



VISION 2020: THE RIGHT TO SIGHT

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THIS CHAPTER WILL INCLUDE A REVIEW OF:

- Vision 2020
- Human resources
- Coordination of vision 2020
- Millennium development goals (MDG) and vision 2020
- Impact of vision 2020

All resources for the Vision 2020: Right to Sight Campaign can be accessed at:
http://www.who.int/ncd/vision2020_actionplan/contents/contents.htm

VISION 2020

In 1998, the World Health Organisation and the International Agency for the Prevention of Blindness (IAPB) launched VISION 2020: The Right to Sight. This program brought together a range of participants including non governmental organisations, governments, professional associations, the optical industry and educational institutions (World Health Organisation, 1998).

The aim of VISION 2020 is to eliminate avoidable blindness by the year 2020. Recognising the difficulties with targeting all ocular diseases and causes of blindness, the program identified key priority areas that included: cataracts, trachoma, onchocerciasis, childhood blindness and refractive errors. These conditions are the major causes of blindness in the developing world and effective screening and treatment modalities are available for these conditions. Screening techniques, in particular, for these conditions have displayed high sensitivity and specificity making them ideal for the efficient utilisation of sparse resources.

BASIS OF PRIORITIES FOR VISION 2020

- 75% of blindness and visual impairment occurs in the poor and very poor communities of the world
- 75% of blindness and visual impairment is a result of five preventable or treatable conditions (cataract, refractive errors and low vision, trachoma, onchocerciasis and causes of childhood blindness). For each of them there is a cost-effective intervention.

If priority is given, at the global level, to improving eye care services for neglected communities, and to targeting these five diseases, then in 2020, it is calculated that instead of more than 75 million blind people the number can be reduced to less than 25 million.



VISION 2020(CONT.)

Primary health care workers are ideally placed to identify blind and visually impaired people in the community. With additional training they can diagnose and refer patients to the appropriate eye care workers and provide basic treatment for simple eye diseases.

GUIDING PRINCIPLES OF VISION 2020

These can be summarized in the acronym "ISEE":

- Integrated into existing health care systems
- Sustainable in terms of money and other resources
- Equitable care and services available to all, not just the wealthy
- Excellence – a high standard of care throughout

The VISION 2020 program identified key areas for planning namely, Human Resources, Infrastructure development and Disease Control.

VISION 2020 member countries are urged to develop and implement country specific VISION 2020 plans. Inherent in the strategy of Vision 2020 is the recognition that those countries which do not recognise chosen ocular conditions as priorities, could focus on alternate conditions which may differ from country to country-based on the most prevalent causes of avoidable blindness within the country. Furthermore the focus on particular ocular conditions does not preclude programs from treating and managing glaucoma, diabetic retinopathy, hypertensive retinopathy and other leading causes of blindness. VISION 2020 in defining a collective strategy focuses energy on a particular group of diseases. The regular programmes aimed at treating and managing those conditions which are not defined in the priority list, need to continue. It can also be argued that screening and treating patients with cataract, refractive errors and the other priorities will inevitably lead to the detection of other potentially blinding disease and could serve as ideal case finders for those difficult to screen for conditions.

HUMAN RESOURCES

Human Resources remain a key challenge to VISION 2020. The lack of trained personnel in developing countries and the propensity of individuals to emigrate remains a constant challenge to planning and development. Furthermore many skilled ophthalmic nurses are often deployed into other hospital departments in order to meet more urgent needs e.g. management of patients with HIV. Central to the strategy of VISION 2020 is the mobilisation of all available human resources. There is also a recognition that different cadres of eye care workers are needed based on the local conditions. In addition the same group of eye care workers may be deployed differently in various countries based on the local circumstances.

HUMAN RESOURCE NEEDS

The basic premise in determining human resources according the WHO is a population to practitioner ratio. This usually ranges from a high to a low figure based on existing resources.² A point in example is the ratio of optometrists to population is realistically set at 1:250 000 because of the difficulties with recruiting practitioners into the public sector. A vibrant private sector coupled with poor working conditions and salaries works against the successful integration of the profession into the public sector. Further the overwhelming orientation of the training to a private sector ethos has produced limited number of practitioners with the willingness to work for the public sector.

