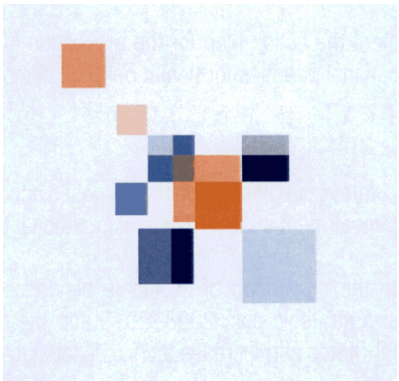
INDICATORS

99. In order to assess trends in the causes of blindness and visual impairment, to measure the progress made by Member States in preventing blindness and visual impairment, and to monitor implementation of this action plan, a set of core process and outcome indicators needs to be identified and defined. The indicators will mostly focus on action taken by the Secretariat and by Member States. Each country may develop its own set of indicators based on priorities and resources; however, in order to track progress globally and regionally, data and information collection needs to be standardized. The current set of indicators used by WHO in monitoring and reporting on the global status of the prevention of blindness and visual impairment[1] should be reviewed and updated. Baseline values are available in WHO for many of the indicators; for those for which there are no baseline values, mechanisms will be established for collecting relevant data.



1 Document WHO/PBL/03.92.

Resolution of the Sixty-second World Health Assembly:

WHA62.1 Prevention of avoidable blindness and visual impairment

The Sixty-second World Health Assembly,

Having considered the report and draft action plan on the prevention of avoidable blindness and visual impairment;[1]

Recalling resolutions WHA56.26 on elimination of avoidable blindness and WHA59.25 on prevention of avoidable blindness and visual impairment;

Recognizing that the action plan for the prevention of avoidable blindness and visual impairment complements the action plan for the global strategy for the prevention and control of noncommunicable diseases endorsed by the Health Assembly in resolution WHA61.14,

1. ENDORSES the action plan for the prevention of avoidable blindness and visual impairment;

2. URGES Member States to implement the action plan for the prevention of avoidable blindness and visual impairment, in accordance with national priorities for health policies, plans and programmes;

3. REQUESTS the Director-General:

   (1) to provide support to Member States in implementing the proposed actions in the plan for the prevention of avoidable blindness and visual impairment in accordance with national priorities;

   (2) to continue to give priority to the prevention of avoidable blindness and visual impairment, within the framework of the Medium-term strategic plan 2008–2013 and the programme budgets in order to strengthen capacity of the Member States and increase technical capacity of the Secretariat;

   (3) to report to the Sixty-fifth and Sixty-seventh World Health Assemblies, through the Executive Board, on progress in implementing the action plan for the prevention of avoidable blindness and visual impairment.

(Sixth plenary meeting, 21 May 2009 –
Committee A, first report)

1 Document A62/7.

Resolution of the Fifty-ninth World Health Assembly:

WHA59.25 Prevention of avoidable blindness and visual impairment

The Fifty-ninth World Health Assembly,

Having considered the report on prevention of avoidable blindness and visual impairment;[1]

Recognizing that more than 161 million people worldwide are visually impaired, of whom 37 million are blind, and that an estimated 75% of blindness is avoidable or curable using established and affordable technologies;

Recalling resolution WHA56.26 on the elimination of avoidable blindness;

Noting that many Member States have committed themselves to providing support for the Global Initiative for the Elimination of Avoidable Blindness, known as Vision 2020 – the Right to Sight;

Noting with concern that only 32% of targeted countries had drafted a national Vision 2020 plan by August 2005;

Acknowledging the links between poverty and blindness, and that blindness places a heavy economic burden on families, communities and countries, particularly developing countries;

Further acknowledging that control of both onchocerciasis and trachoma has come about through the commitment of broad international alliances;

Welcoming the important actions undertaken at regional, subregional and international levels by Member States with a view to achieving substantial progress in the elimination of avoidable blindness through greater international cooperation and solidarity,

1. URGES Member States:

   (1) to reinforce efforts to set up national Vision 2020 plans as called for in resolution WHA56.26;

   (2) to provide support for Vision 2020 plans by mobilizing domestic funding;

   (3) to include prevention of avoidable blindness and visual impairment in national development plans and goals;

   (4) to advance the integration of prevention of avoidable blindness and visual impairment in primary health care and in existing health plans and programmes at regional and national levels;

1 Document A59/12.

(5) to encourage partnerships between the public sector, nongovernmental organizations, the private sector, civil society and communities in programmes and activities for prevention of blindness at all levels;

