

IAPB webinar on WHO updates on Eye Care Q&As

WHOeyes App

Could a future iteration perhaps include self-assessment of Functional Vision?

The primary focus of the app is to offer a simple visual acuity screening, emphasizing the significance of regular eye check-ups and promoting eye care awareness. Integrating functional vision assessment involves a complex layer that typically necessitates qualified personnel for administration and monitoring. Our goal is to maintain the app's simplicity while encouraging users to prioritize their eye health through routine eye examinations.

How can we get in touch about translation for WHOeyes app?

To request more information regarding the translations of the WHOeyes content, please contact Vera L Alves Carneiro (alvesv@who.int). Please note that the standard operational procedure for adding a new language to WHOeyes requires that the requesting entity completes the translation (English to the new language) on a voluntary basis. WHO will only be responsible for making the content available for translation and coordinate the process of integration in the app.

Is there a limit to the languages into which WHOeyes can be translated?

There is no limit for the number of languages for WHOeyes and the app's performance or speed won't be affected by the number of languages available.

Is it possible to use the WHOeyes in the eREC surveys?

WHOeyes is a population-facing app to raise awareness on eye care and the need for regular eye examinations. It is targeted at the general population aged over 8 years. It is possible in the future that WHO may develop a version of the app that can be used for data collection purposes, but, at the moment, this is not the primary purpose.

Is the WHOeyes app good enough to diagnose refractive errors than with consulting an eye doctor?

While the WHOeyes app provides a basic vision screening with validated high levels of sensitivity and specificity for detecting vision impairment, it is important to note that the app is not intended to replace consultation with qualified eye care personnel, such as an eye doctor. Refractive errors, especially low amounts or in young individuals with hyperopia, can be overlooked. We strongly recommend that users have their eye health checked regularly by qualified eye care personnel, regardless of the results obtained from the app. The app serves as a supplementary tool to raise awareness and encourage regular eye examinations, but it does not substitute comprehensive eye care provided by qualified eye care personnel.

ECSAT

Under which category a country should provide the details of shortage of medical products, medical supplies etc.?

ECSAT item 24 covers eye care infrastructure and equipment. The section refers to the availability of a standard list of essential medicines, medical products and technologies and specifically availability of eye care medicines. The methodology of the revised ECSAT is developed around working in collaboration with WHO for the implementation of the survey and the translation of findings. Please get in touch with us for more information or if you plan to use ECSAT.

MyopiaEd

As the burden of myopia is not similar in all settings, is there a tool to measure burden of myopia that can justify roll out of MyopiaEd tools?

Myopia prevalence data is commonly not available in many settings, especially for young people. There is no tool or a formal cut-off to help decide whether a country should invest into a myopia prevention campaign. The decision would need to come from the sector in that country and should be based on whatever evidence is available. Please get in touch with WHO if you would like technical guidance on this decision and more information about resources required for MyopiaED.

Could you please share the evidence that says myopia is preventable?

Thank you for the question. To address the question of myopia prevention, I recommend reviewing the WHO document titled 'Be healthy, be mobile: a toolkit on how to implement MyopiaEd'. This resource compiles evidence gathered from various studies and emphasizes the role of genetics alongside lifestyle factors in the onset and progression of myopia, particularly among child populations. The document cites several key papers supporting the evidence, including:

- Cao K, Wan Y, Yusufu M, Wang N. Significance of outdoor time for myopia prevention: a systematic review and meta-analysis based on randomized controlled trials. *Ophthalmic Res.* 2020; 63:97–105. 27.
- He M, Xiang F, Zeng Y, Mai J, Chen Q, Zhang J et al. Effect of time spent outdoors at school on the development of myopia among children in China a randomized clinical trial. *JAMA.* 2015; 314:1142–1148. 28.
- Jin JX, Hua WJ, Jiang X, Wu XY, Yang JW, Gao GP et al. Effect of outdoor activity on myopia onset and progression in school-aged children in northeast China: the Sujiatun Eye Care Study. *BMC Ophthalmol.* 2015; 15:73. 9. References 77 29.
- Morgan IG, Ohno-Matsui K, Saw SM. Myopia. *Lancet.* 2012; 379:1739–1748. 30.
- Wu PC, Chen CT, Lin KK, Sun CC, Kuo CN, Huang HM, et al. Myopia prevention and outdoor light intensity in a school-based cluster randomized trial. *Ophthalmology.* 2018; 125:1239–1250. 31.
- Karuppiah V, Wong L, Tay V, Ge X, Kang LL. School-based programme to address childhood myopia in Singapore. *Singapore Med J.* 2021; 62:63–68.

These studies collectively highlight the growing body of evidence supporting lifestyle interventions, such as increased outdoor time, as protective measures against myopia onset in children. For a more in-depth understanding, please refer to the mentioned WHO toolkit and the respective research papers.

General:

Perhaps a certification program that can aspire eye care workforce and meet WHO eye care competency framework?

Thank you for the suggestion. We're actively working to promote wider adoption of the WHO Eye care competency framework (ECCF) and recognize the importance of collaboration with stakeholders, especially those interested in developing a certification program based on the ECCF. You may find the 'Guide to applying the WHO Eye care competency framework' helpful in exploring diverse ways to apply the ECCF. The guide includes case studies showcasing successful ECCF pilots in various settings, offering

valuable insights into its practical applications. Additionally, as part of the SPECS 2030 initiative, one of our goals is to regulate the refractive error workforce, and the ECCF's work will contribute to these efforts.

What should be done to implement tools developed by WHO regarding eye health In EasternEurope?

The best approach is to contact our programme (vision@who.int) outlining what it is you are trying to achieve. We will discuss with you directly the suitability of WHO tools and resources and how to support your work in country.

Does WHO have surgical outcome monitoring guidelines for eye conditions other than cataract?

Not currently.

Gaining commitment from government towards IPEC is challenging, especially due to priorities on funding? How do you suggest that we can advocate elevate eye care in political arena?

Your country, which is likely a Member State of WHO, has endorsed the WHA assembly resolution in IPEC as well as the global targets. This may be an incentive to act, demonstrating progress towards achieving the targets. Probably much more convincing may be sharing of data with government on the economic benefit of addressing avoidable vision impairment. There are published studies on the direct and indirect cost of vision disorders, including loss of wellbeing (years of life lost as a result of disability and premature mortality). Vision disorders commonly rank high on the list of causes of loss of wellbeing, leading to significant direct health systems costs, often more than heart disease, diabetes etc. Indirect costs, e.g. carer's cost, lost earnings, welfare cost etc are also significant. Please see the WHO World report on vision or the 2021 Lancet Global Health Commission on global eye health for more information. Feel free to contact us at vision@who.int for more information.