HUMAN RESOURCES(CONT.)

The WHO has recommended specific ratios for human resources in Africa. In Table 3.1 are the recommended ratios for human resources in Sub-Saharan Africa:

Table 3-1: Recommended ratios for human resources in Sub-Saharan Africa

EYE PROFESSIONAL	RATIO
Ophthalmologists	1:400 000 by 2010 and 1: 250 000 by 2020
Optometrists	no definite ratio is provided but can use refractionist ratio
Ophthalmic Nurses	1: 200 000 by 2010 and 1: 100 000 by 2020
Ophthalmic Medical Assistant	1: 200 000 by 2010 and 1: 100 000 by 2020
Refractionist	1: 100 000 by 2010 and 1: 50 000 by 2020

INFRASTRUCTURE DEVELOPMENT

Much of the developing world is confronted by a lack of eye clinics and the appropriate equipment to cater for patients. There is a need therefore to develop such infrastructure. However the capacity for infrastructure growth is limited in most developing countries. There is a constant battle between competing priorities. This reality has been further complicated by the aids pandemic. The lack of infrastructure both in terms of buildings and equipment often challenges eye care programs to be innovative and develop cost effective strategies with the least capital expenditure.

DISEASE CONTROL

Disease control is dependant on the human resources, infrastructure as well as the prevalence data. The prevalence data assists in determining priorities for treatment as well as health promotion efforts.

VISION 2020 defines priorities namely, cataract, trachoma, onchocerciasis, childhood blindness and refractive errors, based on the data currently available as well as the existence of appropriate screening and prevention techniques. However this reality changes at a micro (country, province, district) level whereby great variation in eye disease profile manifests, even among developing countries.

The development of appropriate screening and clinical techniques and defining protocols for the management of ocular conditions, is a priority of disease control.

COORDINATION OF VISION 2020

Formatting a National Coordinating Body for VISION 2020

A national VISION 2020 Committee should have representation from all the relevant stakeholders:

1. Ministries of Health
2. Ophthalmologists, optometrists and other eye care practitioners
3. Local and international non-governmental eye care providers
4. Private sector

If a National Prevention of Blindness Committee already exists, it need not be dissolved, but could be made "VISION 2020 compliant".

The committee should be well integrated in the existing health care structure with the Ministry of Health in a coordinating role, and should meet at least twice annually.

It is advisable to have a small taskforce or executive committee under the Ministry of Health, made up of the key individuals in national eye care, which meets once every 1–3 months and reports to the National VISION 2020 Committee. A dedicated full-time National VISION 2020 Coordinator would be ideal.

COORDINATION OF VISION 2020(CONT.)

It is important to develop a good collaboration and co-ordination between all the relevant stakeholders, including the private sector. A national plan is needed to identify the priorities for action and who will be responsible for each activity (see Fig. 3-1).

