A Report

National Consultation on Developing Eye Health Action Plan

In line with Universal Eye Health: WHO-Global Action Plan 2014 – 2019

Funded by

International Agency for the Prevention of Blindness – South East Asia

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I. ACKNOWLEDGEMENTS

We are grateful to IAPB, South East Asia led by the Regional Chair-Dr Taraprasad Das for supporting this important workshop and giving us this opportunity to hold this meeting to take forward the global action plan that was endorsed at the WHA around two years ago. We thank Mr Yuddha Sapkota, Regional Coordinator, IAPB South East Asia for providing us key inputs in designing the program and timely support.

National Consultation organized by VISION 2020: The Right to Sight - INDIA was productive largely due to valuable inputs and the constructive roles played by all the concerned stakeholders – IAPB, Government, WHO, VISION 2020 Board and VISION 2020 members - and adding their perspectives for a truly national guideline on eye health. We are grateful to Dr Taraprasad Das, Regional Chair, South East Asia-IAPB for having meetings with Joint Secretary and Additional Secretary towards making this initiative owned by NPCB and consultation more participative by the government. His guidance to VISION 2020 India secretariat and active role during the consultation is appreciable.

A detailed ground work for the meeting began almost two months prior involving meetings and coordination with the concerned stakeholders who have carved out time to work on this parallel with their other pressing schedules.

We would like to acknowledge the proactive involvement, guidance and significant contribution of the senior officials of the National Programme for Control of Blindness, Ministry of Health and Family Welfare, Government of India right led from the front by the Joint Secretary, Assistant Commissioner, Dy. Director General and other officials.

Thanks to NPCB's efforts that data from the states could be considered while preparing the background material for the meeting which was sourced from the review meeting of the SPO's as a run – up to the consultation.

We are indebted to the Joint Secretary, NPCB for ensuring a large participation from the states through the SPOs (Karnataka, Punjab, Telangana, Rajasthan, Arunachal Pradesh and Odisha) and a total involvement of the NPCB for forming the national eye health plan in line with the Global Action Plan.

We are thankful to the Director General of Health Services and the Special Director General of Health Services for attributing the issue its due importance and taking a keen interest in the proceedings to give us useful pointers and direction. We are thankful to Dy. Director General for the senior support in holding talks with DGHS and Special DGHS for successfully holding the national consultation.

We are grateful to Assistant Commissioner for the numerous meetings providing the support and constant guidance and taking forward the matter with Joint Secretary. In

addition, we would like to highlight the vital contribution by the officers at the ministry who ensured that the wheels moved smoothly towards for the meeting to take place.

The World Health Organization, India has been a participatory partner for this national consultation demonstrating a keen involvement for a meaningful outcome from this national consultation. We are grateful to them for their suggestion for the need of a background paper and supporting the production of the paper by initiating the entire procedure. We thank Dr Fikru Tullu, Dr Pradeep Joshi and Dr Sadhana Bhagwat at WHO India for acknowledging the importance of the aim and supporting the development of the background paper which was used during the two day consultation.

The smooth conduct of all the groups work – key to the entire consultation – would not have been possible without our resource persons who ensured that the discussions stay focused on the topic assigned to the groups. We appreciate the efforts put in by all resource persons - Dr Taraprasad Das, Dr Damodar Bachani, Dr NK Agarwal, Dr V Rajshekhar, Dr Sadhna Bhagwat, Dr Pradeep Joshi, Dr Sandeep Buttan, and Dr Santosh Moses. We are thankful to Dr RD Ravindran and Dr Santosh Mosses for the review of group work outputs and preparing its summary in a presentable format.

We are extremely thankful to all those stakeholders who participated in the consultation and provided invaluable inputs.

II. NATIONAL CONSULTATION: CONTEXT AND OBJECTIVES

CONTEXT

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 A major effort was made in engaging all stakeholders in the development of the action plan. The Sixty-sixth World Health Assembly endorsed the action plan by adopting resolution WHA66.4 entitled "Towards universal eye health: a global action plan (GAP) 2014 –2019".

It endorses the global action plan for 2014-19 on universal eye health, and

It urges member countries:

- to strengthen national efforts to prevent avoidable visual impairment including blindness
- 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
- 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;
- to continue to support the work of the Secretariat to implement the current action plan to the end of 2013;
- to consider the programme and budget implications related to implementation of this resolution within the context of the broader programme budget

Further, it calls for all stakeholders 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.