(6) to develop and strengthen eye-care services and integrate them in the existing health-care system at all levels, including the training and re-training of health workers in visual health;

(7) to promote and provide improved access to health services both with regard to prevention as well as treatment for ocular conditions;

(8) to encourage integration, cooperation and solidarity between countries in the areas of prevention and care for blindness and visual impairment;

(9) to make available within health systems essential medicines and medical supplies needed for eye care;

2. REQUESTS the Director-General:

(1) to give priority to prevention of avoidable blindness and visual impairment, and to provide necessary technical support to Member States;

(2) to provide support to collaboration among countries for prevention of avoidable blindness and visual impairment in particular in the area of training of all categories of relevant staff;

(3) to monitor progress in the Global Initiative for the Elimination of Avoidable Blindness in collaboration with international partners, and to report to the Executive Board every three years;

(4) to ensure that prevention of blindness and visual impairment are included in the implementation and monitoring of WHO's Eleventh General Programme of Work, and to strengthen global, regional and national activities for prevention of blindness;

(5) to add prevention of blindness and visual impairment to WHO's medium-term strategic plan 2008-2013 and proposed programme budget 2008-2009 which are currently in preparation;

(6) to strengthen cooperation through regional, subregional and international efforts with the view to achieving the goals set out in this resolution.

(Ninth plenary meeting, 27 May 2006 –
Committee A, sixth report)

Resolution of the Fifty-sixth World Health Assembly:

WHA56.26
Elimination of avoidable blindness

The Fifty-sixth World Health Assembly,

Having considered the report on elimination of avoidable blindness;[1]

Recalling resolutions WHA22.29, WHA25.55 and WHA28.54 on prevention of blindness, WHA45.10 on *disability prevention and rehabilitation*, and WHA51.11 *on the global elimination of blinding trachoma*;

Recognizing that 45 million people in the world today are blind and that a further 135 million people are visually impaired;

Acknowledging that 90% of the world's blind and visually impaired people live in the poorest countries;

Noting the significant economic impact of this situation on both communities and countries;

Aware that most of the causes of blindness are avoidable and that the treatments available are among the most successful and cost-effective of all health interventions;

Recalling that, in order to tackle avoidable blindness and avoid further increase in numbers of blind and visually impaired people, the Global Initiative for the Elimination of Avoidable Blindness, known as Vision 2020 – the Right to Sight, was launched in 1999 to eliminate avoidable blindness;

Appreciating the efforts made by Member States in recent years to prevent avoidable blindness, but mindful of the need for further action,

1. URGES Member States:

(1) to commit themselves to supporting the Global Initiative for the Elimination of Avoidable Blindness by setting up, not later than 2005, a national Vision 2020 plan, in partnership with WHO and in collaboration with nongovernmental organizations and the private sector;

(2) to establish a national coordinating committee for Vision 2020, or a national blindness prevention committee, which may include representative(s) from consumer or patient groups, to help develop and implement the plan;

(3) to commence implementation of such plans by 2007 at the latest;

(4) to include in such plans effective information systems with standardized indicators and periodic monitoring and evaluation, with the aim of showing a reduction in the magnitude of avoidable blindness by 2010;

1 Document A56/26.

(5) to support the mobilization of resources for eliminating avoidable blindness;

2. REQUESTS the Director-General:

(1) to maintain and strengthen WHO's collaboration with Member States and the partners of the Global Initiative for the Elimination of Avoidable Blindness;

(2) to ensure coordination of the implementation of the Global Initiative, in particular by setting up a monitoring committee grouping all those involved, including representatives of Member States;

(3) to provide support for strengthening national capability, especially through development of human resources, to coordinate, assess and prevent avoidable blindness;

(4) to document, from countries with successful blindness prevention programmes, good practices and blindness prevention systems or models that could be applied or modified in other developing countries;

(5) to report to the Fifty-ninth World Health Assembly on the progress of the Global Initiative.

