

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 intumed 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 intumed 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

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].

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Universal eye health

A global action plan
2014–2019

Foreword

The most recent WHO estimates on the global magnitude and causes of visual impairments confirm a major opportunity for change in the lives of millions of people: 80% of all causes of visual impairment are preventable or curable. WHO estimates that in 2010 there were 285 million people visually impaired, of which 39 million were blind. If just the two major causes of visual impairment were considered priorities and control measures were implemented consistently across the world, by providing refractive services and offering cataract surgery to the people in need, two thirds of the visually impaired people could recover good sight. This scenario appears to be fairly easy to realize, but for multiple reasons both the aforementioned eye diseases remain major items on the unfinished agenda of public eye care.

Provision of effective and accessible eye care services is key for effectively controlling visual impairment including blindness. The preference is given to strengthening eye care services through their integration into the health system rather than through their provision in the vertical programme approach. There is ample evidence that comprehensive eye care services need to become an integral part of primary health care and health systems development. While it is critical, as an example, for preventing visual impairment from diabetes and premature birth, it is true for the prevention and management of almost all causes of avoidable visual impairment. In the international work in the health sector in the last few years there has been an ever-increasing focus on health system development and increasing attention to the benefits that come from integrating competencies and specialities of the health sector. There is the potential to streamline health promotion for eye care alongside general health promotion initiatives. There are a number of proven risk factors for some major causes of blindness

supported by evidence (e.g. diabetes mellitus, smoking, premature birth, rubella, vitamin A deficiency) which need to be addressed where appropriate through a health sector-wide approach. A major opportunity will be in incorporating the prevention of visual impairment and rehabilitation agenda into wider health policies and strategies, including post-Millennium Development Goals global actions. Multisectoral action is also crucial for preventing a range of chronic eye conditions. This becomes increasingly critical as chronic eye diseases, the incidence of which increases with age, are the major cause of visual impairment and in the future it is anticipated that, along with the global ageing of the world population, their relevance and magnitude will grow.

The adoption of the global eye health action plan by the Sixty-sixth World Health Assembly opens a new opportunity for Member States to progress with their efforts to prevent visual impairment and strengthen rehabilitation of the blind in their communities. All stakeholders are requested to join in this renewed effort to translate the vision of the global eye health action plan which is a world in which nobody is needlessly visually impaired, where those with unavoidable vision loss can achieve their full potential, and where there is universal access to comprehensive eye care services.

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Introduction

The global eye health action plan 2014–2019 aims to reduce avoidable visual impairment as a global public health problem and to secure access to rehabilitation services for the visually impaired. This should be achieved by expanding current efforts by Member States, the WHO Secretariat and international partners, improved coordination, efficient monitoring, focusing the use of resources towards the most cost-effective interventions, and developing innovative approaches to prevent and cure eye diseases.

Following the request of Member States at the Sixty-fifth World Health Assembly in 2011, the Secretariat, in close consultation with Member States and international partners, developed a draft action plan for the prevention of avoidable visual impairment for the period 2014–2019. The content and structure of the action plan was built on experiences in prevention of avoidable visual impairment gained through major international partnerships and alliances along with lessons learnt in implementing comprehensive eye health interventions at district and national levels. A major effort was made in engaging all stakeholders in the development of the action plan and stimulating their feedback on the draft through web-based consultations and consultative meetings convened by the Secretariat. The Sixty-sixth World Health Assembly endorsed the action plan by adopting resolution WHA66.4 entitled Towards universal eye health: a global action plan 2014–2019.

Actions for Member States, international partners and the Secretariat are structured around three objectives:

- objective 1 addresses the need for generating evidence on the magnitude and causes of visual impairment and eye care services and using it to monitor progress, identify priorities and advocate for greater political and financial commitment by Member States to eye health;
- objective 2 encourages the development and implementation of integrated national eye health policies, plans and programmes

to enhance universal eye health with activities in line with WHO's framework for action for strengthening health systems to improve health outcomes;

- objective 3 addresses multisectoral engagement and effective partnerships to strengthen eye health.