South-east asia regional meeting of operationalizing the global action plan 2014-19 was conducted in Hyderabad during 18-20 November 2014. Ten of 11 countries participated. The meeting agreed to roll out the resolution WHA 66.4 on global action plan to achieve universal eye health in the region. The meeting recommended developing/updating national eye health policies, plans and programmes.

As per the recommendation, in close collaboration with International Agency for the Prevention of Blindness (IAPB), National Programme for Control of Blindness (NPCB), and WHO India Country office, VISION 2020: The Right to Sight-INDIA organized one-and-a-half day national consultation seeking inputs to help draft country action plan for operationalizing the WHO global action plan to prevent avoidable visual impairment including blindness. The consultation was organized in New Delhi during 29-30 October

2015. The national and select state units of NPCB, VISION 2020 INDIA Board, WHO India, Dr RP Centre/AIIMS, and other relevant key stakeholders actively participated and contributed.

OBJECTIVES:

- Identify gaps and needs in eye care provision in order to facilitate implementation of the WHA66.4 Universal eye health: a global action plan 2014-2019 for India
- Develop India country action plan for improvement in eye care scenario.

The national consultation was organized on 29-30 October 2015 in New Delhi.

III. GAPS, NEEDS, OPPORTUNITIES AND CHALLENGES

A total of 42 eye care professionals including 14 government officials from the national and state units participated. Considering their expertise, three groups are made for 3 objectives of GAP. These groups deliberated upon the gaps, needs, issues and challenges of eye care scenario on day 1; and discussed the recommendations to fulfil developing action plan on day 2, for each objective. The groups remained intact for both the days. The parameters for deliberations are drawn from GAP for each objective. The cross cutting principles of GAP are also considered.

Groups reassembled and outputs for each objective were presented for further brainstorming through a larger participation.

Gaps, needs, opportunities and challenges of present eye care scenario are presented below under each objective:

Objective 1:
Evidence generated 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.

Current status

NPCB plans to conduct RAAB survey across 30 districts in 24 states to estimate the prevalence of blindness. This is being carried out by Dr RP Centre, AIIMS, and will be completed by year 2018.

Gaps/Needs:
- Data on childhood visual impairment
- Data on refractive errors across all age groups
- Data on Glaucoma & DR
- Data not available from NGOs who are not claiming DBCS funds
- Data not available from private practitioners
- Human resources, Infrastructure and facilities mapping

Opportunities:
- Utilization of existing programs/ surveys like NFHS, RCH
- central repository of data and methodology for planning
- Integration of eye care parameters in to the other national surveys
- Sentinel surveillance can be restarted

Discussion:

- The blindness prevalence data today is based on the RAAB survey data in the year 2001 -02 and in the year 2006-07.
    - 2001-02 projects the blindness prevalence in the general population as 1.1% and about 8.5% in the 50+ population.
    - Later study done in the year 2007, projects blindness prevalence as 8% in the 50 plus population and it doesn't make any projection for the general population.
    - Based on the current surgical data available, the cataract surgical rate is around 5000 per million.
    - However, the country does not have any data pertaining to the current prevalence and it will be good to understand the impact of the intervention taken during the last decade.

Challenges:

- Integration with other data collection mechanisms
- Low prevalence rates among children requiring higher sample size making the surveys expensive
- Outcome and quality indicators

Hence it is essential that a prevalence study is undertaken across the country. It will also be good to have a policy on the time interval during which such prevalence studies will be undertaken in the future.

- Presently, data on prevalence of blindness is estimated based on the data captured from the population aged above 50 years. Various opinions expressed regarding the need to cover all age groups in the surveys to be able to estimate the disease burden among 0-15, 15-49 and 50+ age groups. There were also questions whether covering all age groups is feasible and help in vertical programs.
- Suggested to agree to more rapid assessments to assess the prevalence
- Measuring sight restoration is important to understand the quality of service delivery. Also, coverage indicator is the need of the hour to help in making plans for reaching the unreached.
- While assessing the service quality, in addition to services providers' perspective, beneficiaries' perspective needs to be studied.
- Data that emerges from HMIS need to be analyzed for program management and planning purpose
- Use IPHS 2012 standards to find out gaps and resources for HR, infrastructure, list of medicines etc.

Objective 2:

National eye health policies, plans and programmes for enhancing universal eye health developed and/or strengthened and implemented in line with WHO's framework for action for strengthening health systems in order to improve health outcomes

The gaps and needs for objective 2 are analyzed at three levels – Policy level, program framework/design, and implementation.

