



LEADERSHIP FOR 2030 IN SIGHT

The leadership skills we need to end avoidable sight loss and ensure everyone, everywhere has access to the eyecare they need.



Photo Submitted by: Namkhen Lama to the IAPB World Sight Day Photo Competition

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FOREWORD

Leadership development is the forgotten priority of eye health. We have made amazing progress over the last few years. We have seen eye health recognised as a key enabler of the Sustainable Development Goals. WHO have not only recognised but responded to the Refractive Error crisis with the launch of the SPECS initiative. We are seeing National Eye Health plans and strategies in multiple countries draw on the principles of IPEC and 2030 In Sight and push towards more integrated, available, and accessible care. Our evidence base is growing, we are able to more clearly state the scale and quality of the challenge, as well as the economic case for eye health.

But the problem is still growing quicker than we're solving it. We have committed to ending avoidable sight loss by 2030, and to do so we need to accelerate the pace of change.

We know that we need to work differently and embrace a different mindset to make the case for eye health across social and economic development. An essential strategy to address this is to invest in our people. We need to ensure they have the skills and support to work confidently in this evolving environment, including the ability to communicate effectively in new ways that resonate in today's world. This needs to happen through all aspects of our workforce. We can no longer afford to see leadership as the domain of only those who have a title or qualification. Leadership is about taking action, inspiring others, fostering collaborations, and being passionate for change. That is something we want to encourage through all parts of our organisations – our bookkeepers, programme managers, our administrators, and our CEOs. These changes cannot

come solely from the top, we need to invest in our people across all levels, so that they all see themselves as changemakers, and essential contributors to ending avoidable sight loss.

Traditional models of leadership are inadequate for the complex and rapidly changing world we live in. Globally, there is growing recognition that we need leaders who can adapt to and tackle the challenges of our time. We need eye health leaders to be part of this larger conversation and to join the movement of changemakers who address global issues through collaboration, adaptability, innovation, and improved communication. By embracing this new leadership mindset, we can inspire a collective effort that drives lasting impact across the sector, ensuring that everyone—from frontline workers to executives—plays a vital role in ending avoidable sight loss.

This report sets out that call to action to the eye health sector. It is also a call for collaboration. Developing ourselves and our teams as leaders and changemakers can't be driven from one individual or organisation, it's a group endeavour. We need your ideas, your insights, and your commitments.



CAROLINE CASEY
IAPB PRESIDENT



EXECUTIVE SUMMARY

THE STATE OF LEADERSHIP IN EYE HEALTH

Effective leadership is essential to ending avoidable sight loss and ensuring universal access to eye care by 2030. The current state of leadership in the eye health sector, however, is siloed and under-developed to meet the demands of today's challenges. Despite progress in eye health policy and global recognition, there remains insufficient investment in systems skills essential for building coalitions, fostering collaboration, and integrating eye health within broader health and social frameworks.

To truly achieve the goals of 2030 In Sight, eye health professionals must work differently, with people across all levels of organizations embracing their role as changemakers. This means a shift away from traditional models of leadership towards more adaptive and systems-focused approaches. Adaptive leadership, characterized by emotional intelligence, responsiveness to change, and openness to learning, is essential in today's dynamic global health landscape. Systems leadership requires a deep understanding of interconnected systems and the ability to unite diverse stakeholders around a shared goal. Together, these approaches enable leaders in eye health to advocate effectively, mobilize resources, and engage in broader development agendas.

A DEFINITION OF LEADERSHIP FOR 2030 IN SIGHT

This report offers a definition of leadership for 2030 In Sight as a *process through*

which an individual or organisation inspires and mobilises collective action to drive change within and across complex systems so that everyone, everyone can access the eyecare they need. This involves cultivating essential skills such as strategic vision, collaboration, empathy, and the ability to navigate complex systems. Leaders must be prepared to inspire and mobilize others, advocate for eye health as a key component of social and economic progress, and create environments where learning, innovation, and collaboration are encouraged.

CHALLENGES AND OPPORTUNITIES

While there is enthusiasm for leadership development within the sector, significant barriers persist. Challenges include competition for resources, a focus on organizational goals over systemic ones, and traditional mindsets that see leadership as the domain of senior or clinical roles. Addressing these obstacles means elevating leadership development as a priority, embedding it in program design, and creating pathways that empower professionals across all levels to develop their leadership skills and contribute to systemic change. By investing in leadership, the sector can empower individuals to move beyond their organizational priorities and contribute to broader, collective impact.

NEXT STEPS AND RECOMMENDATIONS

IAPB will lead efforts to prioritize and develop systems leadership across the eye health sector. This includes launching targeted, accessible, and culturally relevant training in critical leadership areas, available both online and in person. IAPB will also work with current training providers to expand leadership program offerings and connect members with essential resources. Celebrating effective examples of systems leadership will further raise awareness, inspiring others to adopt and share successful approaches across the sector.

For the broader eye health sector, re-establishing leadership development as a strategic priority is essential. Organizations are encouraged to embed leadership development into their programs and project designs, supporting professionals across all levels to grow skills aligned with

the collective goals of 2030 In Sight. By actively sharing resources, strategies, and opportunities with one another, sector stakeholders can create a collaborative learning environment that strengthens systems leadership. Additionally, attending sector events, participating in peer networks, and sharing lessons learned will contribute to a unified approach to leadership development.

Investing in leadership is about transforming the sector's culture, not just developing individuals. If the sector adopts these recommendations, the eye health community will be better equipped to cultivate a culture that values leadership at every level, supporting the development of new, diverse leaders ready to address the complex challenges of eye health in the 21st century. By embracing this new leadership mindset, the sector can make significant strides toward ensuring that everyone, everywhere, has access to the eye care they need.