The global eye health action plan is based on five principles and approaches which underpin the plan: universal access and equity, human rights, evidence-based practice, a life course approach, and empowerment of people with visual impairment. As there have been significant shifts in the pattern of causes of visual impairment, the action plan is structured to particularly address the global trend towards an increasing incidence of chronic eye diseases related to ageing. These are expected to be the most prevalent causes of avoidable visual impairment in the next decades.

The global eye health action plan is built using the health system approach, which encompasses the integration of eye care programmes into the wider health care system at all levels (primary, secondary, and tertiary).

Effective international partnerships and alliances remain instrumental in delivering effective public health responses and in strengthening the prevention of visual impairment. The reduction of avoidable visual impairment depends also on progress in other health and development agendas, such as the development of comprehensive health systems, human resources for health development, improvements in the area of maternal, child and reproductive health, and the provision of safe water and basic sanitation. Eye health needs to be included in broader noncommunicable and communicable disease frameworks, and can substantially contribute in those global initiatives addressing ageing, marginalized and vulnerable groups.

By setting a global target for the action plan, Member States have agreed to jointly work towards the reduction in prevalence

of avoidable visual impairment by 25% by 2019 from the baseline established by WHO in 2010. The global eye health action plan provides Member States with a set of activities to strengthen their health systems in the area

of eye care. Member States are invited, in collaboration with international partners, to identify and implement those actions most appropriate to their own circumstances and needs.

WHA66.4

Towards universal eye health: a global action plan 2014–2019

The Sixty-sixth World Health Assembly,

Having considered the report and draft global action plan 2014–2019 on universal eye health;¹

Recalling resolutions WHA56.26 on elimination of avoidable blindness and WHA62.1 and WHA59.25 on prevention of avoidable blindness and visual impairment;

Recognizing that the global action plan 2014–2019 on universal eye health builds upon the action plan for the prevention of avoidable blindness and visual impairment for the period 2009–2013;

Recognizing that globally, 80% of all visual impairment can be prevented or cured and that about 90% of the world's visually impaired live in developing countries;

Recognizing the linkages between some areas of the global action plan 2014–2019 on universal eye health and efforts to address noncommunicable diseases and neglected tropical diseases,

1. ENDORSES the global action plan 2014–2019 on universal eye health;

2. URGES Member States:

- (1) to strengthen national efforts to prevent avoidable visual impairment including blindness through, *inter alia*, better integration of eye health into national health plans and health service delivery, as appropriate;
- (2) to implement the proposed actions in the global action plan 2014–2019 on universal eye health in accordance with national priorities, including universal and equitable access to services;

- (3) to continue to implement the actions agreed by the World Health Assembly in resolution WHA62.1 on prevention of blindness and visual impairment and the action plan for the prevention of blindness and visual impairment for the period 2009–2013;
- (4) to continue to support the work of the Secretariat to implement the current action plan to the end of 2013;
- (5) to consider the programme and budget implications related to implementation of this resolution within the context of the broader programme budget;

3. REQUESTS the Director-General:

- (1) to provide technical support to Member States for the implementation of the proposed actions in the global action plan 2014–2019 on universal eye health in accordance with national priorities;
- (2) to further develop the global action plan 2014–2019 on universal eye health, in particular with regard to the inclusion of universal and equitable access to services;
- (3) to continue to give priority to the prevention of avoidable visual impairment, including blindness, and to consider allocating resources for the implementation of the global action plan 2014–2019 on universal eye health;
- (4) to report, through the Executive Board, to the Seventieth World Health Assembly in 2017, and the Seventy-third World Health Assembly in 2020, on progress in implementing the action plan.

(Eighth plenary meeting, 24 May 2013 – Committee A, second report)

¹ Document A66/11.