Policy Level

1. Lack of data of the prevalence of the various conditions
2. Lack of policy for development of paramedical ophthalmic course
3. Lack of policy on telemedicine consultation in primary care
4. Policy on cluster infections for NGOs
5. Policy on the time interval for prevalence studies
6. Paramedical courses to be offered with job description & carrier progression
7. Policy on telemedicine network for primary care
8. Compensation for loss of vision & disfigurement following infections
9. Clarity on legal implications for cluster infections

Program Framework Level

1. Insufficient subsidy / GIA for treatment of other eye diseases
2. District level planning and performance is not stressed upon
3. Enhanced GIA for laser PHC for DR, ROP
4. Directives from NPCB for district level planning
5. Replicable, community based approaches for conditions such as glaucoma, DR & other conditions

Implementation Level

1. Non availability of district level empowered committee
2. Lack of comprehensive MIS system
3. Lack of integration with other programs
4. Linkages and referrals at primary care level
5. District eye care empowered committee
6. Comprehensive ICT enabled updated MIS system
7. Integration with other programs
8. Clarity on referrals for primary care

- **Paramedical courses**: Ophthalmology being a technology oriented medical speciality involves using several equipment for measuring the various conditions pertaining to the structure and functions of eye and all these are time consuming procedures. At the same time they are very critical in designing the treatment protocols. At present these functions are carried out by paramedical ophthalmic personnel specially trained for this process.

  In addition, cataract surgery is probably being the largest performed eye surgery in India accounting for close to 7 million surgeries annually. Here again, the ophthalmic nursing assistants specially trained either on the job or through a Two Year Program run by several Universities are involved in assisting the ophthalmic surgeons in the operating theatres. The 4 year trained nurses are usually not interested in the ophthalmic surgical specialty, who prefer to work in multi-specialty hospitals. In this regard, it is important to ensure that the 2 year paramedical course are continued which are currently be conducted by several Universities. Similarly, the vision technician cadre is also to be encouraged to promote eye care to remote rural/desert/ tribal communities and vulnerable urban groups.

Given this scenario and blindness being a public health problem there is less than one active ophthalmologist for 100,000 populations in India.

Hence, it is important to have the cadre of ophthalmic paramedical personnel who are duly trained and certified. Recently, there was a communication, which mentions about having only 4 year optometry program as the only paramedical course that will be offered in the country from the year 2020. In this regard, it is important to ensure that the 2 year paramedical course are continued which are currently be conducted by several Universities.

In USA, they have more than one ophthalmologist for 20,000 population. Even then in order to ensure efficiency and quality, the following paramedical ophthalmic courses are conducted.

1. Certified Ophthalmic Assistant (COA®)
2. Certified Ophthalmic Technicians (COT®),
3. Certified Ophthalmic Medical Technologists (COMT®),
4. Ophthalmic Surgical Assistant (OSA®),
5. Ophthalmic Ultrasound Biometrists (ROUB®),
6. Certified Diagnostic Ophthalmic Sonographers (CDOS®),
7. Ophthalmic Scribe (OSC®).

These courses are conducted by individual ophthalmologists and have been certified by their Joint Commission on Allied Health Personnel in Ophthalmology – JCAHPO and are accredited by NCCA – National Commission of Certifying Agency.

Similarly in India also, there is a need to have the following paramedical courses:

1. Diploma course for Ophthalmic Nursing Assistants
2. Diploma in Optometry
3. Diploma course for Ophthalmic Technologist (One year course after Diploma in Oph. assistant or Optometry)
4. Diploma or Certificate course for Opticians
5. Certificate course in vision Technician

- There are many organizations conducting surveys for their own project planning and implementation. The methodologies and results are not disseminated to wider audience. VISION 2020 to take lead on making repository of methodologies and results and present them on its website.
- **Compensation for loss of vision & disfigurement following infections - Clarity on legal implications for cluster infections:** Across the country, a large number of free or subsidized cataract surgeries are done by the NGO run eye hospitals through community Outreach approach accounting for nearly 35 to 40% of the seven million cataract surgeries done in India.

  In spite of all the safety measures taken, there are several instances of outbreaks of cluster infections resulting in post- operative endophthalmitis. Recently there have been criminal cases and convictions in such instances of cluster infection. In several instances,

such outbreaks happen due to contaminated surgical supplies and implants. In the past, several such cluster infections also have been reported in USA and in other developed countries due to such supplies. It is difficult to test every product at the end point before being used in patients.