Photo Submitted by: Jamshyd Masud to the IAPB World Sight Day Photo Competition

A CALL FOR CHANGE

Leadership in eye health has historically been seen as the domain of clinicians. Opportunities for leadership development specific to eye health are still most frequently linked to career development within eye hospitals or professional bodies. While clinical and research leadership is always going to remain key to progress, recent sector-wide analysis and strategies suggest that achieving global eye health goals will require a re-imagining of the type of leadership that is needed across the sector.

The Lancet Global Commission on Global Eye Health: vision beyond 2020 clearly articulates the need for investment in leadership in eye health, identifying building capability, specifically to “*strengthen leadership and public health expertise across all levels of eye care*”¹ as a key part of one of the four grand challenges for global eye health. The study goes on to identify that a different kind of leadership is required to meet the current challenges of delivering effective eye care to national populations:

“The sector has produced many committed and effective leaders who excel at designing and managing eye health programmes. However, achieving progress across the development agenda will require leaving current approaches behind. A more innovative and adaptive approach that engages broad networks of diverse stakeholders is required. Leaders will need to be able to connect the whole system together.”

This prioritisation of leadership is reflected in 2030 In Sight, the strategy for the global eye health sector. As IAPB President Caroline Casey reflects in her introduction to the strategy, “*the challenge has changed, and the challenge has grown*”, and as a result, we need to work differently as a sector to meet these challenges.²

2030 In Sight identifies 10 priorities for 10 years to 2030. The first of these is to “Develop Leadership”. Acknowledging the many committed and effective leaders within eye health, like the Lancet Study, 2030 In Sight also calls for a “*change of approach*” and “*different kinds of leadership skills*”. Critically, the strategy identifies the need for leaders to be effective at working with and influencing a wider range of partners with disparate objectives and ways of working. Furthermore, it calls for a stronger voice for eye health, and for social justice and equity, requiring leaders to be advocates for eye health as a strategy for overall social and economic progress.

The WHO Eye Care Competency Framework identifies a similar challenge for leaders in eye health recognising that “*the roles of an eyecare worker are very much siloed within the eye care worker’s occupational groups, and do not often interact effectively across disciplines or with other parts of health care services*”.³ The Competency Framework outlines management and Leadership as one of the six core domains for the eye health workforce development.

Aside from these sector-wide documents, there is a paucity of literature on leadership for eye health. What studies and reflections exist typically focus on the need for a

greater array of leadership offers, the need for leadership offers that move beyond clinical knowledge, and the need to encourage a greater diversity in leadership across eye health, particularly relating to gender equity.

These observations and recommendations form a clear call from across the sector to reframe how we think about leadership in eye health. They ask us to re-evaluate the

skills that are needed, and how inclusive we must be in considering the eye health system and the leaders and potential leaders operating within it. The theory of change is explicit – investing in nurturing innovative, and adaptive system leaders is a critical way to drive more transformative collaboratives and effective collective action, which is essential to transforming the eye health sector and ensuring eye care services for everyone, everywhere.



WHERE WE ARE NOW

We spoke to 23 IAPB members (see Appendix A) to understand their perception on leadership in eye health and their view on if and how the sector is responding to these calls for change. The following chapter offers a summary of these conversations, highlighting commonly held views. Respondents showed an enthusiasm for the topic, with many seeing it as an important, but often neglected area of discussion and attention both within and between eye health organizations.

GLOBAL PROGRESS, AND CONCEPTUAL ALIGNMENT

“A huge step forward is WHO as a leadership platform”

Eye health is now well recognised as a significant development issue by global institutions, thanks to the leadership of a combination of UN bodies, governments, organisations, and individuals. Many eye health leaders recognise and appreciate this progress and consider the shared narrative and alignment in global policy a useful tool for driving change. However, these leaders also recognise the gap between global policy and practical, national action and cite multiple challenges that leaders aren't confronting. Furthermore, many eye health leaders are not engaged with global eye health policy nor demonstrate interest in leveraging global instruments in their context, resulting in missed opportunities for alignment and advocacy, a fragmentation of effort and therefore reduced progress towards shared goals.

FRAGMENTATION AND LACK OF INTEGRATION

“We are side by side, moving towards a similar goal, but not actually collaborating.”

Despite this progress, there is a prevailing sentiment that leadership in global eye health is fragmented. Organizations and individuals often operate in silos, focusing on their specific mandates and projects without sufficient collaboration. This fragmentation hampers collective progress and results in duplication of efforts and messages. This is a well acknowledged problem, and in many areas, there is a significant appetite for adopting a systemic approach to eye health leadership and forging partnerships and coalitions in order to integrate eye health into broader health systems. However, there is also a consistent recognition that this is easy to say and difficult to do, and that this challenge is not being addressed.

SYSTEMIC BARRIERS TO COLLABORATION

“The people at the conferences are not the ones to deliver the results”

Challenges to working systemically and collaboratively are interconnected. They are typically more keenly felt by non-profit organisations who are often more engaged across multiple regions, with a wider social development agenda.

Critically, organisations often have long-standing priorities and obligations to stakeholders. Truly transformative collaborations that drive national and global progress can leave leaders in tension with their own organisational priorities. This tension is further driven from both outside and within their organisations. Externally, funding systems reward competition, not collaboration and typically fund outputs, rather than systemic improvement. Without a transformative approach to funding in eye health, organisations are bound to specific types of behaviours in order to maintain services. Internally, there is often a disconnect between global and senior-level understanding and approaches, and the mid-level manager and junior staff delivering their responsibilities to ensure the day-to-day running of services and programmes. While senior staff may be funded to attend global events and regularly connect with global stakeholders, this perspective is often not afforded to more junior colleagues. Unless all levels of an organisation are empowered and equipped to perform their roles in new and different way, systemic and collaborative working will still be limited.

Given these barriers, we need to empower and equip leaders with the skills and confidence to challenge entrenched practices and drive systemic change that extends beyond the immediate goals of the eye health sector.