(Tenth plenary meeting, 28 May 2003 –
Committee B, fifth report)

Resolution of the Fifty-first World Health Assembly:

WHA51.11
Global elimination of blinding trachoma

The Fifty-first World Health Assembly,

Recalling resolutions WHA22.29, WHA25.55 and WHA28.54 on the prevention of blindness, and WHA45.10 on disability prevention and rehabilitation;

Aware of previous efforts and progress made in the global fight against infectious eye diseases, in particular trachoma;

Noting that blinding trachoma still constitutes a serious public health problem amongst the poorest populations in 46 endemic countries;

Concerned that there are at present some 146 million active cases of the disease, mainly among children and women and that, in addition, almost six million people are blind or visually disabled as a result of trachoma;

Recognizing the need for sustainable community-based action - including surgery for inturned eyelids, antibiotics use, facial cleanliness and environmental improvement (the SAFE strategy) - for the elimination of blinding trachoma in the remaining endemic countries;

Encouraged by recent progress towards simplified assessment and enhanced management of the disease, including large-scale preventive measures, particularly for vulnerable groups;

Noting with satisfaction the recent establishment of the WHO alliance for the global elimination of trachoma, comprising certain collaborating nongovernmental organizations and foundations and other interested parties,

1. CALLS ON Member States:

   (1) to apply the new methods for the rapid assessment and mapping of blinding trachoma in the remaining endemic areas;

   (2) to implement, as required, the strategy - including surgery for inturned eyelids, antibiotics use, facial cleanliness and environmental improvement (the SAFE strategy) - for the elimination of blinding trachoma;

   (3) to collaborate in the WHO alliance for the global elimination of trachoma and its network of interested parties for the global coordination of action and specific support;

   (4) to consider all possible intersectoral approaches for community development in endemic areas, particularly for greater access to clean water and basic sanitation for the populations concerned;

2. REQUESTS the Director-General:

(1) to intensify the cooperation needed for the elimination of blinding trachoma with Member States in which the disease is endemic;

(2) further to refine the components of the SAFE strategy for trachoma elimination, particularly through operational research, and by considering potential antibiotic or other treatment schemes for safe large-scale application;

(3) to strengthen interagency collaboration, particularly with UNICEF and the World Bank, for the mobilization of the necessary global support;

(4) to facilitate the mobilization of extrabudgetary funds;

(5) to report on progress, as appropriate, to the Executive Board and the Health Assembly.

(Tenth plenary meeting, 16 May 1998 –
Committee A, fourth report)

Annex 1

Annex 1

ACTION PLAN FOR THE PREVENTION OF AVOIDABLE BLINDNESS AND VISUAL IMPAIRMENT: OVERVIEW OF ACTIONS

	Member States	International Partners	WHO Secretariat
OBJECTIVE 1. Strengthen advocacy to increase Member States' political, financial and technical commitment in order to eliminate avoidable blindness and visual impairment	1. Establish and support national coordinating mechanisms, such as national coordinators posts for eye health and *prevention of blindness at health ministries and other key* institutions, as appropriate.	1. Support WHO in involving all stakeholders in advocacy in order to raise awareness of the magnitude of blindness and visual *impairment, the availability of cost-effective* interventions, and international experience in applying them.	1. Conduct political analyses to determine the best way of securing support of high-level decision-makers and their commitment to promoting eye health, and explore the potential impact and ways of integrating blindness prevention in socioeconomic policies and programmes [2009–2011].
	2. Consider budgetary appropriations for eye health and prevention of blindness.	2. Support Member States in establishing forums where key stakeholders – including nongovernmental organizations, professional associations, academia, research institutions and the private sector – can agree on concerted action against avoidable blindness and visual impairment.	2. Make policy-makers aware of the relationship between eye diseases, gender, poverty and development, using evidence-based information and epidemiological data and take forward the work on social determinants of health as it relates to eye-health problems [2009–2010].
	3. Promote and integrate eye health at all levels of health-care delivery.		3. Harmonize the advocacy messages used by international partners in various health and development forums [2009–2010].
	4. Observe World Sight Day.		4. Promote collaboration by programmes and groups across the Organization in work on tackling major risk factors for visual impairment.
	5. Integrate eye-health preservation in health promotion agendas.		
OBJECTIVE 2. Develop and strengthen national policies, plans and programmes for eye health and prevention of blindness and visual impairment	1. Where sufficient capacity exists, develop national strategies and corresponding guidelines for the prevention of blindness and visual impairment; otherwise consider adapting those recommended by WHO.	1. Promote WHO-recommended strategies and guidelines for prevention of blindness and visual impairment, and, with the assistance of Member States, contribute to the collection of national information on their implementation.	1 Review the experience of public health strategies for the control of uncorrected refractive errors including presbyopia, glaucoma, age-related macular degeneration, corneal opacity, hereditary eye disease, and selected eye conditions in children including sequelae of vitamin A deficiency [2009–2011].
	2. Review existing policies addressing visual health, identify gaps and develop new policies in favour of a comprehensive eye-care system.	2. Generate resources for, and support the implementation of, national blindness-prevention plans in order to avoid duplication of effort.	2. Facilitate establishment and activities of eye health and national blindness-prevention committees, advise Member States on their composition, role and function, and provide direct technical support for developing, implementing and evaluating national plans.
	3. Incorporate prevention of blindness and visual impairment in poverty-reduction strategies and relevant socioeconomic policies.	3. *Provide continued support to programmes controlling nutritional* and communicable causes of blindness.	3. Develop a coordinated and standardized approach to the collection, analysis and dissemination of information on the implementation of national *eye health-related policies, best practices in the public health aspects of* blindness prevention, including information on the available health insurance systems, and their impact on the various aspects of eye-care provision [2009–2011].
	4. Involve relevant government sectors in designing and implementing policies, plans and programmes to prevent blindness and visual impairment.		4. Promote collaboration with other major programmes and partnerships (e.g. the WHO Global Health Workforce Alliance) to promote the development of human resources for eye-care provision at primary, secondary and tertiary levels [2009–2010].
	5. Develop an eye-health workforce including paramedical professionals and community health workers through training programmes that include a community eye-health component.		5. Review educational curricula and best practices for education and training of eye health-care professionals [2010–2011].
			6. Strengthen the capacity of regional and country offices to provide technical support for eye health/prevention of blindness.