Given this situation, it is necessary to have in place, a mechanism to support the NGOs during hours of such crisis who take up this work of prevention of blindness in national interest. As being done in Family Planning Program, the government should formulate a policy that will facilitate allocating certain amount of money to be given as compensation to affected patients, if required and for not filing any criminal cases against the hospital or on the individual doctors following cluster outbreaks or on occurrence of any such unseen adverse events.

There is a general consensus that Rs.50/- could be added to the present NPCB scheme under GIA of Rs.1000 for each free case operated. Also, importantly, eye care medical fraternity should be protected by the government as NGO hospitals complement the work of NPCB in the national interest.

- **Policy on telemedicine network for primary care:** As the socio economic conditions become better, the life expectancy is also increasing and it is around 67 – 68 years now. As a result, there is a considerable increase in the number of old age people in the population. The 50+ population is around 17 – 18% and in addition 70-80% of the people also live in the rural areas. The rural population is also typically older with younger generation migrating to the urban areas for work. In this regard, having community based rural centres for delivery of primary eye care becomes very important.

  Realizing this, the Government of India has envisioned setting up over 5000 Vision Centres during the 12th Five Year Plan. These primary eye care centre or Vision Centres are effective when there is a tele-medicine network for consultation by the ophthalmologists directly with the patient. However, today no guidelines or policy exist from the Government clarifying the role of consultation through tele-medicine network or for prescription of medicines or glasses through this network. Clear guidelines in this regard are needed.
- **Directives from NPCB for district level planning:** At the National level, there has been a clear vision regarding what needs to be achieved for the elimination of avoidable blindness and clear targets have been set and guidelines have been issued.

  However at the State level, such vision and direction is lacking. At each district level, the guidelines regarding community eye care work that has been issued by NPCB is interpreted differently resulting in restrictions to execution of the community work by the community NGOs and there is no accountability on the District Administration to ensure the provision of eye care services to the community at large. This needs to be addressed and individual districts should be made accountable to attain a minimal level of cataract surgical overage.

There is a also need to develop replicable community based approaches for conditions like diabetic retinopathy, glaucoma, cornea and other eye diseases.

- 65 centres of excellence needed whereas currently only 20 are available. Therefore, identify areas where no RIO or no major hospital is available
- Differences in remuneration levels of persons qualified in 2 yrs DOT vs 3 yrs B.Sc were brought in. As the health is a state subject, it was highlighted that the state government should take a call as appropriate.
- **Insufficient subsidy / GIA for treatment of other eye diseases**: The 12th Five Year Plan there has been a provision for subsidy or grant in aid for treatment of eye conditions other than cataract. This includes laser photo coagulation for diabetic retinopathy, glaucoma surgery, corneal surgery and paediatric cases. However, the allocation for such conditions is quite insufficient for treatment of such complex situation requiring expensive medicines and supplies. This needs to be discussed and the subsidy amount has to be revised.
- Difficulties in outreach and costs to be borne by the patients to travel to far away facilities hinder the performance in northeast and J&K regions. Understanding the pertinent issues, the forum discussed and recommended to pay Rs.1000 to Rs.2000 per patient coming to the health facility seeking eye care.

Objective 3:
Multi-sectoral engagement and effective partnerships for improved eye health strengthened

Current status: Vertical programs, no coordination among ministries/department, and some amount of duplication

Gaps/Needs

- Advocacy for hassle free cornea transportation (aviation, railways etc.)
- Involvement of corporate and professional bodies
- Lack of platform to bring all collaborations
- Lack of multi-sectoral approach at Ministry level

Opportunities

- Multi-sectoral approach being recommended by WHO
- Focus on non-communicable diseases by WHO

- Need to name the Ministries that need to be collaborated for improvement in eye health
- Involve Village Health and Sanitation, Nutrition Committees and empower them and provide them information on eye care. This requires work with village Panchayats
- Involve non-health sector (Ministry of Renewable Energy, Education/HRD etc.)

Challenges

- Vertical programmes, lack of information sharing system
- Coordination among ministries/departments

IV. DISCUSSIONS AND RECOMMENDED ACTIONS

The national consultation was inaugurated by Dr. (Prof.) Jagdish Prasad, Director General of Health Services, Ministry of Health and Family Welfare, Government of India. The valedictory address was presented by Dr. B D Athani, Special Director General of Health Services, Ministry of Health and Family Welfare, Government of India.

