

IAPB: Envisioning the future of universal eye care

Everyone across the globe needs access to the best possible standard of eye health as advocated by the International Agency for the Prevention of Blindness (IAPB). IAPB was established as a coordinating umbrella organisation to lead international efforts in blindness prevention activities and eye health. *Research Features* spoke to CEO **Peter Ackland** who discusses IAPB's mission, the importance of World Sight Day, IAPB's relationship with the World Health Organization (WHO) and more in greater detail.

Can you tell us about the IAPB's collaboration with the World Health Organization (WHO) and their impact on the IAPB's goals?

IAPB is in official relations with the WHO. That means we collaborate to promote better eye health. WHO is accountable to countries, whilst leading on the development of policy and guidelines to promote better health.

IAPB and WHO launched VISION 2020: The Right to Sight, a global initiative in 1999 and this has had significant success in bringing many actors working in the field of eye health together. The four World Health Assembly resolutions have consolidated that understanding, culminating in the Global Action Plan (GAP) for 2014–2019. IAPB's current work with WHO is mainly focused upon the implementation of the GAP, particularly at country level. At the most recent WHA in May 2017, IAPB and member countries called for WHO to produce a "World Report on Vision". Later, this was adopted as an action by all countries in the full Assembly. WHO intend to produce the World Report on Vision in time for World Sight Day 2018. The report will lay down the agenda over the next decade for promoting better eye health for all. IAPB is supporting the preparation of the report with funding and providing our inputs.

IAPB works with a variety of WHO departments – disability, health systems, the health workforce, health management information and ageing – apart from its Prevention of Blindness unit.

Can you tell us a bit about this year's 'World Sight Day' and its importance for IAPB? How does WSD differ from the other global health initiatives at IAPB?

World Sight Day (WSD) always falls on the second Thursday of October each year. It is our major health day of the year to raise awareness of avoidable blindness and visual impairment and the need for better eye health.

This year's WSD focuses on the launch of our latest edition of the IAPB Vision Atlas. We are anticipating that our colleagues and Members in every part of the world will be using WSD to promote several key advocacy messages – using the Vision Atlas data about their country to evidence their advocacy ask.

We will also be talking about three major threats for the future – the increasing

Vision really matters as it is vital to our everyday lives. Naturally, sight is the main sense that people fear losing the most. According to the latest data in 2015, 253 million people are estimated to be visually impaired worldwide: 36 million of whom are blind and 217 million with severe or moderate vision impairment. Another 1.1 billion people are estimated to have near-vision impairment. Yet globally, a majority of all visual impairment can be prevented or cured. No one understands this more than the International Agency for the Prevention of Blindness (IAPB).

IAPB is an alliance of civil society organisations, corporates and professional bodies promoting eye health through advocacy, knowledge and partnerships.

IAPB's mission is to eliminate the main causes of avoidable blindness and visual impairment by bringing together governments and non-governmental agencies to facilitate the planning, development and implementation of sustainable national eye care programmes. We managed to speak with CEO Peter Ackland who discussed with us the role of the organisation and their strategy for the future to help improve eye health worldwide.

Hi Peter! Can you tell us a bit more about your role as CEO of IAPB and the role of IAPB as an organisation?

I have been the CEO of the IAPB for the past nine years. The most important part of my job is external representation of the organisation and creating partnerships that can help IAPB

achieve its mission – to eliminate avoidable blindness and visual impairment. IAPB is a global membership organisation. All major international not-for-profit organisations working to improve eye health are our members and an increasing number of national level eye hospitals, research institutions, foundations and NGOs.

Following on from the previous question, can you tell us briefly about the IAPB's core principles, heritage and mission as well as its impact?

IAPB encourages membership from as broad a mix of stakeholders as possible because we think everyone makes a vital contribution to achieving our vision of a world free of avoidable blindness.

IAPB's key areas of work are advocacy as well as promoting good practice in the development of eye health services. IAPB is an alliance, so IAPB staff work closely with our members to deliver our advocacy objectives. Some notable advocacy successes include the passing of four World Health Assembly Resolutions on avoidable blindness this century – great recognition of the importance of better eye health by the apex health organisation (WHO).

Another area of advocacy success has been working with major donors such as Standard Chartered Bank and the Queen Elizabeth Diamond Jubilee Trust, who have both chosen the elimination of avoidable blindness as their main philanthropic programmes and together have committed around \$200m to eye health projects.

Globally there are an estimated 253 million people with serious levels of vision loss that substantially impact on their lives

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THE WORLD

POPULATION
7.3 BILLION

36
MILLION
PEOPLE ARE
BLIND

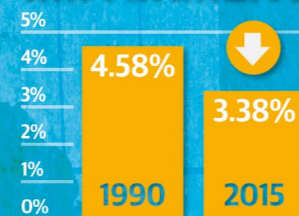


217
MILLION
PEOPLE ARE
MSVI



253
MILLION PEOPLE
ARE VISUALLY
IMPAIRED

CHANGE IN PREVALENCE OF VISUAL IMPAIRMENT



55%
OF VISUALLY
IMPAIRED
PEOPLE
ARE WOMEN

89% OF
VISUALLY
IMPAIRED
PEOPLE
LIVE IN LOW
& MIDDLE
INCOME
COUNTRIES



1.1 BILLION
PEOPLE WITH
NEAR-VISION
IMPAIRMENT



SIMPLY BECAUSE
THEY DO NOT
HAVE A PAIR OF
SPECTACLES

The number of visually impaired, the percentages for women and for those living in low and middle income countries, and the change in prevalence—all relate to distance vision impairment. MSVI = the number with severe or moderate visual impairment. In order to enable comparisons over time the age standardised prevalence (all ages) is shown.

