



A framework and indicators for monitoring VISION 2020 – The Right to Sight:

The Global Initiative for the Elimination of Avoidable Blindness

Suggested outlines

Report of a WHO Working Group

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PREFACE

The Global Initiative for the Elimination of Avoidable Blindness is a collaborative effort between the World Health Organization and the International Agency for the Prevention of Blindness (IAPB). It aims at intensifying and accelerating prevention and treatment interventions to contain and finally to eliminate unnecessary blindness in the world. VISION 2020 – The Right to Sight as the initiative is captioned will assist Member States to build national capacity to deliver interventions through strengthened eye health delivery systems, based on the primary health care approach. As a final objective, it is aimed at establishing a sustainable, comprehensive eye care system, as an integral part of every national health system.

The Global Initiative identified indicators and proposed a monitoring framework to track progress in the implementation of the various interventions and the achievement of set objectives and targets.

The Task Force of VISION 2020 recognized that the framework for monitoring based on identified indicators was a priority. Such a framework would need to be integrated into the plans for implementation of VISION 2020 at the national, regional and global levels. The Task Force supported the convening of a working group in Geneva, from 24 to 26 June 2002, to develop a framework and indicators for monitoring VISION 2020.

The following steps preceded the meeting:

- Preparation of a draft WHO/PBD (Prevention of Blindness and Deafness) document – "Framework and indicators for monitoring VISION 2020 – The Right to Sight"
- Circulation of the draft document to members of the Task Force for comments
- Incorporation of the comments into the document
- Refined draft document presented as a background paper at the working group meeting (Annex 2)

The working group proceeded to develop a framework and to identify and define indicators for monitoring at the various levels of implementation.

This draft document was made available for review by members of the Task Force of VISION 2020 and for field-testing. Individual governmental health ministries and nongovernmental organizations partnering in VISION 2020 may already have in current use indicators for project monitoring. It is the purpose of this document (and the indicators included) to harmonize, to the extent possible, the use of indicators and data collection to facilitate the monitoring of VISION 2020 implementation at the national, regional and global levels.

The working group agreed that one of the main objectives of the VISION 2020 initiative is to help to establish well-functioning eye care systems within the existing health care systems in respective countries. This process is based on the assessment of the existing eye care services, comprising populations' eye health status, eye care systems, and their availability and affordability..

Requirements for a meaningful monitoring system would include:

- a good network of motivated people
- setting up clear indicators
- introducing an efficient data collection system
- performing basic analysis of all levels of eye care
- provision of feedback

Monitoring indicators have several levels of relevance (global, regional, national). When designing the indicators for monitoring VISION 2020, the following issues need to be addressed:

- Name of indicator
- Brief definition
- Unit of measurement
- Purpose
- Linkage to other indicators
- Underlying definition
- Measurement methods
- Limitations

Collection of data and information may utilize the **national/district reporting systems** already in place. This approach is conditioned by having the existing reporting systems analysed so that data of poor quality are avoided. Countries should receive guidance during VISION 2020 plan development regarding the **minimal list of indicators** needed to be collected. Overburdening the system with collecting too many data should be avoided by aiming at gathering **the most relevant information only**. Individuals participating in data-gathering and reporting need to be encouraged to do so. The most promising way is by introducing a **feedback** of the results to the individuals involved, so that they can experience a direct benefit for improving their work and services. The appropriate way for presenting the data collected needs to be designed. It needs to be understood that even if the data collected are published, the actual publication may not be available locally and the individuals involved in the process cannot access it. It is advisable that the national eye societies be asked to participate and get involved. Collected data should be interpreted carefully and detailed analysis should be performed first (e.g. the numbers of eye care personnel in reference to various eye conditions requiring treatment, some diseases requiring different human resources). The **time frame for reporting** should be realistically considered so as to avoid lapses in the reporting schedule.

Special attention should be paid to treatment (surgery) **outcome monitoring and evaluation**. There are several software packages already available for utilization by eye care institutions and individuals (e.g. those developed by LAICO, AAO and WHO, SSI/CBM). They are particularly recommended for the eye surgeons in training who intend to improve their performance. Each national programme needs to establish norms of performance and quality based on local resources and circumstances.

In the implementation of national VISION 2020 plans of action, several objectives and targets would be set and process indicators would be necessarily identified and defined to monitor the project activities. Such process indicators are part of the management process and will not be discussed in any detail in this document.