LEADERSHIP IN TRANSITION

“We’re a couple of decades behind in catching the need to integrate and collaborate and coordinate our care, but we are beginning to do that”

These challenges are multi-dimensional, and leaders need skills and support to navigate them. With leadership in eye health typically dominated by clinicians, the predominant leadership style has been traditional and clinical-centric. We are now in a phase of transition, with a more diverse leadership group emerging that includes professionals from various backgrounds, emphasising broader public health perspectives and more collaborative and relational approaches to leadership. Leadership is no longer perceived as being the sole domain of clinicians, although there is still some lingering scepticism around what experiences outside can offer to the development of the sector.

AN UNDERSTOOD NEED, THAT IS NOT BEING ACTED UPON

Supporting and equipping leaders with the skills to embrace systemic and collaborative working practices is well acknowledged as an important strategy in driving progress towards the goals of 2030 In Sight. However, this need is not being acted upon, and leaders proposed a range of reasons for this stasis, which serve as unanswered questions:

- How do we give time and attention to capability building in a resource-scarce context?
- How can we improve succession planning, give new generations opportunities to lead, and support current leaders to share their power?
- How do we support legacy building, and encourage leaders to tackle sector-wide problems rather than maintain their career?

AN OPPORTUNITY TO DRIVE CHANGE

Many of the leaders interviewed offered a critical assessment of leadership in eye health. Despite this, they showed a keen awareness of the challenges and barriers to change, along with a strong desire to address them. Leaders acknowledged that momentum for progress was building across the sector and expressed optimism

about evolving leadership styles. They recognized that creating this kind of change requires boldness and courage, as it involves doing something different and disrupting the status quo, which can create a sense of vulnerability. Without this shift, continuing with 'business as usual' will prevent the achievement of key goals. True change demands stepping out of comfort zones, and these shifts were seen as crucial for achieving lasting impact.



Photo Submitted by: Operation Eyesight Universal to the IAPB World Sight Day Photo Competition

DEFINING LEADERSHIP FOR 2030 IN SIGHT

The study of leadership is an ancient practice, an academic discipline and a modern industry. Individual understandings of leadership are often deeply held, influenced by intersecting personal and cultural values. As such, definitions of leadership are various, serving different contexts and purposes.

Given that, it is helpful to offer a shared working definition of the type of leadership needed to drive progress towards the 2030 In Sight goals of ending avoidable sight loss, and ensuring everyone, everywhere has access to the eye care they need. While it is not possible to arrive at a definition that encompasses all views or covers all eventualities, proposing a working definition can provide clarity for communication and collaboration. Its purpose is to enable discussions and decision-making to drive progress, with the understanding that it is imperfect and can, and should, change over time.

It is also important to recognise that globally dominant narratives of leadership have typically been driven by academic institutions in the USA. Similarly, concepts

of systems leadership have been proposed primarily by English-speaking, high-income countries. Similarly, while this report has been informed by interviews with people from different regions and cultural contexts, these were held in English, and the report originates from the UK, informed by English language research.

This discussion and working definition of leadership, therefore, should be held lightly, open to challenge and reflection, and embracing cultural and experiential differences as enriching and enlightening.

To propose a working definition of leadership for 2030 In Sight, this chapter examines three sources:

1. Adaptive leadership, as proposed by Ron Heifetz⁴
2. Systems leadership, as proposed by the Harvard Kennedy School⁵
3. Leadership as defined by current eye health sector leaders (via interviews for this report – for participants, please see Appendix A)

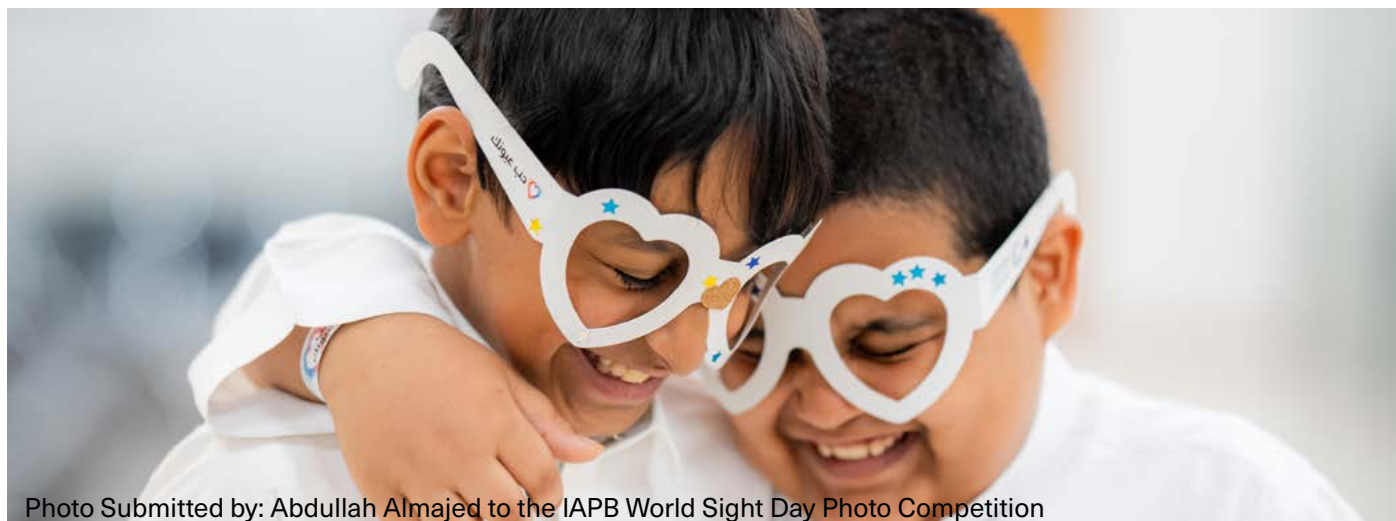


Photo Submitted by: Abdullah Almajed to the IAPB World Sight Day Photo Competition

