The goal of VISION 2020: The Right to Sight can be achieved only through action at the national level, in accordance with the dictum, ‘Plan globally, Act locally’.

One of the critical functions of the World Health Organization’s Programme for the Prevention of Blindness, under its mandate of providing technical cooperation to Member countries, has been assisting the establishment of national programmes and committees for the prevention of blindness. To date there are over 100 such national programmes/committees/focal points in countries where blindness is a public health problem. These are in various stages of development and activity. While political will and the commitment of ministries of health is an important determinant of how well these function, professional groups and non-governmental organisations can also play a major role, as demonstrated by the importance of advocacy.

Despite varying efforts, often hampered also by resource constraints, there has been a deterioration in the blindness situation in some countries, because of population growth and ageing and the paucity of eye care services where they are needed most. VISION 2020 represents an unique opportunity to revitalise and strengthen existing programmes/committees and to create new ones where they are lacking.

Prior to planning, a situation analysis would be necessary, as well as a detailed needs assessment, taking into account:

- the epidemiological situation, ideally through population-based surveys or
Editorial

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‘rapid assessment’ techniques, or appropriately extrapolating from available data
- human resources, in terms of numbers and cadres (including the private sector), geographical distribution and ‘quality’ (i.e., the need for re-training)
- infrastructure, in terms also of quality, quality and distribution.

This will facilitate the setting of priorities based on: unmet needs; the magnitude of the disease burden; and the feasibility and cost-effectiveness of interventions. Relevant and realistic targets need to be set, indicators defined and data recording and reporting systems put in place. As far as possible, data should be collected at district level or other defined areas, to measure and ensure equity in service delivery.

Given the time frame of VISION 2020, it would be useful to have, in the first instance, a five-year plan of action, with subsequent more detailed annual plans of work, to enable monitoring and evaluation.

Finally, VISION 2020 must not be considered a vertical programme with a limited time frame. The national programme plan should be an integral part of the health delivery system, work towards long-term sustainability and address, among others, the key issues of quality and equity.

WHO, the International Agency for the Prevention of Blindness (IAPB) and its constituents, working in partnership, need to support Member countries in the development and implementation of their national plans.

These plans should be as decentralised as possible in order to reflect the actual level of implementation of the different activities. The empowering of local communities is another essential aspect that should not be overlooked. Lessons learned from community-directed treatment programmes, in the case of onchocerciasis control, have demonstrated how much can be achieved even in the most underserved areas when all those concerned join hands and work together.

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