However, some of the indicators for national-, regional- and global-level monitoring could also be used in tracking progress of achievements.

1. VISION 2020 INDICATORS FOR DISEASE CONTROL

1.1 INDICATORS FOR DISEASE BURDEN

- 1.1.1 Burden of visual impairment
- 1.1.2 Burden of visual impairment by avoidable causes

1.2 DISEASE CONTROL – CATARACT

- 1.2.1 Cataract output
- 1.2.2 IOL implantation rate
- 1.2.3 Cataract surgical rate
- 1.2.4 Cataract surgical coverage

1.3 DISEASE CONTROL – TRACHOMA

- 1.3.1 Blinding trachoma
- 1.3.2 SAFE strategy coverage

1.4 DISEASE CONTROL – ONCHOCERCIASIS

- 1.4.1 Population at risk of onchocerciasis
- 1.4.2 Treatment for onchocerciasis
- 1.4.3 Coverage with treatment for onchocerciasis

1.5 DISEASE CONTROL – REFRACTIVE ERRORS

- 1.5.1 Correction of refractive errors

1.6 DISEASE CONTROL – LOW VISION CARE

- 1.6.1 Low vision
- 1.6.2 Low vision care

1.7 DISEASE CONTROL – CHILDHOOD BLINDNESS

- 1.7.1 Burden of avoidable childhood blindness
- 1.7.2 Burden of avoidable childhood blindness by cause
- 1.7.3 Measles control
- 1.7.4 Vitamin A deficiency control
- 1.7.5 Rubella immunization

1.1 INDICATORS FOR DISEASE BURDEN

1.1.1 Burden of blindness and visual impairment	
Level of collection	National (disaggregated in large countries)
Level of collation	Regional/global
Brief definition	Global, regional and national number of blind and number with “low vision”
Unit of measurement	Absolute number
Purpose	Advocacy, programme monitoring
Linkage to other indicators	Levels of development Gender
Underlying definition	Presenting VA <3/60 and <6/18 to 3/60) in the better eye
Measurement methods	Estimates from surveys/rapid assessments
Limitations	Requires population-based studies, some of which are of limited generalization
Frequency	5-yearly

1.1.2 Burden of blindness and visual impairment by avoidable causes	
Level of collection	National (disaggregated in large countries)
Level of collation	Regional/global
Brief definition	Global and regional number of blind and number of low vision by avoidable causes
Unit of measurement	Absolute number
Purpose	Advocacy and monitoring of trends
Linkage to other indicators	Levels of development Gender
Underlying definition	Presenting VA <3/60 and <6/18 to 3/60 in the better eye
Measurement methods	Estimates from surveys/rapid assessment methods
Limitations	Limited accuracy
Frequency	5-yearly

1.2 DISEASE CONTROL - CATARACT

1.2.1 Cataract output	
Level of collection	National
Level of collation	Regional/global
Brief definition	Number of cataract operations
Unit of measurement	Absolute number
Purpose	Monitor trends and PR
Linkage to other indicators	HRD, infrastructure, appropriate technology, level of development
Underlying definition	Cataract surgery
Measurement methods	Compilation from regional and national data
Limitations	Incomplete reporting (e.g. private sector)
Frequency	Annually

1.2.2 IOL implantation rate	
Level of collection	National
Level of collation	Regional/global
Brief definition	Proportion of all cataract operations with IOL
Unit of measurement	Absolute numbers with and without IOL
Purpose	Proxy measure of quality
Linkage to other indicators	HRD, infrastructure, appropriate technology
Underlying definition	Cataract surgery with IOL
Measurement methods	Compilation from regional and national data
Limitations	Incomplete reporting, e.g. private sector
Frequency	Annually

1.2.3 Cataract surgical rate	
Level of collection	National
Level of collation	Regional/global
Brief definition	Number of cataract operations performed/million population/ year; categorization
Unit of measurement	Number of cataract operations + total population, by country – disaggregated (gender) (rural/urban)
Purpose	Identifying countries in need of capacity-building To track trends in output Advocacy at national level
Linkage to other indicators	HRD, infrastructure, appropriate technology
Underlying definition	As above
Measurement methods	Compilation from national data, and grouping of countries according to CSR categories (categories to be decided)*
Limitations	Incomplete reporting e.g. by private sector
Frequency	Annually

* Categories of disaggregated CSR to be used, and number of categories to be decided (i.e. arithmetical, or logarithmic scale).