OBJECTIVE 3. Increase and expand research for the prevention of blindness and visual impairment	1. Promote research by national research institutions on socioeconomic determinants, the role of gender, the cost-effectiveness of interventions, and identification of high-risk population groups.	1. Support low- and middle-income countries in building capacity for epidemiological and health systems research, including the analytical and operational research required for programme implementation and evaluation in the area of eye disease.	1. Collate, in collaboration with other partners, existing data on risk factors, such as smoking, unhealthy diet, physical inactivity, ultraviolet radiation and lack of hygiene, and coordinate the development of a prioritized research agenda related to the causes and prevention of blindness with special emphasis on low- and middle-income countries [2009–2011].
	2. Assess the economic cost of blindness and visual impairment and its impact on socioeconomic development.	2. Support collaboration between institutions in low- and middle-income countries and high-income countries.	2. Support Member States in assessing the impact of public health policies and strategies on the status of eye health and share the results.
	3. Determine the impact of poverty and other determinants on the gradient of socioeconomic disparity in individuals' access to eye-care services.	3. Support and prioritize in coordination with Member States research on eye diseases at the global, regional and subregional levels.	3. Facilitate development of projection models on trends in the causes and magnitude of blindness and visual impairment and prioritize development of, and target setting for, eye-care systems [2010–2011].
	4. Include epidemiological, behavioural, health-system and health-workforce research as part of national programmes for eye health and prevention of blindness and visual impairment.	4. Strengthen and support WHO Collaborating Centres and national research institutions in research related to prevention of blindness and visual impairment.	
OBJECTIVE 4. Improve coordination between partnerships and stakeholders at national and international levels for the prevention of blindness and visual impairment	1. Promote participation in, and actively support, existing national and international partnerships and alliances for the prevention of avoidable blindness and visual impairment, including coordination with noncommunicable disease control programmes and neglected tropical disease prevention and control.	1. Collaborate closely with and provide support to Member States and the Secretariat in implementing the various components of this plan.	1. Convene the WHO Monitoring Committee for the Elimination of Avoidable Blindness pursuant to resolution WHA56.26 [2009].
	2. Promote partnerships between the public, private and voluntary sectors at national and subnational levels.	2. Liaise with other international organizations and agencies with broader development agendas in order to identify opportunities for collaboration.	2. Support and strengthen the role of WHO Collaborating Centres by linking their workplans to the implementation of this plan [2009–2010].
		3. Continue to support the existing partnerships for onchocerciasis and trachoma control until these diseases are eliminated as public health problems.	
OBJECTIVE 5. Monitor progress in elimination of avoidable blindness at national, regional and global levels	1. Provide regularly updated data and information on prevalence and causes of blindness and visual impairment, disaggregated by age, gender and socioeconomic status.	1. Provide collaborative support to Member States and the Secretariat in monitoring and evaluating progress in prevention and control of blindness and visual impairment at regional and global levels.	1. In collaboration with the main stakeholders, review and update the list of indicators for monitoring and periodic evaluation of action to prevent blindness and visual impairment, and determine targets and timelines [2009–2011].
	2. Strengthen standardized data collection and establish surveillance systems using existing WHO tools (for example, those used for cataract, trachoma and onchocerciasis).	2. Collaborate with WHO in establishing a network for review of regional and global monitoring and evaluation of progress in the prevention of blindness and visual impairment.	2. Review data inputs in order to determine the impact of action to prevent avoidable blindness and visual impairment at country level, with the aim of showing a reduction in the magnitude of avoidable blindness, pursuant to resolution WHA56.26 [2009–2011].
	3. Provide regular reports using the WHO standardized reporting system, on progress made in implementing national blindness-prevention strategies and plans.		3. Document, from countries with successful blindness prevention programmes, good practices and blindness prevention systems or models that could be modified or applied in other countries, pursuant to resolution WHA56.26 [2009–2010].
			4. Initiate periodic independent evaluation of work on preventing blindness and visual impairment, including that of international partnerships, to be reviewed by the WHO Monitoring Committee for the Elimination of Avoidable Blindness [2009–2010].
			5. Contribute to the Global Burden of Disease 2005 study[1] [2009–2010].