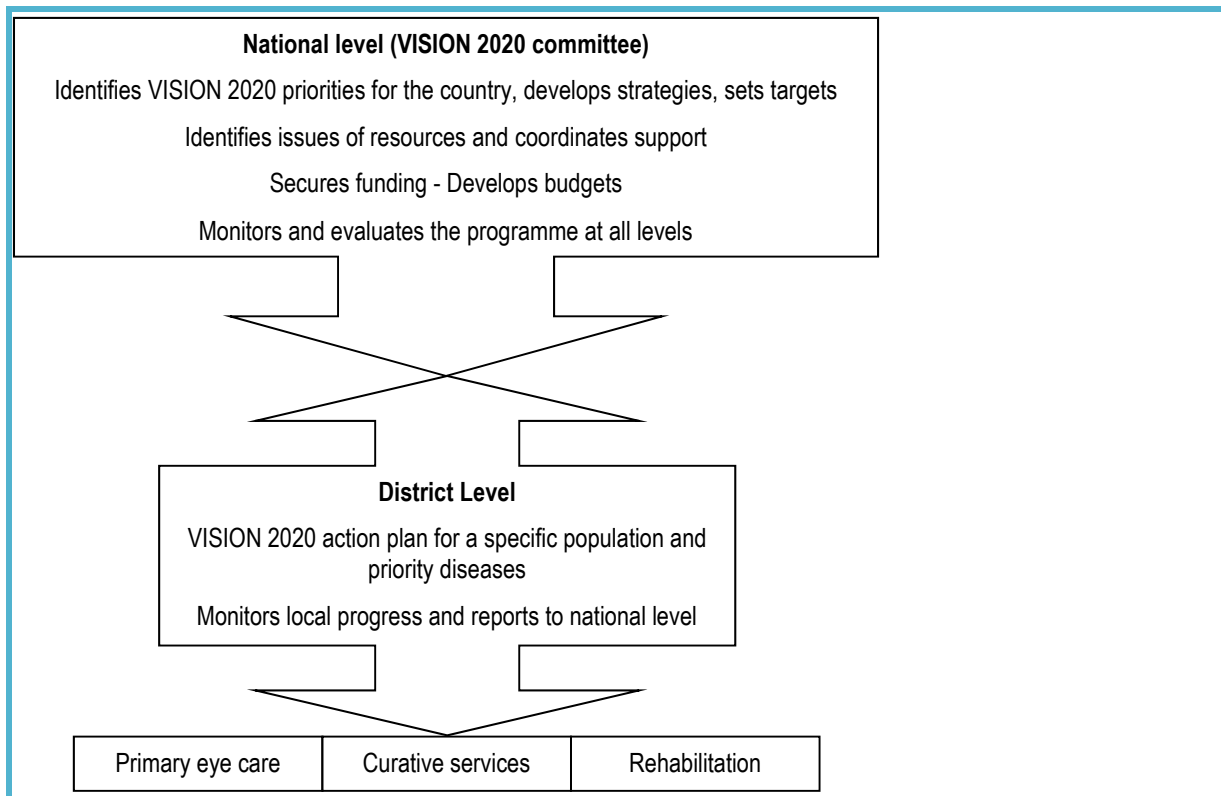


Figure 3-1: A national plan is needed to identify the priorities for action and who will be responsible for each activity

A planning committee may be at national level, provincial level or project level. The committee will be small and active and may be structured to include members from the Ministry of Health; Public health; Ophthalmology/eye care services; the community; local NGO/Service Organisation; International Non-governmental Development Organisations (INGDO) and United Nations (UN) agencies.

FUNCTIONS OF THE COMMITTEE

- Plan a Prevention of Blindness (PBL) / eye care programme
- Mobilise resources / funding for the programme
- Implement activities
- Evaluate progress and results

WORLD HEALTH ASSEMBLY RESOLUTIONS WHA56.26 AND WHA59.25

In 2003, global political commitment to VISION 2020 was reaffirmed through the adoption of resolution WHA56.26 by the World Health Assembly, urging each member state to:

- Support the global initiative for the elimination of avoidable blindness by drafting, by 2005 at the latest, a national VISION 2020 plan – in partnership with WHO and in collaboration with NGOs and the private sector
- Commence implementation of such plans by 2007 (at the latest)
- Include effective information systems in national plans – with standardized indicators and periodic monitoring and evaluation, with the aim of showing a reduction in the magnitude of avoidable blindness by 2010

In 2006, resolution WHA59.25, “Prevention of avoidable blindness and visual impairment” was adopted – expanding on the base laid down in resolution WHA 56.26 (World Health Organisation, 2010).

COORDINATION OF VISION 2020(CONT.)

IMPLEMENTATION OF VISION 2020 TO DATE

As of December 2007, 135 WHO member states have participated in a VISION 2020 workshop, 107 have formed national committees, and 91 have drafted VISION 2020 national plans.

MILLENNIUM DEVELOPMENT GOALS (MDG) AND VISION 2020

THE MILLENNIUM DEVELOPMENT GOALS

The Millennium Development Goals (MDGs) were developed out of the eight chapters of the United Nations Millennium Declaration, which in September 2000 was signed by 189 countries, including 147 Heads of State (United Nations, 2000). The MDGs include goals and concrete targets for development, representing the commitments of member nations to reduce poverty and hunger, and to tackle ill-health, gender inequality, illiteracy, lack of access to clean water and environmental degradation by the year 2015. They also represent the basic rights of each person on earth to health, education, shelter and security.