ADAPTIVE LEADERSHIP

The Lancet study calls for a “more innovative and adaptive approach”. Adaptive leadership, as proposed by Ron Heifetz, is a way of looking at problems and the leadership style needed to solve them. Heifetz proposes that there are two types of problems: technical problems, which be resolved through authority, structures, and procedures, and adaptive problems, which depend on dynamic, creative, people-focused solutions. Traditional, top-down leadership isn't flexible or agile enough to deal with rapid changes, complex challenges, or high levels of uncertainty. Adaptive leadership, therefore, relies on leaders to be responsive to the challenge in front of them, and able to adapt themselves, their teams, and their organisation in order to resolve them.

“The improvisational ability to lead adaptively relies on responding to the present situation rather than importing the past into the present and laying it on the current situation like an imperfect template.”

Adaptive leadership was conceived to support organisational leadership and development, but many of the key skills identified are just as relevant for sector-wide leadership:

- **Emotional intelligence** – defined as the ability to recognise your own feelings, and those of other people
- **Openness and honesty around decision-making**, understanding when and how to engage and consult with key stakeholders
- **Learning and continuous growth** – an understanding that no-one has all the answers, and a willingness to try new strategies and embrace different ideas



Photo Submitted by: Zimbabwe Council for the Blind to the IAPB World Sight Day Photo Competition

SYSTEMS LEADERSHIP

2030 In Sight is a systems change strategy, as it recognises eye health as part of a variety of complex health, social, and economic systems, and calls for multiple, integrated, and collaborative approaches to achieving the goal of ending avoidable sight loss.

Systems change is a well-established approach to social change, which encourages leaders to see and understand the complex system they are operating in as the first step to understanding and solving any problem. However, there is no one set definition of systems change, and therefore no one accepted framework of skills or approach. Catalyst 2030, the collaboration initiative for achieving the Sustainable Development Goals defines systems change as:

“Confronting root causes of issues (rather than symptoms) by transforming structures, customs, mindsets, power dynamics and policies, by strengthening collective power through the active collaboration of diverse people and organisations.”⁶

Systems leadership, as defined by the Harvard Kennedy School in “Systems Leadership for Sustainable Development” is “a set of skills and capacities that any individual or organization can use to catalyse, enable and support the process of systems-level change.⁷ The paper goes on to describes three interconnected elements of systems leadership as:

- 1. Complex systems insight** – an understanding of the systems that shape the challenge needing to be addressed
- 2. Coalition building and advocacy tactics** – to develop alignment and mobilize action among stakeholders in the system, both within and between organizations
- 3. Collaborative leadership skills** – to enable learning, trust-building and empowered action among stakeholders who share a common goal

“The Systems Leadership approach is well-suited to complex challenges that require collective action, where no single entity is in control. It involves building and mobilizing alliances of diverse stakeholders around a shared vision for systemic change...”



Photo Submitted by: Joy Sahato the IAPB World Sight Day Photo Competition

LEADERSHIP IN EYE HEALTH

During interviews, leaders across the global eye health sector offered their views on what leadership meant to them, and the leadership skills they thought were needed to drive progress towards 2030 In Sight. While answers were wide-ranging, a shared understanding of the need for change resulted in a set of common leadership priorities:

- **Collaboration and coalition building.** Success depends on working in cross-functional teams and enabling partners to advocate for eye health as part of their own agenda. This requires strong relationship-building skills, negotiation, and facilitation skills.
- **Advocacy and communication.** Leaders need to be able to effectively communicate complex issues and elevate everyday work to a population level.
- **Understanding and navigating complex systems.** Leading transformative change requires seeing the whole system and understanding how to influence for change within such systems.
- **Strategic vision.** Setting a clear vision for change, and being able to effectively mobilise staff, stakeholders and partners in a participative way around that vision.
- **Self-awareness, empathy, and humility.** Leaders must understand themselves, as much their context and wider system. They need to be able to understand the perspectives of others and engage with empathy and humility.
- **Developing others.** An ability to inspire and nurture followers, but also develop co-leaders and future leaders, sharing power and delegating authority provides a pathway for accelerating change.



Photo Submitted by: Shaikh Abdul Waqar to the IAPB World Sight Day Photo Competition

A WORKING DEFINITION OF LEADERSHIP FOR 2030 IN SIGHT

Considering the above approaches and reflections, we propose the following as a working definition of leadership for 2030 In Sight:

Leadership for 2030 In Sight is a process through which an individual or organisation inspires and mobilises collective action to drive change within and across complex systems so that everyone, everyone can access the eyecare they need.

This definition acknowledges leadership as a process and an interaction which takes place between followers and leaders, and views success as the accomplishment of a group rather than an individual. Furthermore, this definition emphasizes that leadership is not linear, but rather emergent, and interactive.

To support this definition, we outline a set of critical skills needed for such a leadership process to be successful:



AWARENESS AND UNDERSTANDING OF SYSTEMS AND THEIR ACTORS

- **Seeing and understanding the whole system:** Recognising the diverse actors in any given systems, their interdependencies, feedback loops, and power dynamics

- **Navigating complexity and uncertainty:** Recognising the complex nature of systems and the adaptability and flexibility required to both navigate and influence change in such a setting.
- **Understanding of organisational context:** Ability to grasp organizational

history, dynamics, and relationships, and their interaction with the wider system.

STRATEGIC VISION

- **Creating a vision for systems change:** Setting a clear and participative vision for systemic, transformative change that transcends organisational boundaries.
- **Mobilization:** Inspiring and mobilizing staff, stakeholders, and partners around a shared vision.