PAGINA BIANCA

LINEE di INDIRIZZO

per la

CONDUZIONE DI PROGETTI DI PREVENZIONE della CECITA' e dell'IPOVISIONE

in ambito di

COOPERAZIONE INTERNAZIONALE

Commissione Nazionale per la Prevenzione della Cecità e dell'ipovisione

Dicembre 2012

Introduzione

Nel 2012, usando i dati più recenti ed attendibili, l'OMS ha pubblicato la stima del numero globale di persone con un deficit visivo: nel mondo ci sono almeno 285 milioni di persone con un deficit visivo grave e l'82 % di queste hanno oltre 50 anni. L'80% di tale difetti è evitabile, con la prevenzione o la cura.

Il numero di persone cieche nel mondo è stimato in 39 milioni di persone. Di queste, oltre l'80% vive nei Paesi a medio o basso reddito, con una capacità di accesso alle cure trascurabile. Anche nelle regioni e paesi del mondo dove le cure sono disponibili, l'accesso alle cure non è garantito a tutti.

Dai dati riportati emerge come la prevenzione della cecità, intesa come l'insieme degli interventi di prevenzione dei fattori di rischio e delle circostanze di contrarre o sviluppare malattie (Prevenzione primaria), terapia medica o chirurgica precoce della patologia o della patologia conclamata (Prevenzione secondaria) e riabilitazione del malato una volta sviluppatesi le conseguenze invalidanti della patologia (Prevenzione terziaria), sia una priorità sanitaria a livello mondiale, ed ancor più una vera emergenza in taluni Paesi, soprattutto quelli a basso reddito, dove sono colpite le comunità rese fragili dalla povertà, la mancanza di educazione, le condizioni di vita difficili, le carenze di accesso ai sistemi sanitari nazionali. Sempre più, alle cause infettive di cecità (infezioni corneali, tracoma, oncocercosi) vanno ad affiancarsi le cause croniche della stessa, come la retinopatia diabetica, il glaucoma, le degenerazioni retiniche legate all'età, mentre il ruolo dei difetti rifrattivi, come causa di ipovisione ed ostacolo allo sviluppo cognitivo e sociale dell'individuo, diventa sempre più misurabile e rilevante. La combinazione dei due tipi di cause, infettive e croniche, allarga il numero di persone a rischio di un deficit visivo grave, con un aumento del bisogno di interventi tempestivi e la necessità di sviluppare sistemi sanitari integrati.

Per ovviare alle carenze di alcuni sistemi sanitari nazionali, per rispondere alle emergenze, per aiutare lo sviluppo locale dei servizi per la salute, molti governi, organizzazioni, istituzioni e singoli sono impegnati, da decenni, in collaborazioni sanitarie internazionali per la salute oculare. Dalle missioni sanitarie per operare le cataratte si è gradualmente passati alla messa in opera di centri sanitari locali, dalle formazioni in Italia (o Europa) si è passati alle missioni di formazione in loco, dalle corte collaborazioni con i colleghi nei paesi in via di sviluppo si è passati alle cooperazioni di lungo periodo, per fare sì che il bene condiviso della salute oculare diventi una costante e non più un'opportunità sporadica.

Per dare testimonianza di tale cambiamento paradigmatico avvenuto nell'ultimo ventennio e per condividere l'esperienza pluriennale in campo di cooperazione sanitaria internazionale, sono state redatte queste Linee di Indirizzo che non devono essere considerate esaustive né tassative, ma sono intese come una prima guida di inquadramento generale per coloro che si vogliano affacciare alla cooperazione sanitaria internazionale, con l'intenzione di riflettere le esperienze pratiche per una buona riuscita dei progetti e per assicurare che la preparazione degli stessi sia inquadrata in un piano più ampio di sviluppo del sistema sanitario locale.