1.2.4 Cataract surgical coverage	
Level of collection	National
Level of collation	Regional/global
Brief definition	Proportion of people with bilateral cataract who have received cataract surgery in one or both eyes (at 3/60 and 6/18 level)
Unit of measurement	Proportion
Purpose	To assess the degree to which cataract surgical services are meeting the need
Linkage to other indicators	HRD, infrastructure, appropriate technology
Underlying definition	Proportion eligible for surgery who have received surgery
Measurement methods	Estimates from population-based surveys and national data on cataract output – RACCS
Limitations	Requires population-based studies which are of limited generalization
Frequency	5-yearly

1.3 DISEASE CONTROL – TRACHOMA

1.3.1 Blinding trachoma	
Level of collection	Endemic districts
Level of collation	National
Brief definition	Number of districts/countries (by category) with blinding trachoma as a public health problem
Unit of measurement	Prevalence of TF <10 years Prevalence of TT ≥15 years
Purpose	To monitor elimination of blinding trachoma
Linkage to other indicators	Commitment to VISION 2020 at national level Socioeconomic development
Underlying definition	Districts/countries with new cases of blindness occurring due to trachomatous scarring
Measurement methods	Population-based surveys – from GET 2020
Limitations	Incomplete coverage of surveillance system
Frequency	Every 3 years after first year

1.3.2 SAFE strategy component-specific coverage	
Level of collection	Districts with endemic blinding trachoma
Level of collation	National/regional/global
Brief definition	Proportion of endemic communities covered by SAFE strategy
Unit of measurement	Number of trichiasis surgeries/Number medically treated/Number of clean faces/Measures of environmental hygiene – from GET 2020
Purpose	To assess coverage
Linkage to other indicators	Incidence of blinding trachoma
Underlying definition	Districts where blinding trachoma exists and elimination is ongoing
Measurement methods	Population-based surveys in endemic areas – from GET 2020
Limitations	Resource-intensive (human and financial)
Frequency	Every 3 years after first year

1.4 DISEASE CONTROL – ONCHOCERCIASIS

1.4.1 Population at risk of onchocerciasis	
Level of collection	National
Level of collation	National
Brief definition	Number infected with or at risk of onchocerciasis
Unit of measurement	Absolute number
Purpose	To assess treatment needs
Linkage to other indicators	Demographic
Underlying definition	As determined by REMO (Rapid Epidemiological Mapping of Onchocerciasis)
Measurement methods	As determined by REMO
Limitations	Limitations inherent in REMO
Frequency	Annually

1.4.2 Treatment for onchocerciasis	
Level of collection	National
Level of collation	National
Brief definition	Number treated annually with Mectizan®
Unit of measurement	Absolute number
Purpose	To measure distribution of tablets
Linkage to other indicators	Number of Mectizan® tablets received
Underlying definition	Number of tablets distributed
Measurement methods	Standardized forms
Limitations	Incomplete compilation of data
Frequency	Annually

1.4.3 Coverage with treatment for onchocerciasis	
Level of collection	Regional – already being done by APOC
Level of collation	National
Brief definition	Ultimate treatment goal coverage
Level	80% to 85%
Unit of measurement	Proportion of total population at risk receiving treatment
Purpose	To measure coverage
Linkage to other indicators	Demographic Disease-specific blindness prevalence
Underlying definition	Proportion of persons at risk actually receiving treatment
Measurement methods	Standardized data entry forms
Limitations	Incomplete compilation of data
Frequency	Annually

1.5 DISEASE CONTROL – REFRACTIVE ERRORS

1.5.1 Correction of refractive errors	
Level of collection	National/regional
Level of collation	Global
Brief definition	Proportion of people with significant refractive errors (i.e. <6/18 in the better eye) and presbyopia, whose error is corrected
Unit of measurement	Absolute number; rate per million population
Purpose	Advocacy To assess refractive service provision
Linkage to other indicators	Demographic data
Underlying definition	Number of persons requiring correction using spectacles
Measurement methods	Rapid assessment “surveys” of selected ages
Limitations	Provision cannot be equated with utilization
Frequency	5-yearly

1.6 DISEASE CONTROL – LOW VISION CARE

1.6.1 Low vision	
Level of collection	National
Level of collation	National/regional/global
Brief definition	National/regional and global number with low vision needing low vision services
Unit of measurement	Absolute number
Purpose	Advocacy, programme management
Linkage to other indicators	Levels of development Gender
Underlying definition	<6/18 to light perception in the better eye, after standard refractive correction/treatment
Measurement methods	Estimates from surveys, registration
Limitations	Limited accuracy
Frequency	5-yearly