Universal eye health: a global action plan 2014–2019²

World Health Assembly document A66/11 (28 March 2013)

1. In January 2012 the Executive Board reviewed progress made in implementing the action plan for the prevention of avoidable blindness and visual impairment for the period 2009–2013. It decided that work should commence immediately on a follow-up plan for the period 2014–2019, and requested the Director-General to develop a draft action plan for the prevention of avoidable blindness and visual impairment for the period 2014–2019 in close consultation with Member States and international partners, for submission to the World Health Assembly through the Executive Board.³ The following global action plan was drafted after consultations with Member States, international partners and organizations in the United Nations system.

Visual impairment in the world today

2. For 2010, WHO estimated that globally 285 million people were visually impaired, of whom 39 million were blind.
3. According to the data for 2010, 80% of visual impairment including blindness is avoidable. The two main causes of visual impairment in the world are uncorrected refractive errors (42%) and cataract (33%). Cost-effective interventions to reduce the burden of both conditions exist in all countries.
4. Visual impairment is more frequent among older age groups. In 2010, 82% of those blind and 65% of those with moderate and

severe blindness were older than 50 years of age. Poorer populations are more affected by visual impairment including blindness.

Building on the past

5. In recent resolutions, the Health Assembly has highlighted the importance of eliminating avoidable blindness as a public health problem. In 2009, the World Health Assembly adopted resolution WHA62.1, which endorsed the action plan for the prevention of avoidable blindness and visual impairment. In 2012, a report noted by the Sixty-fifth World Health Assembly and a discussion paper described lessons learnt from implementing the action plan for 2009–2013. The results of those findings and the responses received to the discussion paper were important elements in the development of this action plan. Some of the lessons learnt are set out below.
 - (a) *In all countries it is crucial to assess the magnitude and causes of visual impairment and the effectiveness of services.* It is important to ensure that systems are in place for monitoring prevalence and causes of visual impairment, including changes over time, and the effectiveness of eye care and rehabilitation services as part of the overall health system. Monitoring and evaluating eye care services and epidemiological trends in eye disease should be integrated into national health information systems. Information from monitoring and evaluation should be used to guide the planning of services and resource allocation.
 - (b) *Developing and implementing national policies and plans for the prevention of avoidable visual impairment remain the cornerstone of strategic action.* Some programmes against eye diseases have had considerable success in developing and implementing policies

² See resolution WHA66.4.

³ See decision EB130(1).

and plans, however, the need remains to integrate eye disease control programmes into wider health care delivery systems, and at all levels of the health care system. This is particularly so for human resource development, financial and fiscal allocations, effective engagement with the private sector and social entrepreneurship, and care for the most vulnerable communities. In increasing numbers, countries are acquiring experience in developing and implementing effective eye health services and embedding them into the wider health system. These experiences need to be better documented and disseminated so that all countries can benefit from them.

- (c) *Governments and their partners need to invest in reducing avoidable visual impairment through cost-effective interventions and in supporting those with irreversible visual impairment to overcome the barriers that they face in accessing health care, rehabilitation, support and assistance, their environments, education and employment.* There are competing priorities for investing in health care, nevertheless, the commonly used interventions to operate on cataracts and correct refractive errors – the two major causes of avoidable visual impairment – are highly cost effective. There are many examples where eye care has been successfully provided through vertical initiatives, especially in low-income settings. It is important that these are fully integrated into the delivery of a comprehensive eye care service within the context of wider health services and systems. The mobilization of adequate, predictable and sustained financial resources can be enhanced by including the prevention of avoidable visual impairment in broader development cooperative agendas and initiatives. Over the past few years, raising additional resources for health through innovative financing has been increasingly discussed but investments in the reduction of the most prevalent eye diseases have been relatively absent

from the innovative financing debate and from major financial investments in health. Further work on a cost-benefit analysis of prevention of avoidable visual impairment and rehabilitation is needed to maximize the use of resources that are already available.

