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 Outreach 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.

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 governmental 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 future of the organisation and their strategy for the future to help improve eye health worldwide.

Globally there are an estimated 253 million people with serious levels of vision loss that substantially impact on their lives in the development of eye health services. IAPB is an alliance, so its 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.

Can you explain the role of the IAPB and its impact? Peter Ackland 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).

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.

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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.

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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.

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The Vison 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 Vison Atlas contains many resources and other information such as the common eye conditions and their impact on sight loss.

From your website, the IAPB clearly has several articles bringing the data to life and highlighting key issues. 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 matters. 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.

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 Donkor, Ghanaian 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 Omosawa, of the African Centre for Global Health and Social Transformation. A talk from Professor Michael Stuckelberger on healthy ageing was a highlight. There were 42 courses covering a range of eye health and related topics. We had over 60 sessions with 200 speakers and 250 poster presentations over the three days.

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

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

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/