1.6.2 Low vision care	
Level of collection	National
Level of collation	National/regional
Brief definition	Availability of low vision care services
Unit of measurement	Proportion of countries having low vision services established
Purpose	To track development of LVC services
Linkage to other indicators	Indicators of refraction services
Underlying definition	<6/18 to light perception in the better eye, after standard refractive correction/treatment
Measurement methods	Rapid assessment
Limitations	May not indicate geographical coverage
Frequency	5-yearly

1.7 DISEASE CONTROL – CHILDHOOD BLINDNESS

1.7.1 Burden of avoidable childhood blindness	
Level of collection	National
Level of collation	Regional/global
Brief definition	Number of children blind from avoidable causes per million population.
Unit of measurement	Absolute number
Purpose	To track trends in control of avoidable childhood blindness
Linkage to other indicators	Under-5 mortality, socioeconomic data
Underlying definition	Absolute number per million population
Measurement methods	Blind school studies, surveys, under-5 mortality rate, childhood blindness registers
Limitations	No established reporting system
Frequency	Annually

1.7.2 Burden of avoidable childhood blindness by cause

Level of collection	National
Level of collation	Regional/global
Brief definition	Number of children blind from avoidable causes per million population.(vitamin A deficiency), cataract, ROP
Unit of measurement	Absolute number
Purpose	To track trends in control of avoidable causes of childhood blindness
Linkage to other indicators	Under-5 mortality, socioeconomic data Low-birth-weight monitoring
Underlying definition	Absolute number per million population
Measurement methods	Blind school studies, surveys, under-5 mortality rate, childhood blindness registers, surveillance systems
Limitations	No established reporting system
Frequency	Annually

1.7.3 Measles control

Level of collection	Global
Level of collation	Already being done by EPI
Brief definition	Proportion of countries with measles immunization coverage >80%
Unit of measurement	Proportion
Purpose	Prevention against post-measles keratomalacia
Linkage to other indicators	Under-5 mortality Immunization coverage
Underlying definition	Coverage of measles immunization
Measurement methods	From EPI programme, coverage and surveillance reports
Limitations	Proxy indicator
Frequency	Annually

1.7.4 Vitamin A deficiency control

Level of collection	National/regional
Level of collation	Regional/global
Brief definition	Proportion of countries with vitamin A deficiency with control programmes
Unit of measurement	Proportion
Purpose	To assess prevalence of risk factor
Linkage to other indicators	Under-5 mortality Measles immunization coverage
Underlying definition	WHO/UNICEF cut-off levels
Measurement methods	From IVACG, surveillance
Limitations	Does not necessarily correlate with blinding malnutrition
Frequency	Annually

1.7.5 Rubella immunization	
Level of collection	National
Level of collation	Regional/global
Brief definition	Proportion of countries with policy/implementation on rubella immunization
Unit of measurement	Proportion
Purpose	To measure rubella immunization policy/implementation
Linkage to other indicators	Proportion of countries with rubella immunization policy/implementation
Underlying definition	From EPI programme
Measurement methods	EPI programme
Limitations	Policy related to EPI coverage
Frequency	Annually

2. VISION 2020 INDICATORS FOR HUMAN RESOURCES

Ophthalmologists
 Cataract surgeons
 Optometrists
 Refractionists
 Ophthalmic nurses/assistants
 CEH-trained personnel
 Management-trained personnel

Level of collection	National (disaggregated in large countries)
Level of collation	Regional/global
Brief definition	Number per million population
Unit of measurement	Absolute number
Purpose	To assess availability of services
Linkage to other indicators	Performance indicators – CSR
Underlying definition	Cadre as defined in country
Measurement methods	Health management information system (MIS)
Limitations	Numbers do not denote performance
Frequency	Annually

**3. VISION 2020 INDICATORS FOR INFRASTRUCTURE / APPROPRIATE
4. TECHNOLOGY / SERVICE DELIVERY**

- 4.1 Eye care service delivery – geographical coverage
 4.2 Eye care delivery – population served by one ophthalmologist/cataract surgeon
 4.3 Eye care delivery – rural/urban distribution of ophthalmologists/cataract surgeons
 4.4 Eye care delivery – rural/urban distribution of ophthalmologists