- (d) *International partnerships and alliances are instrumental in developing and strengthening effective public health responses for the prevention of visual impairment.* Sustained, coordinated international action with adequate funding has resulted in impressive achievements, as demonstrated by the former Onchocerciasis Control Programme, the African Programme for Onchocerciasis Control and the WHO Alliance for the Global Elimination of Trachoma by the year 2020. VISION 2020: The Right to Sight, the joint global initiative for the elimination of avoidable blindness of WHO and the International Agency for the Prevention of Blindness, has been important in increasing awareness of avoidable blindness and has resulted in the establishment of regional and national entities that facilitate a broad range of activities. The challenge now is to strengthen global and regional partnerships, ensure they support building strong and sustainable health systems, and make partnerships ever more effective.
- (e) *Elimination of avoidable blindness depends on progress in other global health and development agendas,* such as the development of comprehensive health systems, human resources for health development, improvements in the area of maternal, child and reproductive health, and the provision of safe drinking-water and basic sanitation. Eye health should be included in broader noncommunicable and communicable disease frameworks, as well as those addressing ageing populations. The proven risk factors for some causes of blindness (e.g. diabetes mellitus, smoking, premature birth, rubella and vitamin A deficiency) need to be continuously addressed through multisectoral interventions.

(f) *Research is important and needs to be funded.* Biomedical research is important in developing new and more cost-effective interventions, especially those that are applicable in low-income and middle-income countries. Operational research will provide evidence on ways to overcome barriers in service provision and uptake, and improvements in appropriate cost-effective strategies and approaches for meeting ever-growing public health needs for improving and preserving eye health in communities.

(g) *Global targets and national indicators are important.* A global target provides clarity on the overall direction of the plan and focuses the efforts of partners. It is also important for advocacy purposes and evaluating the overall impact of the action plan. National indicators help Member States and their partners to evaluate progress and plan future investments.

Global action plan 2014–2019

6. The **vision** of the global action plan is a world in which nobody is needlessly visually impaired, where those with unavoidable vision loss can achieve their full potential, and where there is universal access to comprehensive eye care services.

7. The global action plan 2014–2019 aims to sustain and expand efforts by Member States, the Secretariat and international partners to further improve eye health and to work towards attaining the vision just described. Its **goal** is to reduce avoidable visual impairment⁴ as a global public health problem and to secure access

to rehabilitation services for the visually impaired. The **purpose** of the action plan is to achieve this goal by improving access to comprehensive eye care services that are integrated into health systems. Further details are provided in Appendix 1. Five principles and approaches underpin the plan: universal access and equity, human rights, evidence-based practice, a life course approach, and empowerment of people with visual impairment. Further details are provided in Appendix 2.

8. Proposed actions for Member States, international partners and the Secretariat are structured around **three objectives** (see Appendix 3):

- **objective 1** addresses the need for generating evidence on the magnitude and causes of visual impairment and eye care services and using it to advocate greater political and financial commitment by Member States to eye health;

- **objective 2** encourages the development and implementation of integrated national eye health policies, plans and programmes to enhance universal eye health with activities in line with WHO's framework for action for strengthening health systems to improve health outcomes;⁵

- **objective 3** addresses multisectoral engagement and effective partnerships to strengthen eye health.

Each of the three objectives has a set of metrics to chart progress.

9. There are **three indicators** at the goal and purpose levels to measure progress at the national level, although many Member States will wish to collect more. The three indicators comprise: (i) the prevalence and causes of visual impairment; (ii) the number of eye care personnel; and (iii) cataract

4 The term "visual impairment" includes moderate and severe visual impairment as well as blindness. "Blindness" is defined as a presenting visual acuity of worse than 3/60 or a corresponding visual field loss to less than 10° in the better eye. "Severe visual impairment" is defined as a presenting visual acuity of worse than 6/60 and equal to or better than 3/60. "Moderate visual impairment" is defined as a presenting visual acuity in the range from worse than 6/18 to 6/60 (*Definition of visual impairment and blindness*. Geneva: World Health Organization; 2012). The action plan uses the term "visual impairment". Also, see the ICD update and revision platform "Change the definition of blindness".

