

Introduction

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1. VISION 2020 – The Rationale

‘VISION 2020: The Right to Sight’ is a global initiative with the objective of eliminating avoidable blindness by the year 2020. The World Health Organisation (WHO), in collaboration with various international, non-governmental and private organisations under the umbrella of the International Agency for Prevention of Blindness (IAPB), launched ‘VISION 2020: The Right to Sight’ worldwide on February 18th, 1999. Throughout this document the shortened term **‘VISION 2020’** will be used for this initiative.

According to WHO (2005), about **75% of blindness is avoidable**, either since it results from conditions that could have been prevented or controlled by applying available knowledge and interventions, or because that blindness can be treated successfully and sight restored. With increasing life expectancy, the global increase in the elderly population is worsening the backlog for the treatment of blindness in many countries, while existing human resources and infrastructure, both in quantity and distribution, are insufficient to meet this need.

Recent data suggest that there are globally about **37 million blind people and 124 million with low vision**, excluding those with uncorrected refractive errors. The severity of the problem varies dramatically from place to place with the prevalence of blindness varying for example from 0.2% in Europe to 1.0% in Africa.

The launch of **VISION 2020 has brought successes**, for example in the prevention and

management of avoidable blindness caused by ocular infection. The initiative has increased public awareness and brought greater professional and political commitment to blindness prevention. Co-ordination between NGOs and partnerships linking UN agencies, governments, NGOs and the corporate sector has increased to meet the challenge. However despite these achievements and the probability that VISION 2020 has made a considerable contribution, there is much to do. For example 17 million people remain blind from treatable cataract, for which one of the most cost-effective healthcare treatments is available. The goal of the programme is to save 100 million people from becoming blind from avoidable causes over the 20-year period to 2020.

The aim and strategy of VISION 2020 are relevant to all countries. **Blindness has severe human and socio-economic consequences** for all societies, but the costs are greatest in low-income countries. In May 2003 the World Health Assembly unanimously passed a resolution urging member states to support the global initiative for the elimination of avoidable blindness, to set up national VISION 2020 plans by the end of 2005, and to start implementation of an action plan by 2007. There is an ongoing need, country by country, to identify the priorities to reduce blindness and visual impairment and to mobilize the resources to implement the programme – sustainable, comprehensive eye care appropriate to needs and resources.

2. VISION 2020 – The Strategy

The strategy underlying the planning and implementation of VISION 2020 programmes is built upon the foundation of community participation and has three essential components:

1. Training sufficient **human resources** and securing their availability at the point of need.
2. Strengthening and optimal use of the **infrastructure**, both with relation to service units and to the use of appropriate and affordable technology.
3. Cost-effective control and prevention of **major blinding diseases** and disorders, with priority attention to cataract, trachoma, onchocerciasis, childhood blindness, refractive errors and low vision in the first instance. For each disease condition, effective and cost-efficient interventions exist, provided human resources and infrastructure are available.

Fig.1.1 The VISION 2020 concept - services to prevent and treat eye diseases which cause visual loss



WHO/IAPB Tool Kit – Developing an Action Plan for VISION 2020

The work of bringing about the implementation of a VISION 2020 programme includes the following stages:

- **Advocacy** to bring an awareness to eye health professionals and service planners that much blindness is avoidable and that VISION 2020 offers a sound strategy to achieve this
- **National planning** to review current eye care activities and resources, identify constraints and gaps, and plan future priority actions
- Establishment of a **National VISION 2020 Committee** and preparation of a **National Plan** with clearly phased goals
- **District involvement** to plan and implement VISION 2020 at the community level (see Table 1.1). At this level, emphasis is put on the tasks to be carried out, by whom, where and when, with consideration for resource and organisational difficulties.

Table 1.1 Planning at national and district levels

Planning level	Focus	Example
National Level: <i>Strategic Planning</i>	Overall objectives; national inputs to achieve objectives; procedures	Make school eye screening part of the national programme; subsidise standard spectacles for children
District level <i>Operational Planning</i>	Activities based on local needs; optimum utilisation of available resources	Train teachers to screen school-aged 10-15 children for refractive errors

3. VISION 2020 – The District

The implementation of VISION 2020 should be planned at district level in manageable, optimal service units of between about **0.5 and 2 million population**, where necessary achieved through the division of larger districts. Such units may have a variety of names in different countries – regions, provinces, sub-districts or districts. A country of 100 million population may need about 100 different **district programmes, adjusted to local circumstances**, to effectively plan blinding disease interventions and their associated resource support. These will be phased over a period of years, in accordance with recognised priorities and resource availability. Together, these district programmes comprise the national programme.

District level VISION 2020 programmes are developed as **one year operational plans**, open to review and adjustment for each succeeding year and guided by the 5-year national plan. Each district programme should:

- be integrated into the existing primary health care structure
- be equitable in terms of the population served
- be accessible, affordable, available and accountable
- demonstrate community involvement
- provide comprehensive eye care, including eye health promotion, eye disease prevention, curative intervention (through referral as necessary) and rehabilitation
- have both a community eye care component and a surgical centre based on a district hospital
- have the essential human resources (eye care team and administration)
- have an adequate infrastructure
- be well managed
- strive to be sustainable in the longer term.

The **purpose of this manual** is to demonstrate an approach to planning and implementing a VISION 2020 programme at the district level. This generic model will be followed by three case studies in Zambia, India and Ecuador, each demonstrating different patterns of organisation, brought about through local circumstances that will suggest approaches that can be tried in other settings. The final chapter will present exercises to develop skills in designing a district programme.