Nel settembre 2010 il Ministero della Salute (in ambito Commissione nazionale prevenzione ipovisione e cecità) ha commissionato un censimento dei progetti italiani di cooperazione internazionale in tema di salute oculare all'ONG CBM Italia Onlus . Tale censimento ha permesso di individuare 30 enti, su 280 considerati, che nel biennio 2009-2010 hanno sviluppato 135 progetti di cooperazione sanitaria internazionale per la salute visiva. I progetti hanno presentato diverse tipologie di attività, come la costruzione e l'avvio di ospedali oftalmici e centri di diagnosi oculistica, l'avvio di scuole e case famiglie o la semplice fornitura di materiale scolastico in braille alle scuole. Queste Linee di Indirizzo sono pertanto rivolte anche a questi enti che hanno già sperimentato progetti di cooperazione internazionale nel campo della prevenzione dell'ipovisione e della cecità.

Ci auguriamo che il documento prodotto sia di aiuto e soprattutto di sprone ad impegnarsi in un'opera di cooperazione che renda lustro all'Italia, condivida le capacità e competenze nazionali con le comunità meno fortunate, permetta ai colleghi di ricevere dall'aiuto prestato una ricompensa morale che non è seconda a nessuna altra ricompensa.

Sommario

Progettazione dell'intervento

- **Intervenire solo su richiesta di partner locali**.

  Tale richiesta può essere spontanea (avanzata dal partner locale dopo incontri fortuiti) o dopo un incontro pianificato. La prima richiesta deve sempre essere formalizzata, e provenire dal partner locale.

- **Valutare l'idoneità della proposta**.

A Calcolare la stima dei bisogni in base alla prevalenza delle patologie oftalmiche nella popolazione.

B Valutare attentamente la collocazione geografica: un reparto oculistico di 2° livello con sala operatoria deve essere facilmente raggiungibile ed avere un bacino di utenza sufficientemente grande (> 100.000 abitanti)

C Se il servizio è già attivo, raccogliere dati sulle prestazioni fornite, sulla superficie dei locali, sulle attrezzature disponibili, sul personale.

D Verificare tramite l'ufficio nazionale dell'OMS se esiste già un centro che eroga i servizi che si vogliono offrire attivo nell'area del progetto, o se ne siano previsti dal piano nazionale di prevenzione della cecità (se presente). La lista degli uffici nazionali dell'OMS si trova su: www.who.int.

E Verificare la congruenza tra obiettivi da raggiungere e disponibilità economiche del partner e del donatore.

- **Valutare la solidità del partner**.

A Scegliere di preferenza un partner istituzionale (Programma governativo, Associazione riconosciuta dal governo, Congregazione Religiosa), non una persona fisica (singolo laico, medico, suora / sacerdote che presenta una sua iniziativa privata).

B Chiedere al partner di dimostrare in modo concreto la propria collaborazione con il governo locale o centrale (una lettera di sostegno da parte del Ministero della Salute è il documento tipico che si chiede prima di iniziare un programma di intervento).

- **Contattare l'Ambasciata e la Diocesi.**

  Considerare l'opportunità di presentare preliminarmente il progetto (o l'idea del progetto) all'Ambasciata d'Italia ed alla Diocesi, qualora presenti.

  A) **l'Ambasciata** è fonte di notizie preziose sulla situazione politica del luogo dove si intende basare l'intervento; la conoscenza di eventuali tensioni etniche, politiche o religiose è importante per meglio disegnare l'intervento ed evitare errori diplomatici che possono inficiare la sopravvivenza del progetto stesso. L'Ambasciata può fornire indicazioni su come gestire l'avvio del progetto, ed essere al corrente di progetti coesistenti con i quali scambiare ed acquisire informazioni preziose. Qualora si dovessero presentare emergenze o problemi, è bene che l'Ambasciatore sia al corrente del progetto e non informato all'ultimo momento, per facilitare il suo ruolo di mediatore, ove appropriato.

  B) **la Diocesi** può dare informazioni sulla esistenza in loco di altre missioni e/o centri salute, da contattare onde informare del nuovo servizio e creare un miglior servizio alla popolazione; può inoltre esser interessata a far ricevere al suo personale locale un' educazione sanitaria dal personale implicato nel progetto.