# WHO WEBINAR - WHO's work building on the recommendations of the World Report on Vision - Questions

## Involvement

**J. Kevin White -** How does one become involved in, or provide information to, the Technical Advisory Group in order to help address/introduce new technology for interventions?

**Bismark Owusu-Afriyie -** How can individuals collaborate/contribute towards the PECI?

**Anonymous Attendee -** How can eye health organisations feed into and support the WHO's work in developing these various initiatives?

**Mads Holst Jensen -** Please specify more clearly the timelines for development of the presented initiatives and tools.

**Anonymous Attendee -** Alongside the toolkit is there any plan to develop training for adoption and correct use of the tools by the different stakeholders?

**Timelines for the development of the WHO technical tools:**

| WHO Technical Tool | Expected time of completion |
|---|---|
| Package of eye care interventions | mid-2021 |
| mHealth tool for Myopia | mid-2021 |
| Setting global targets for proxy indicators of effective coverage of cataract surgery and effective coverage of refractive error | Aim to put forward for adoption at the 74th World Health Assembly (2021) |
| Guide for action for Integrated people-centred eye care: | |
| - Revised Eye Care Service Assessment Tool | Piloting of revised tool to be completed in 2020 |
| - Other linked resources for to support strategic planning, development of monitoring, evaluation and review processes | 2022 |
| Eye care competency framework | 2022 |
| Global research agenda for health systems and policy research | 2022 |

The WHO Vision and Eye Care Programme has, and will continue to, rely on the expertise of many public health, academic and clinical representatives from the field of eye care during the development of these technical tools. Once finalised, stakeholders from the field will also play an instrumental role in the implementation of these tools within countries - WHO will provide technical support to stakeholders and training resources to assist in the implementation. We will soon be reaching out to relevant professional associations to assist us in the identification of professionals across different eye care sub-specialty areas, from all WHO regions, to contribute to the further development of these tools.

## Integration

**Patson Tembo -** Integration of the services may be easy, taking care of own eye health by the community may be there, but the running of the services with these competing needs may be a challenge. How do we go around this?

**Anonymous Attendee -** We need to recognise that Eye care requires a highly trained specialist. What does integration mean to deliver this highly specialist service e.g vitreoretinal surgery

**Francis Kalusa -** Looking at the different levels of eye health development among countries, is there any consideration of having probably two to three integration package models that will respond to the country's levels on the WHO health building blocks

**Bhushan Punani -** In poor countries, still we have to follow camp approach to screen people needing eye surgeries and then bringing them to Eye Hospital for surgeries. Thus higher cost allocation needs to be made.

**Anonymous Attendee -** In areas/ countries where the general health systems are quite poor, what would be the possible path for adding on/ integrating eye care on these?

In the context of the Package of Eye Care Interventions, eye care and public health experts from low and middle income settings will be involved in all stages of development, including during the process of defining the workforce competencies and resource requirements for the delivery of interventions. This is important given the primary audience for the Package will be Ministries of Health in low and middle income settings.

To cater for countries with health systems of varying levels of maturity, the final selected interventions to be included with in the package will undergo a process of prioritization in order to develop recommendations for a 'essential' package of interventions to assist countries when making choices of which interventions to prioritize in their service packages.

The World report on vision acknowledges that a shortage of trained human resources poses a significant challenge to increasing the availability of eye care services. The report recommends that the field moves towards a competency-based care approach and that other innovative workforce approaches, such as task shifting, are needed to address inefficiencies in the eye care service delivery. Although not mentioned in the webinar, WHO will soon commence work on the development of a competency-based framework. The framework will compile the knowledge, skills and behaviours required to deliver the scope of eye care interventions i.e. that is discipline- and setting-neutral.


## COVID-19

**Glenda Mulenga -** What strategies are being looked at to attain a balance between providing sustainable eye care services while at the same time ensuring we provide services to the most high risk groups? and in light of the fact that even those that could pay for certain services before might not now given the effects on covid-19 on families?

The most significant recommendation of the World Report on Vision is to ensure that eye care is integrated within the health sector service delivery system and its strategic plans. This recommendation will be particularly relevant when implementing eye care programmes after the COVID-19 pandemic in order to ensure their sustainability and provide continuity of care for patients.

The new economic circumstances that are ahead of us as we emerge from COVID-19 pandemic will be at the forefront of WHO's mind as we progress through the development of these tools. One particular action that we will take in this context is to ensure that emerging and reliable evidence on new or innovative approaches that have been adopted during the pandemic, and their impact on clinical care and people's lives, are considered.

## Specific Conditions

**Bhushan Punani -** There is alarming increase in cases of diabetic retinopathy. There is great need for creating public awareness in this regard and to create facilities for intervention

**Patson Tembo** - Myopia is really an area of concern and the fact that it affects community with long life years. I wish the same may be addressed as vehemantly as we have done for catact for adults in the past.

From a WHO perspective, uncorrected refractive error will be a key focus of our technical work in the coming years. For example, interventions covering the continuum of care for myopia will be an integral part of the package of eye care interventions. In addition, we have recently commenced work on the development an mHealth, health promotion-based initiative aimed at enhancing countries' domestic services for the primary prevention (i.e. reducing the incidence) and secondary prevention (i.e. slowing progression to reduce the risk of high myopia) of myopia. In time, this tool will also be expanded to include targeted awareness raising messages on other areas of eye care, such as diabetic retinopathy.

**Uncorrected myopia is a leading cause of vision impairment and blindness among child and adult populations**

**Don Lyon -** Are binocular vision conditions being considered in the uncorrected refractive error package or is the package limited to myopia, hyperopia and astigmatism?

Yes, interventions for conditions such as strabismus and amblyopia are being considered for inclusion in the package of eye care interventions.

**Mads Holst Jensen** - Is DR one of the selected conditions in PECI?

Yes

## Research

**Aaron Goh -** From a research perspective, what are some challenges standing in the way of delivering high-quality research to tackle the issues raised by the World Report on Vision?

In the context of research in the field of eye care, one particular challenge relates to the paucity of health services and implementation research which hampers the evidence-based planning of eye care programmes and services. Therefore, to support the implementation of Integrated People Centred Eye Care (IPEC), high-quality implementation and health systems research is required. This is particularly relevant given high potential of the field of eye care benefiting from technological advances and innovative workforce approaches. Thus, implementation research is required to verify if and how these approaches can be scaled up to improve clinical care and people's lives, and to enhance equity in the provision of high-quality eye care service delivery.

To this end, and as requested in the recently adopted eye care resolution, WHO will soon commence the creation of a global research agenda that includes health systems and policy research, and technological innovation for affordable eye care.

## Targets

**Yuddha Sapkota -** Will eCRE will include also the spectacle compliance rate

The data utilized to calculate eCRE will be derived from population-based surveys. This will include consideration of an individual's presenting visual acuity (i.e. If spectacles or contact lenses are worn to the examination, visual acuity is measured with the person wearing them), and thus one's habitual use of spectacles will be captured.