Inaugurating the two day national consultation Dr. Jagdish Prasad, DGHS suggested that NGOs to give a plan to the government and was looking forward to working in a collaborative way.

Speaking at the valedictory session of the national consultation meeting, Dr BD Athani, Special DGHS, emphasized that the "*focus right now is too much on cataract. We have to focus on other eye problems as well*". He further felt Cataract and Refractive Errors are now achievable targets, monitoring other problems call for more importance which needs to be built into the system. He asked to find out what the magnitude of the problem is and how to tackle". Dr Athani further emphasized the need for strengthening the flagship programme of acute trauma eye care.

The consultation, after deliberations, made the following recommendations to strengthen the eye care programme under each GAP objective:

Objective 1:
Evidence generated 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.

S. No	Recommended Actions	Rational	- **Lead role** - **Supportive role**
1	Explore the possibility of capturing visual impairment information in existing surveys	Utilize existing system and reduce cost burden	NPCB
2	Conduct prevalence surveys every 6-8 years	Monitor the disease	NPCB
3	Explore alternate mechanisms to capture data for non-cataract eye diseases as surveys for this purpose are resource intensive	Data not available from different parts of the country. Full flagged survey is resource	NPCB

		intensive	
4	Conduct mapping for human resources, infrastructure and range of services	Last mapping done in 2001. Needs to be done for all planning purpose	NPCB
5	Standardize survey methodology and related guidelines for uniform use and cross comparisons	Currently, various forms/tools are used	- VISION 2020 India - Dr RP Centre
6	Make central repository of methodologies and data for wider use as appropriate	Not accessible to all for use at present	
7	Explore funding opportunities for surveys and research from INGO/British Council etc.		Donors to disseminate information to the right audience
8	HMIS should adequately capture information from Govt./Private/ NGOs	Currently Govt. private and NGO sector is not adequately captured especially for non-GIA cases	NPCB with support from leading organizations
9	Quality indicators should become part of HMIS	Currently, they are not captured	NPCB
10	HMIS to have 24x7 help desk		NPCB
11	HMIS to include information about non-cataract diseases	Currently, they are not captured	- NPCB - VISION 202 India
12	Adopt best practices in HMIS by some of the NGOs	Huge opportunity exists especially HMIS software	- NPCB - Sankara Group of Hospitals/ Aravind/ - LVPEI
13	Consider the possibility to restart sentinel surveillance	to capture trend of other diseases burden	- NPCB - Dr RP Centre

Objective 2:

National eye health policies, plans and programmes for enhancing universal eye health developed and/or strengthened and implemented in line with WHO's framework for action for strengthening health systems in order to improve health outcomes

Based on group work on both the days and deliberations, the following recommendations are made to improve eye care scenario in the country.

S. No	Recommended Actions	Rational	- Lead role - Supportive role
Policy Level			
1	Develop policy guidelines for setting up of vision centers highlighting its scope, human resources, services provision etc. And encourage NGOs to set up such centres.	Vision centres exist across the country in various formats. No guidelines exist endorsed by Government.	- VISION 2020 India - NPCB
2	Develop policy for ensuring provision of comprehensive eye care including dilatation for posterior segment evaluation or photography		- NPCB
3	Clearly define medical and paramedical courses in Ophthalmology for ensuring effective universal eye health coverage Include paramedical courses like Diploma in Optometry and Ophthalmic techniques, certificate courses for Vision Technicians, Optical Dispensing etc. under paramedical / Allied Health council Define the role of different paramedical personnel and scope of services they can provide		- NPCB - MoH
4	Policy for promoting eye screening for children before entry into the school and annually	Increasing refractive errors among children	
5	Need special strategies to reach out marginalized and vulnerable population and prevent blindness		
6	Ensure essential eye medicines, IOLs, visco etc in list of medicines and equipment in Indian Public health standards		
7	Encourage local manufacturing of low vision aids and offer tax concessions	All present manufacturers are outside	- NPCB - MSJE - Ministry of Finance