The latest estimates for 2015 produced by the Vision Loss Expert Group and published in the Lancet



International Agency for the Prevention of Blindness
www.atlas.iapb.org

Much greater emphasis must be placed on improving eye health services and making sure they are accessible to all



global population and the rapidly increasing ageing of that population, the increasing number of people with diabetes and the very concerning increase in people with myopia. Collectively, it is estimated that, by 2050, the number of people who are blind or have visual impairment could increase from today's 253m to more than 700m – almost a threefold increase.

Improving eye health services and making them accessible to all needs emphasis, particularly for those who are most vulnerable for whom services must be free at the time of access.

Can you explain the role of the IAPB Vision Atlas, its importance and how it is used at IAPB?

The Vision Atlas is one of IAPB's flagship projects. It is available in two forms – online and as a paper publication. We see it as the first point of reference for anyone who wants to know the latest numbers, evidence and issues relating to eye health.

The Vision Atlas is built around two main data sets. The first is the Vision Loss Expert Group (VLEG) estimates for global, regional and country level prevalence and causes of visual impairment and blindness. A series of country level maps help visualise this data. By hovering over a country you can ascertain prevalence disaggregated by level of impairment, sex, age and over time from 1990 through to 2020. 21 Regional maps based on the Global Burden of Disease studies show the causes and the change over time. Several articles bring the data to life and highlight key issues. The major risks for the future are looked at as well as the opportunities – we could for example eliminate blindness from two very ancient diseases, trachoma and river blindness.

The second data set is IAPB's country indicator dataset. The WHO recommends countries collect Global Action Plan identified indicators to measure the state of their eye health services and to monitor change. IAPB has collected the latest data available for these indicators for 191 countries. Again, this is all easily accessible and supplemented by articles. There is a focus on the numbers of trained eye health workforce at country level and their chronic shortage in many poor countries, especially in Africa.

Finally, the Vision Atlas contains many resources and other information such as the common eye conditions and their impact on sight loss.



Peter Ackland, CEO

From your website, the IAPB clearly has some major sponsors supporting them, from Sightsavers to the Queen Elizabeth Diamond Jubilee Trust – how do you attract new supporters and which organisations do you hope to work with in the future to work towards the elimination of avoidable blindness?

Sightsavers and the Queen Elizabeth Diamond Jubilee Trust are just two of our 150+ Members – all are equally important to us. IAPB is mainly funded from membership fees and additional grants that some of our members pay to support particular projects.

A big focus of IAPB's work is to promote collaboration so that our members can learn from each other and build upon each other's work. This not only mitigates against re-inventing the wheel but the collective effort is greater than the individual parts. We are always looking for new members to join. We are seeing a welcome trend; an increasing number of new members work at the national level.

We also aim at making links with organisations beyond the eye health world. I see us

becoming very close with those working in the health workforce, ageing, diabetes and disability as particularly important going forward.

On IAPB's website, goals are outlined from 2013–17. What are the future goals for IAPB in the efforts to achieve universal eye health?

The most important objective for IAPB and our members going forward is the need to achieve greater priority at country level for eye health. International resolutions are important but ultimately it is what individual governments do that is key. We know most avoidable blindness and visual impairment is found within the poorest people in the poorest countries. Giving these people access to eye health services is the key to making sure that the horrifying estimates for the future made by the VLEG (700m by 2050) are not realised. Improving access requires more trained eye health staff at primary, secondary and tertiary level and more and better equipped hospitals and eye clinics. It requires more work at community level and public eye health messaging and it needs increased domestic funding in eye health provision. Above all the poorest need to be protected against out of pocket payments, arguably the single biggest obstacle to poor people gaining the treatments they need, through the provision of targeted social insurance schemes or government funded services through taxation.

• *For more information about the IAPB, membership and World Sight Day, please visit the website at <https://www.iapb.org/>*

What are the highlights from your recently published 2016 annual report? Did IAPB achieve it's set goals?

A major highlight in 2016 was IAPB's 10th General Assembly, held in Durban. 10GA brought together 1,150 eye care professionals from 100 countries.

The President of Liberia (and Nobel Peace Prize winner), Ellen Johnson Sirleaf, graced the opening ceremony along with the South African Minister of Health, Dr Aaron Motsoaledi. Symposium speakers included Dr Matshidiso Moeti, Regional Director, WHO Africa, Mr David Donoghue, Irish Ambassador to the UN (and Chair of the final stages of the UN meetings that developed the Sustainable Development Goals), Dr Tim Evans from the World Bank and Dr Francis Omaswa, of the African Centre for Global Health and Social Transformation. A talk from Professor Astrid Stuckelberger on healthy ageing was a highlight. There were

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