Eight goals and 21 ambitious targets of the MDGs

1. Eradicate extreme poverty and hunger

- Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day
- Achieve full and productive employment and decent work for all, including women and young people
- Halve, between 1990 and 2015, the proportion of people who suffer from hunger

2. Achieve universal primary education

- Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

3. Promote gender equality and empower women

- Eliminate gender disparity in primary and secondary education preferably by 2005, and at all levels by 2015.

4. Reduce child mortality

- Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

5. Improve maternal health

- Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio
- Achieve, by 2015, universal access to reproductive health

6. Combat HIV/AIDS, malaria, and other diseases

- Have halted by 2015 and begun to reverse the spread of HIV/AIDS
- Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it
- Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

7. Ensure environmental sustainability

- Integrate the principles of sustainable development into country policies and programs; reverse loss of environmental resources
- Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss
- Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation
- By 2020, to have achieved a significant improvement in the lives of at least 100 million slum-dwellers

8. Develop a global partnership for development

- Develop further an open trading and financial system that is rule-based, predictable and non-discriminatory. Includes a commitment to good governance, development and poverty reduction—nationally and internationally
- Address the special needs of the least developed countries. This includes tariff and quota free access for their exports; enhanced programme of debt relief for heavily indebted poor countries; and cancellation of official bilateral debt; and more generous official development assistance for countries committed to poverty reduction
- Address the special needs of landlocked and small island developing States

MILLENNIUM DEVELOPMENT GOALS (MDG) AND VISION 2020(CONT.)

- Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term
- In cooperation with developing countries, develop and implement strategies for decent and productive work for youth
- In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries
- In cooperation with the private sector, make available the benefits of new technologies, especially information and communications

VISION FOR AFRICA PROPOSAL

Faal & Gilbert, 2007, The VISION FOR AFRICA proposal summarizes the link between vision impairment and the millennium development goals as follows:

MDG 1: Eradicate extreme poverty and hunger

Studies have demonstrated that vision impairment is both a cause and consequence of poverty. Globally, the prevalence of blindness is five-fold higher in poor than rich countries, and research in India and Pakistan has shown that poor people are more likely to be blind. In 2005-2006, a study by Kuper *et al* (2008) showed that people with cataract in Kenya, the Philippines and Bangladesh were poorer than those with normal sight, and demonstrated the need for increased cataract surgeries for poor people. In Cambodia, a survey conducted with post-operative cataract patients showed that over 90 per cent of respondents said their quality of life had improved after sight-restoring surgery, that they no longer needed anyone to look after them, and that they could assist in cultivating crops and working around the house.

Extrapolations at a global level have shown that a successful global VISION 2020 eye care program could prevent more than 100 million cases of blindness between 2000 and 2020, with savings of at least US\$102 billion, which would otherwise be lost to reductions in productivity associated with blindness. And in 2007, the global economic productivity loss in international dollars (I\$) associated with the burden of vision impairment was approximately I\$ 427.7 billion before, and I\$ 268.8 billion after, adjustment for country-specific labour force participation and employment rates. With the same adjustment, but assuming no economic productivity for individuals aged ≥ 50 years, the potential productivity loss was approximately I\$ 121.4 billion.

With appropriate funding, vision impairment can be substantially reduced and certain conditions can be effectively eliminated. In Vietnam and Morocco, for instance, sustained effort by governments, international agencies and the eye care sector has resulted in the elimination of trachoma as a major public health problem. In Gambia, the 10-year National Eye Care Program from 1986 to 1996 led to reductions of 40 per cent in the prevalence of blindness, including the elimination of over half of all trachoma.

MDG 2: Achieve universal education

Approximately 90 per cent of vision impaired children in developing countries are deprived of schooling. Lack of infrastructure, affordable health care, accessible and suitable school materials and qualified teachers prevent vision impaired children from attending school in many low income countries. Blindness among adults in the family may also result in decreased school attendance and performance, as blind adults are dependant on school aged children for care.

MDG 3: Promote gender equality and empower women

Women are affected by blindness and vision impairment to a much greater degree than men. A review of population-based surveys carried out between 1980 and 2000 showed that, in people aged older than 50 years, blindness is about 40 per cent more common in women than men. Since then, a large number of national surveys and assessments have confirmed these earlier findings. Surveys have revealed that women account for approximately 64 per cent of the total number of blind people globally, and that in some areas women are half as likely to be able to access eye care (Courtright & Lewallen, 2009). Studies indicate that women generally have less access to cataract services, and that girls are more likely to have trachoma than boys.

