to Member States to develop and implement the new national eye health action plan.
- Provide support in training and development of an adequate workforce to meet the needs of the national eye health action plan.
- Provide assistance to Ministries of Health to establish the prevalence and magnitude of blindness and vision impairment.
- EMR-IAPB and Prevention of Blindness Union to produce a Regional State of Eye Health Report periodically.

To WHO EMRO

- Urge Member States to fulfill the requirements of the WHA resolution 66.4 “Towards universal eye health: a global action plan 2014-2019” to develop, resource and implement national plans to achieve universal eye health.
- Provide necessary technical support and information to Member States in development and implementation of national eye health action plans.
- Monitor progress of Member States in the development and implementation of national eye health plans in collaboration with partners. This may include developing a regional repository of all the national eye health plans developed by Member States.

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