COLLABORATION AND COALITION BUILDING

- **Relationship-building and partnerships** Fostering trust and effective communication to enable cross-functional teams and partners to advocate for eye health within their own agendas.
- **Stakeholder management:** Working strategically with diverse stakeholders and building coalitions for shared advocacy.
- **Negotiation and facilitation:** Strong negotiation, facilitation, and group dynamics skills.
- **Conflict resolution:** Addressing and resolving conflicts within and across teams.

ADVOCACY AND INFLUENCING

- **Audience segmentation and communication:** Understanding and segmenting audiences, creating compelling narratives, and communicating complex issues effectively.

- **Influencing tactics:** Understanding advocacy tactics, including global instruments, to elevate eye health at a population level.

DEVELOPING YOURSELF, OTHERS AND NURTURING A LEARNING CULTURE

- **Self-awareness, empathy, and humility:** Leaders must understand themselves, their leadership styles, and the perspectives of others, engaging with empathy and humility.
- **Developing co-leaders:** Inspiring and nurturing future leaders, sharing power, and delegating authority to accelerate change.
- **Building psychologically safe cultures:** Creating an environment where people feel safe to express ideas, give and receive feedback, and learn from challenges.
- **Learning and sharing:** Openness to learning and supporting others' learning; reporting on both progress and lessons learned to funders and stakeholders.

We propose a further identified need for knowledge of global and public health, relating specifically to eye health, but also the broader context of global health, Universal Health Coverage, the Sustainable Development Goals, and complexities of development policy.

DEVELOPING LEADERSHIP FOR 2030 IN SIGHT

THE CASE FOR INVESTMENT

With a clear call for a shift in leadership approach, and a sense of the critical skills needed, the question turns to how we support leaders in eye health to develop these new skills – skills that enable them to move away from vertical, siloed ways of working, and to lead and influence across the eye health system and also wider, interconnected systems of health and social development.

For systemic change to occur, collective action is essential; we must recognize that eye health for everyone, everywhere requires a comprehensive approach that transcends individual organizations. Pressure on resources and multiple competing priorities make it challenging for organisations and individuals to invest in learning and development opportunities. However, there is significant evidence to suggest that investment in leadership is a critical pathway to achieving transformational change.

The Bridgespan Group report *Field Building for Population Level Change* reviewed 35 sectors (or “fields”) and analysed the common characteristics that enabled fields to achieve population-level change. Investing in leadership was identified as

the second priority (after establishing a research base) that enabled groups of actors to drive wholesale change across their sector.⁸

The comprehensive study *Social Impact Multipliers, Leadership Development for Indian Social Sector* also tests and confirms the assertion that leadership development is “*critical for a social purpose organisation to achieve scale and impact for sustainable social change.*”⁹

Furthermore, with more funders and governments keen to support initiatives and collaborations that can achieve impact at scale, there is a strong rationale to make investments that can transform a system, rather than ensure delivery of specific programmes. Leaders play a critical role in unlocking future funding opportunities; therefore, it is important to consider the interrelationship between leadership, resources, and new mechanisms for collective funding. Addressing barriers such as skill gaps and the prevailing mindset in the sector—where the focus is often on individual organizations rather than shared goals—can unlock potential. Investing in leadership for 2030 In Sight should therefore be a key part of component of organisational and sector strategies to drive systemic change.



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APPROACHES TO LEADERSHIP DEVELOPMENT

Through the interviews conducted for this report, a range of strategies for capability development were shared. These were relatively consistent across the interviewees. However, it was clear that there was little conversation between individuals and organisations about their approach to leadership development, or

capability building in general. While sector resources are widely shared, these typically focus on technical capabilities, rather than leadership development. There appeared to be little sharing of learning strategies and resources across organisations in eye health, despite there being a culture of shared learning resources in the non-profit sector more generally, with examples such as the Kaya platform from Save the Children.¹⁰

LEARNING ON THE JOB

Experiential learning was by many thought to be one of the most compelling approaches to leadership development, due to the immediate impact for both the individual and the organisation. However, it is clear that it is most successful when it is properly supported by more senior staff, and part of an intentional approach to provide an opportunity for development.

IN-HOUSE DEVELOPMENT PROGRAMMES

Some organisations create their own in-house development programmes to support leadership skills building. Larger organisations have established programmes and pathways, and smaller organisations will often buy in external resource to create bespoke programmes. There is little sharing of such resources across organisations at present.

EXTERNAL DEVELOPMENT OPPORTUNITIES

Many organisations send staff on external programmes, particularly when looking to support the development of talented leaders. Furthermore, many individuals self-sponsor or secure scholarships to attend similar courses. Some of these programmes are national programmes, but it also appeared common (and part of the appeal and overall learning experience) for individuals to travel to other countries to participate in particular courses. Programmes referenced are cited in the mapping in Appendix A.

ATTENDING SECTOR EVENTS

Those interviewed often recognised that attending sector events provided an opportunity for leadership development. However, it was not apparent that this was a commonly used approach for capability building, nor opportunities

for participation built into professional development plans or leadership pathways.

MENTORSHIP

Mentorship was regularly referenced as an important part of leadership development, with many of the leadership development programmes offered by professional associations offering some kind of mentorship opportunities. However, feedback also suggested that mentorship programmes were challenging to maintain, due to

difficulties sustaining commitment from both mentors and mentees and ensuring appropriate matches.

PEER TO PEER LEARNING

Learning from and with peers was highly valued as part of any kind of learning, as was being part of diverse cohorts that enabled knowledge exchange across organisations. However, these opportunities weren't actively constructed by organisations, aside from sending staff on external programmes.