5 *Everybody's business: strengthening health systems to improve health outcomes: WHO's framework for action*. World Health Organization. Geneva, 2007.

- surgery. Further details are provided in Appendix 4.
- **Prevalence and causes of visual impairment.** It is important to understand the magnitude and causes of visual impairment and trends over time. This information is crucial for resource allocation, planning, and developing synergies with other programmes.
 - **Number of eye care personnel, broken down by cadre.** This parameter is important in determining the availability of the eye health workforce. Gaps can be identified and human resource plans adjusted accordingly.
 - **Cataract surgical service delivery.** Cataract surgical rate (number of cataract surgeries performed per year, per million population) and cataract surgical coverage (number of individuals with bilateral cataract causing visual impairment, who have received cataract surgery on one or both eyes). Knowledge of the surgery rate is important for monitoring surgical services for one of the leading causes of blindness globally, and the rate also provides a valuable proxy indicator for eye care service provision. Where Member States have data on the prevalence and causes of visual impairment, coverage for cataract surgery can be calculated; it is an important measure that provides information on the degree to which cataract surgical services are meeting needs.
10. For the first of these indicators there is a **global target**. It will provide an overall measure of the impact of the action plan. As a global target, the **reduction in prevalence of avoidable visual impairment by 25% by 2019** from the baseline of 2010 has been selected for this action plan.⁶ In meeting this target, the expectation is that greatest gains will come through the reduction in the prevalence of avoidable visual impairment in that portion of the population representing those who are over the age of 50 years. As described above, cataract and uncorrected refractive errors are the two principal causes of avoidable visual impairment, representing 75% of all visual impairment, and are more frequent among older age groups. By 2019, it is estimated that 84% of all visual impairment will be among those aged 50 years or more. Expanding comprehensive integrated eye care services that respond to the major causes of visual impairment, alongside the health improvement that can be expected to come from implementing wider development initiatives including strategies such as the draft action plan for the prevention and control of noncommunicable diseases 2013–2020, and global efforts to eliminate trachoma suggest the target, albeit ambitious, is achievable. In addition, wider health gains coming from the expected increase in the gross domestic product in low-income and middle-income countries will have the effect of reducing visual impairment.⁷

6 The global prevalence of avoidable visual impairment in 2010 was 3.18%. A 25% reduction means that the prevalence by 2019 would be 2.37%.

7 According to the International Monetary Fund, by 2019 the average gross domestic product per capita based on purchasing power parity will grow by 24% in low-income and lower-middle-income countries, by 22% in upper-middle-income countries, and by 14% in high-income countries.

APPENDIX 1

Vision, goal and purpose

Vision			
A world in which nobody is needlessly visually impaired, where those with unavoidable vision loss can achieve their full potential, and where there is universal access to comprehensive eye care services			
Goal	Measurable indicators ¹	Means of verification	Important assumptions
To reduce avoidable visual impairment as a global public health problem and secure access to rehabilitation services for the visually impaired ²	Prevalence and causes of visual impairment <i>Global target: reduction in prevalence of avoidable visual impairment by 25% by 2019 from the baseline of 2010</i>	Collection of epidemiological data at national and subnational levels and development of regional and global estimates	Human rights conventions implemented, equity across all policies achieved, and people with visual impairment fully empowered Sustained investment achieved by the end of the action plan
Purpose			
To improve access to comprehensive eye care services that are integrated into health systems	Number of eye care personnel per million population Cataract surgical rate	Reports summarizing national data provided by Member States	Services accessed fully and equitably by all populations

¹ See also Appendix 4.

² The objective of the Secretariat's programme for the prevention of blindness was "to prevent and control major avoidable causes of blindness and to make essential eye care available to all ... the long-term target being to reduce national blindness rates to less than 0.5%, with no more than 1% in individual communities", Formulation and management of national programmes for the prevention of blindness. Geneva: World Health Organization; 1990 (document WHO/PBL/90.18).