MDG 4: Reduce child mortality

Up to 60 per cent of children in low income countries die within two years of becoming blind, and approximately 500,000 children become blind each year (Faal & Gilbert, 2007). Many of the conditions associated with child blindness are also causes of child mortality (premature birth, measles, congenital rubella, vitamin A deficiency, and meningitis).

MILLENNIUM DEVELOPMENT GOALS (MDG) AND VISION 2020(CONT.)

The Australian Government has acknowledged that MDG 4 will not be met unless there is an increase in funding and development of national strategies to ensure effective allocation of resources. By providing further funding for the elimination of avoidable blindness, the Australian Government can continue to lead by example in reducing vision impairment among children, thereby reducing child mortality.

MDG 6: Combat HIV/AIDS, malaria and other diseases

Hundreds of millions of people experience vision impairment and blindness caused by diseases including cataract, glaucoma, river blindness and trachoma. The reference to 'other diseases' in MDG 6 provides a direct opportunity for concerted action to recognise and address these diseases.

Additionally, people living with disability are equally, or more, exposed to risk factors that lead to infectious diseases and have limited access to outreach and treatment services. Global Consortium programs address this by reducing the prevalence of vision impairment, and by addressing the needs of people with disabilities. Global Consortium programs also contribute to reducing the impact of HIV/AIDS, malaria and other diseases by utilising a public health approach which improves eye health services, and by providing that includes maternal and child health care, health education, and good nutrition.

MDG 7: Ensure environmental sustainability

People in low-income countries living with a disability are likely to have lower standards of housing conditions and have less access to clean water and sanitation. Facilitating access to clean water and sanitation is one element of Global Consortium programs, particularly in efforts to eliminate trachoma in the Pacific.

MDG 8: Develop a global partnership for development

The global VISION 2020 initiative, Vision 2020 Australia's Global Consortium, and the Vision for Africa Consortium each represent unique and effective responses to MDG 8. The fostering of strong partnerships between Ministries of Health, international and national organisations, professional organisations and civil society groups, ensures that the benefits of partnership are experienced at national, regional and community levels. They directly benefit the poorest of the poor, enable expertise to be shared and built upon, and by minimising program overlap and inefficiency contribute to the goals of the Paris Declaration and Accra Agenda for Action. Table 3.2 outlines VISION 2020's approach to addressing the millennium development goals.

Table 3-2: Summary – VISION 2020 Addressing the Millennium Development Goals

ALLEVIATING POVERTY	Treating blind will decrease burden to society which in turn increases income generation
EDUCATION FOR ALL	Childhood blindness programmes and rehabilitation would increase education opportunities
FEMALE EMPOWERMENT	RE services/ Health education to mothers/ VAD/ Treating mother and child
ENVIRONMENT	Trachoma/ Onchocerciasis/VAD influenced by sanitation and H2O supply
LIMIT DISEASE SPREAD	Community based programmes- Trachoma/ onchocerciasis/ school screening
LIMIT MALNUTRITION	VAD lobby for programmes including fortification/supplementation
LIMIT CHILDHOOD MORTALITY	VAD/Measles/ Corneal Opacity
YOUTH IN EMPLOYMENT	HR development equates to creation of mid level training - PHC/ Case finding.

One should note that the VISION FOR AFRICA proposal can be a guide for every other region and their own developing countries.



IMPACT OF VISION 2020

An estimated 314 million in the world suffer visual impairment, of which about 45 million are blind. Without effective, major intervention, the number of blind people is projected to increase to 76 million by the year 2020.

Seventy five percent of all global blindness is caused by five treatable or preventable conditions, namely:

1. Cataract
2. Refractive errors and low vision
3. Trachoma
4. Onchocerciasis
5. Childhood blindness (mainly due to vitamin A deficiency)

If the VISION 2020 initiative is successful in eliminating these causes of avoidable blindness by the year 2020, the number of blind people will be limited to 24 million.

The successful implementation of VISION 2020 would not only reduce the suffering of individuals with visual impairment, but would also provide significant social and economic benefits for society at large.



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