ESSENTIAL COMPONENTS FOR LEADERSHIP DEVELOPMENT OPPORTUNITIES

Through the conversations, interviewees proposed a range of characteristics of successful leadership programmes:

Cohorts and alumni networks: Learning from peers was frequently mentioned as the most valuable aspect of a program, and successful programs carefully nurtured diverse and inclusive groups. Maintaining connections after the course was also important, with many interviewees highlighting their experiences of forming lifelong friendships and support networks through leadership programs.

Practical, applied design: Course that moved swiftly from theory to practice were considered much more valuable

than anything too conceptual. While some theory was seen as necessary for understanding, approaches that enabled participants to quickly apply that theory to their work, and learn by conducting projects, or collaborative initiatives were preferred.

Cultural and contextual adaption: Leadership development approaches should account for cultural, linguistic, and regional differences. Courses where these differences were valued, explored, and seen as learning opportunities, were thought to be most successful.

Incorporating lessons from multiple sectors: Many interviewees suggested incorporating strategies from different sectors to enhance leadership development, particularly recommending that the non-profit sector adopt business and entrepreneurial approaches.

ENTHUSIASM FOR LEADERSHIP DEVELOPMENT OPPORTUNITIES

In almost all of the interviews conducted, respondents welcomed the conversation and were enthusiastic about the opportunities to raise the importance of the challenge of leadership development across the sector. Many of those interviewed saw it as an overlooked, and undervalued aspect of driving progress.

“Leadership is frequently neglected and seen as automatic”

While there was pragmatism about the pressure on resources and time that provide the biggest barriers to investing in leadership development, there was also a sense of openness to new opportunities and supporting renewed conversations.



Photo Submitted by: Rumela De to the IAPB World Sight Day Photo Competition

FINAL REFLECTIONS AND NEXT STEPS

As Caroline Casey states in her Foreword to this report, leadership development is the forgotten priority of eye health. There is a strong evidence base for the need to develop the requisite skills to transform eye health, and a healthy self-awareness across the sector at the current lack of progress. If we are to tackle the problem more quickly than it's growing, we need to accelerate the pace of change. To do this, we must invest in our people.

Given the strong momentum at a global level to prioritise eye health as a key part of social and economic development, and the plans to hold a Global Summit for Eye Health in 2026, the time is ripe to prioritise the leadership needed to take on this challenge.

The proposed next steps and recommendations offer a starting point for discussion as to how the sector, and the IAPB Secretariat, can build the skills to deliver what we want to achieve at the Global Summit for Eye Health, and implement the change that will follow it.

NEXT STEPS

IAPB will seek to:

- Drive sector understanding of systems-based approaches and the value of investing in leadership development
- Equip IAPB members and stakeholders with the skills and confidence to drive transformative change in line with the goals of the Global Summit for Eye Health

- Explore methods to assess progress towards this mindset shift and skill development

To do this we will:

1. Provide skill-building opportunities in critical leadership skills for 2030 In Sight, as defined in this report. This will be done through:
 - Hosting skill-building programmes both in-person and online. These programmes will be aligned with driving progress on the goals of the Global Summit for Eye Health and designed to reflect cultural appropriateness and inclusivity, ensuring relevance across diverse contexts
 - Sharing opportunities and programmes that already exist
 - Supporting the continued development of current systems leaders by offering resources, networking, and tailored programmes to help them sustain and expand their impact.
2. Continue to understand the various effective programmes already being run and work with current training providers to expand their programming to cover the leadership skills identified.
3. Collaborate with members who are interested in investing in leadership development, whether internally or in their programming. The Secretariat will share research, knowledge, and expertise, and make connections with

other relevant organisations.

4. Celebrate and raise the profile of current positive examples of leadership for 2030 In Sight. The secretariat will celebrate these organisations or individuals, through award schemes, events, publications, and by providing them with a larger platform to tell their story and share their lessons.
5. Share knowledge, ideas, and resources relevant to leadership development for 2030 In Sight.

RECOMMENDATIONS FOR IAPB MEMBERS AND THE WIDER EYE HEALTH SECTOR

These recommendations are drawn from the interviews conducted with established eye-health sector leaders. They are not exhaustive but intended as a starting point for discussion.

It is also imperative to consider how to enable participation from members and stakeholders with limited resources, and what the broader role of the sector may need to be to ensure leadership development in eye health is equitable and inclusive.

- Re-establish leadership development as a key priority for driving progress to the goals of 2030 In Sight and the Global Summit for Eye Health.
- Embed leadership development into programme / project design, ensuring key staff and external stakeholders are supported to collectively develop

their skills to further the success of eye health initiatives.

- Review or create leadership development pathways for staff that respond to the leadership skills identified.
- Invest in staff by sending them on leadership development programmes that prioritise the identified skill areas.
- Incorporate attendance at regional and global sector events as part of potential leadership pathways, collaborating with other organisations to create cohorts of peers attending similar events.
- Share ideas, resources, strategies, etc for leadership development proactively and responsively with other organisations.
- Identify and publicise known development opportunities in these skills areas.

Given that the definition of leadership we have proposed embraces the power of collective action, these recommendations only have value if they are considered, challenged, and embraced by others. To offer feedback, ideas, or to join the conversation, contact leadership@iapb.org.

APPENDIX A – CURRENT OPPORTUNITIES

In the research for this report, we collated information about numerous leadership development opportunities within and beyond the eye health sector. This collation was not conducted as a formal mapping process, and did not use any particular definition of leadership, with the aim of capturing as many initiatives as possible.

We found that while there is a rich tradition of leadership development within the clinical associations, there are few other opportunities available within the eye health sector. Furthermore, while these programmes do touch on some of the critical skills identified for leadership for 2030 In Sight (self-awareness, or advocacy for example), none cover all. There is a particular gap in programmes that support participants to develop skills in understanding and navigating complex systems, and also the facilitation and negotiation, influencing needed for coalition building.