		India. Need to pay heavy import duty	
Program Framework Level			
8	Promote tele-ophthalmology to benefit population residing in rural/remote areas, and develop clear guidelines	Need of the hour	- NPCB - Other stakeholders
9	Offer clarity on provision of comprehensive services at district level		
10	Design a common curriculum for MLOP courses including certification process	Several curricula exist currently.	- NPCB - Vision 2020
11	Conduct mapping of human resources covering public, private and NGO institutions across the country	Last HR mapping was done in 2001.	- NPCB
12	Training PMOA on low vision		
13	Special provision for transportation cost for patients in hilly areas – Northeast and J&K etc.		- NPCB
14	Recognize and encourage the role of non profit at all role and reduce restrictions in service delivery		- NPCB
15	Integrate primary eye care into primary health care		- NPCB - Other stakeholders
Implementation Level			
16	Make low vision aids available at appropriate locations to the needy		- MSJE - NPCB
17	Make equipment and other tools available at govt. health facilities like DH / CHC.	Poor infrastructure affects the service delivery	- NPCB
18	Speed up establishment of vision centres at PHCs. Some may be set up under PPP mode	As per 12th plan	- NPCB
19	Revamp national HMIS and bring in transparency and accountability, fund disbursements elements into the new one		- NPCB
20	Key indicators on eye health to be included in the district health plans		- NPCB
21	Involve local physicians for screening of DR & HT retinopathy		

Objective 3:

Multi-sectoral engagement and effective partnerships for improved eye health strengthened

The WHO action plan for Universal Eye Health clearly specifies the need to collaborate within other areas of health as well as with other sectors in the development sphere. It specifies that eye health should be included in broader non-communicable and communicable disease frameworks, as well as those addressing ageing populations.

The background document prepared for the purpose of this consultation brought out the need to collaborate with

- NPCDCS program that provides an opportunity to address the issues related to eye problems arising out of diabetes or hypertension.
- RCH program that provides the opportunity to address the issues related to blindness in children and vitamin A deficiency.
- National Program for the Health Care of Elderly is the perfect foil for the age related eye diseases mandate

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 multi-sectoral interventions. The consultation strongly felt there elimination of avoidable blindness depends on progress in other global health and development agendas, including social determinants of eye health such as maternal and child health, WASH, education and nutrition among others. Based on this understanding the following recommendations have been made:

Levels	**Actions Required to make GAP operational in the country**	**Rational (in brief) for actions suggested**	- **Lead role** - **Supportive role**
Policy Level	1. Engage non-health sectors in developing eye health policies and plans by: • Creating a platform (workshop/ conference) where all relevant stakeholders from the general health and development sectors can participate and identify areas for convergence	Currently there is no or very less priority accorded to eye health within the health sector and with other sectors of development. To identify areas of convergence and advocate for inclusion of the same it is important to bring all stakeholders together.	- NPCB - WHO - Vision 2020 India - Public Health Foundation of India

	2. Enhance effective international and national alliances by: • Advocating with WHO to include eye health as a priority in their India Country Cooperation Strategy (CCS) • Advocating with WHO & World Bank to mandate collection of cataract surgery coverage by NPCB	Currently eye health is not a priority in the WHO CCS. Inclusion can lead to greater collaboration with other sectors and funding for eye health programmes.	- Vision 2020 India - NPCB - WHO
Programme Framework	Identify suitable mechanisms for inter-country collaboration through development of a white paper on the need and scope for multi-sectoral partnerships	Avoidable blindness cannot be eliminated in isolation. Cooperation of various ministries and departments at various levels are required to integrate and strengthen eye health programmes as part of other ministries' agendas.	- VISION 2020 India - NCD/MoH - NPCB - PHFI - INGOs
	3. Facilitate a workshop to advocate for challenges facing the eye health sector with other relevant ministries/ departments (Civil Aviation, Railways, Transport, Social Justice, Family & Child Welfare, Information and Broadcasting)		
	4. Identify and develop linkages with poverty alleviation programmes and child rights programmes of various multilateral agencies and INGOs such as UNICEF, Save the Children etc.		
Implementation	5. Identify areas where there is duplication of efforts (E.g. Diabetes, WASH, Education etc.) and collaborate with local partners at grass roots levels	There is a lot of scope for partnership with agencies working in other sectors of development at the grassroots level. This avenue should be explored.	- NGOs - INGOs

V. WAY FORWARD

The consultation concluded the following:

- Share the draft report of the consultation with all those who participated and others who could not participate for more inputs
- Submit the final report to NPCB for its acceptance
- Use the final report as an advocacy tool
- Use the final report to develop future plans for NPCB and other key stakeholders
- Prioritize actions recommended and consider making them part of annual plans of VISION 2020 INDIA

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