For those operating outside ophthalmology or optometry, there are a tiny number of eye-health specific (or related) options available. As discussed in the last chapter,

organisations seeking to develop their staff typically either create their own initiatives, or source solutions from consultants or training organisations. There is little conversation or knowledge sharing between organisations about what they have used, or what has worked well.

Appendix A presents a brief overview of the programmes referenced during this mapping process. This is not intended as a comprehensive detailing of leadership development programmes, as that is beyond the scope of this report. However, it will hopefully serve as a useful reference point for those interested in understanding the leadership development landscape from an eye health perspective and exploring potential opportunities for themselves or their organisation.

Please note: the programmes listed below are not recommended by IAPB, or IAPB member organisations. We encourage anyone interested in participating in a programme to fully research the opportunity and seek recommendations from peers.

LEADERSHIP DEVELOPMENT PROGRAMMES WITHIN EYE HEALTH

COURSE	PROVIDER	REGION
AOA Leadership Institute	American Optometric Association	USA
Leadership Development Programme	American Academy of Ophthalmology (USA)	USA

COURSE	PROVIDER	REGION
<u>Leadership Development Programme</u>	Asia-Pacific Academy of Ophthalmology	SE Asia / Western Pacific
<u>APAO-YO</u>	Asia-Pacific Academy of Ophthalmology	SE Asia / Western Pacific
<u>Leadership Course</u>	Pan-American Association of Ophthalmology	Latin America
<u>Leadership and management (for strengthened public eye health services)</u>	University of Cape Town Community Eye Health Institute	Africa / Global
<u>Emerging Optical Leaders Executive Summit</u>	Vision Council	North America
<u>Optometry Program in Advocacy and Leadership (OPAL)</u>	World Council of Optometry	Global

Please note: Many national professional societies run training programmes, including ones with a focus on leadership. This is not a comprehensive list, those mentioned were referenced in the interviews conducted for this report.

GLOBAL / PUBLIC HEALTH PROGRAMMES WITH A FOCUS ON EYE HEALTH

COURSE	PROVIDER	REGION
<u>MSc Public Health for Eye Care</u>	London School of Hygiene and Tropical Medicine International Centre for Eye Health	Europe / Global
<u>Short Course in Global Eye Health</u>	London School of Hygiene and Tropical Medicine International Centre for Eye Health	Europe / Global

COURSE	PROVIDER	REGION
<u>Postgraduate diploma in Community Eye Health</u> <u>Advocacy and health promotion (for strengthened public eye health services)</u> <u>Eye and health systems (for strengthened public eye health services)</u> <u>Community eye health (for strengthened public eye health services)</u>	University of Cape Town Community Eye Health Institute	Africa / Global

Numerous Universities also provide Global Ophthalmology Fellowship programmes, which provide opportunities for individuals to deliver eye care in different parts of the world.

SYSTEMS LEADERSHIP PROGRAMMES AND PROVIDERS

COURSE	PROVIDER	REGION
<u>Systems Practice</u>	Acumen Academy	Global
<u>Introduction to Systems Change</u> <u>Systems Change Masterclass</u> <u>Working with Government as a Pathway to Systems Change</u>	Ashoka	Global
<u>Africa Leadership Accelerator / U.S. Leadership Accelerator</u>	Global Health Corps	Sub-Saharan Africa and USA
<u>Systems Leadership Training</u>	The Healthcare Leadership Academy (HLA)	Southeast Asia

COURSE	PROVIDER	REGION
<u>Basecamp</u> <u>Delta</u> <u>Spark</u>	School of Systems Change	Europe / Global
<u>Systems Leadership Foundation Programme</u>	Singapore Institute of Management	Southeast Asia
<u>Systemcraft Essentials</u>	Wasafiri	Europe / Global

SYSTEMS LEADERSHIP PROGRAMMES AND PROVIDERS

COURSE	PROVIDER	REGION
<u>Various programmes</u>	Aravind	Southeast Asia
<u>Various programmes</u>	Centre for Creative Leadership	Global
<u>Leadership for Systems Change, Delivering Social Impact at Scale</u>	Harvard Kennedy School	North America
<u>ILSS Leadership programme</u>	India Leaders for Social Sector	Southeast Asia
<u>Asian Institute for Healthcare Leadership and Management (Asian HEAL)</u>	SingHealth	Southeast Asia
<u>Making Market Systems Work</u>	Springfield Centre	Global / Southeast Asia
<u>Various programmes</u>	Spring Impact	Global
<u>Leadership in Medicine: Southeast Asia</u>	Sunway University, Malaysia & Harvard Medical School, USA	Southeast Asia

APPENDIX B – INTERVIEWS

INDIVIDUAL	ORGANISATION
Tania Ghiani	Abbvie
Gail Schmidt	American Academy of Ophthalmology
Muhammed Moin	Asia-Pacific Academy of Ophthalmology
Rainer Brockhaus	CBM
K-T Overbey	Cure Blindness Project
Sarity Dodson Sally Ingram Ian Wishart	The Fred Hollows Foundation
Ryan Toews	Fundación Visión
Sarah Bouchie	Helen Keller International
Jude Stern	International Agency for the Prevention of Blindness
Victoria Sheffield	International Eye Foundation
Andrew Bastawrous	London School of Hygiene and Tropical Medicine
Rohit Khanna	LV Prasad Eye Institute
Elizabeth Kurian	Mission for Vision
Reade Fahs	National Vision
Boateng Wiafe Kashinath Bhoosnurmath	Operation Eyesight
Karl Golnik	Ophthalmology Foundation
Doris Macharia	Orbis
Mark Lorey	Restoring Vision
Dominic Haslam	Sightsavers
Deon Minnies	University of Cape Town
Ashley Mills	The Vision Council
Ella Gudwin	Vision Spring
Juan Francisco Yee	Visualiza
Sandra Block	World Council of Optometry
Alarcos Cieza	WHO

APPENDIX C - SOURCES

The following resources were reviewed as part of the desk research for this report:

TITLE	AUTHOR	PUBLISHER	YEAR
<u>Eye care competency framework</u>		World Health Organisation	2022
<u>The Lancet Global Health Commission on Global Eye Health: vision beyond 2020</u>	Matthew Burton., et al	Lancet Global Health	2021
<u>2030 In Sight, a Strategic Initiative</u>		IAPB	2021
<u>Field Building for Population-Level Change</u>	Lija McHugh Farnham, Emma Nothmann, Cora Daniels	Bridgespan Group	2020
<u>Connecting healthcare professionals in Central America through management and leadership development: a social network analysis</u>	Andrea M. Prado, Andy A. Pearson, Nathan S. Bertelsen & José A. PagánGlo	Globalisation and Health	2020
<u>Strengthening Leadership Development in Southern Africa</u>	Lebogang Mahlalela	Samuel Centre for Social Connectedness	2020
<u>Delivering on Sustainable Development Goals Requires Transformational, Inclusive Leadership</u>	Amina Mohammed	United Nations	2019
<u>Systems Leadership for Sustainable Development: Strategies for Achieving Systemic Change</u>	Lisa Dreier, David Nabarro and Jane Nelson	Harvard Kennedy School, Corporate Responsibility Initiative	2019
<u>Social Impact Multipliers: Leadership Development for Indian Social Sector</u>	Aarti Mohan, Ritu Kaliaden, Abhineet Singh Malhotra, Tulshe Chowdhury and Kanika Kandoi	Sattva, Indian School of Development Management	2018

TITLE	AUTHOR	PUBLISHER	YEAR
<u>What exactly do we mean by systems?</u>	Dan Vexler	Stanford Social Innovation Review	2017
<u>Social change model; facilitating leadership development</u>	Kristan C. Skendall, Daniel T. Ostick, Susan R. Komives, Wendy Wagner	Jossey-Bass	2017
<u>The Dawn of Systems Leadership</u>	Peter Senge, Hal Hamilton & John Kania	Stanford Social Innovation Review	2015
<u>Pathways to Resilience – Transforming Cities in a Changing Climate</u>	Movement Strategy Centre, Movement Generation, The Praxis Project, Reimagine! RP&E	Kresge Foundation	2015
<u>Understanding Societal Leadership: Strategy and Impact</u>	Lai Cheng LIM, Molly Delaney	Institute for Societal Leadership, Singapore Management University	2015
<u>Systems Leadership, Exceptional Leadership for Exceptional Times – synthesis paper</u>	Deborah Gate, Jane Lewis, David Welbourn	Colebrooke Centre for Evidence and Implementation with the Centre for Health Enterprise, Cass Business School, City University London	2013
<u>Building bridges from the margins: The work of leadership in social change organizations</u>	Sonia Ospina, Erica Foldy	The Leadership Quarterly	2010
<u>Building fields for Policy Change</u>	Lucy Bernholz, Tony Wang	Blueprint Research and Design, Inc	2010
<u>Social Movements and Philanthropy: How Foundations Can Support Movement Building</u>	Barbara Masters, Torie Osborn	Dorothy A. Johnson Center for Philanthropy at Grand Valley State University	2010

TITLE	AUTHOR	PUBLISHER	YEAR
<u>Facilitating Social Change Leadership Theory: 10 Recommendations toward Effective Leadership</u>	Willis M. Watt	Journal of Leadership Education	2009
<u>The Practice of Adaptive Leadership: Tools and Tactics for Changing Your Organization and the World</u>	Ronald Heifetz, Marty Linsky, Alexander Grashow	Harvard Business Press	2009
<u>Catalysing Networks for Social Change – A Funder’s Guide</u>	Diana Scearce	Monitor Institute, Grantmakers for Effective Organisations	
<u>Catalyst2030.net/what-is-systems-change</u>		https://catalyst2030.net/	
<u>The Future of Leadership</u>		The Collective Leadership Institute	
<u>Impact = Influence + Leverage + Learning</u>	Joel Gutierrez, Sarah Stachowiaz, June Han	ORS Impact	
<u>LEAD framework and approach</u>		Nepal Leadership Academy	
<u>What it takes to build or bend a field of practice</u>	Spark Policy Institute	Kresge Foundation	
<u>What makes a good leader for social change</u>		Original Power	
<u>Why Systems Change?</u>	Karinna Nolan	School of Systems Change	

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Mohammed Moin, APAO,

Sasipriya M Karumanchi, LAICO – Aravind Eye Care System.

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ENDNOTES

- 1 Burton, MJ., et al (2021). The Lancet Global Health Commission on Global Eye Health: vision beyond 2020. Lancet Global Health. 2021 Apr;9(4): e489-e551
- 2 IAPB, (2021). 2030 In Sight, a Strategic Initiative
- 3 WHO, (2022). Eye care competency framework
- 4 Heifetz, R. A., Grashow, A., & Linsky, M. (2009). The Practice of Adaptive Leadership: Tools and Tactics for Changing Your Organization and the World.
- 5 Dreier, L., Nabarro, D., Nelson, J. (2019). Systems Leadership for Sustainable Development: Strategies for Achieving Systemic Change
[Catalyst2030.net/what-is-systems-change](https://catalyst2030.net/what-is-systems-change)
- 6 Dreier, L., Nabarro, D., Nelson, J. (2019). Systems Leadership for Sustainable Development: Strategies for Achieving Systemic Change
- 7 Farnham, L., Nothmann, E., Tamaki, Z., and Daniels, C., 2020. Field Building for Population-Level Change. Written for The Bridgespan Group.
- 8 Mohan, A., Kaliaden, R., Singh Malhotra, A., Chowdhury T., and Kanika Kandoi
- 9 <https://kayaconnect.org/>
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