3.1 Eye care service delivery – geographical coverage	
Level of collection	National
Level of compilation	Regional/global
Brief definition	Proportion of health administrative areas with/without eye care/cataract surgical services
Unit of measurement	Proportion
Purpose	To identify areas of greatest need for services To monitor trends in increasing service delivery to the most underserved.
Linkage to other indicators	Cataract surgical rate; cataract coverage
Underlying definition	Health administrative area = area that has a population of approximately 0.5–2 million Cataract surgical services = static facility that can deliver cataract surgical services (as a minimum). This could be provided by (a) ophthalmologist(s) who work in the facility, (b) a trained cataract surgeon who works in the facility, (c) a visiting team which goes to the facility to undertake cataract surgery on a regular basis
Measurement methods	Number of health administrative areas in the country Number with and without cataract surgical services
Limitations	Does not ensure that the population has access to, or makes use of, the service for a variety of reasons (distance, cost, fear, ignorance, etc.)
Frequency	Annually

3.2 Eye care delivery – population served by one ophthalmologist/cataract surgeon	
Level of collection	National (disaggregated in large countries)
Level of compilation	Regional/global
Brief definition	Average size of the population served by one ophthalmologist.
Unit of measurement	Absolute number
Purpose	To identify areas of greatest need for services To monitor trends in increasing service delivery to the most underserved.
Linkage to other indicators	Cataract surgical rate; cataract coverage
Underlying definition	Ophthalmologist = qualified as defined by country
Measurement methods	Health MIS
Limitations	Hides rural/urban distribution
Frequency	Annually

3.3 Eye care delivery – rural/urban distribution of ophthalmologists /cataract surgeons	
Level of collection	National
Level of compilation	Regional/global
Brief definition	Proportion of the country's ophthalmologists who work in the capital city
Unit of measurement	Proportion
Purpose	To identify areas of greatest need for services To monitor trends in increasing service delivery to the most underserved.
Linkage to other indicators	Cataract surgical rate; cataract coverage
Underlying definition	Guidelines for definitions: Urban = capital city and major cities Rural = outside capital and major cities
Measurement methods	Health MIS
Limitations	Does not necessarily reflect output
Frequency	Annually

3.4 Eye care delivery – rural/urban distribution of ophthalmologists	
Level of collection	National
Level of compilation	Regional/global
Brief definition	Size of the population served by urban and by rural ophthalmologists
Unit of measurement	Absolute number
Purpose	To identify areas of greatest need for services To monitor trends in increasing service delivery to the most underserved
Linkage to other indicators	Cataract surgical rate; cataract coverage
Underlying definition	Guidelines for definitions: Urban = capital city and major cities Rural = outside capital and major cities
Measurement methods	Health MIS
Limitations	Does not necessarily reflect output
Frequency	Annually

4. COUNTRY-/REGIONAL-/GLOBAL-LEVEL INDICATORS

- 4.1 Declaration of VISION 2020 support
- 4.2 National VISION 2020 action plan
- 4.3 New financial resources required
- 4.4 World Sight Day observances
- 4.5 National-level partnership

4.1 Declaration of VISION 2020 support	
Level of collection	National
Level of collation	Regional/global
Brief definition	Signing of the VISION 2020 Declaration of Support by the national government
Unit of measurement	The number of countries having the Declaration signed
Purpose	To demonstrate national commitment to adopting VISION 2020 objectives
Linkage to other indicators	Linkage to national VISION 2020 action plan, and national health policy
Underlying definition	NA
Measurement methods	To record the number of countries having the Declaration signed
Limitations	It is a symbolic act. Practical implementation of VISION 2020 objectives needs to be monitored and evaluated by other indicators
Frequency	Annually

4.2 National VISION 2020 action plan	
Level of collection	National
Level of collation	National/regional/global
Brief definition	Development of practices for disease control, human resources, infrastructure and appropriate technology, advocacy and community participation
Unit of measurement	The number of countries having this plan adopted
Purpose	To identify needs, and gaps in eye care services delivery and resources To demonstrate a practical commitment to achieve VISION 2020 objectives, to set up guidelines for doing so
Linkage to other indicators	It is linked to other national and regional indicators
Underlying definition	A. The action plan is particularly linked to the establishment of partnerships involving WHO, professionals, NGOs, governments, civil society, and private sector B. It is conditioned by having the eye care needs assessment performed and having the national relevant requirements to achieve VISION 2020 objectives identified C. It is necessary to develop a long term plan for the period of 20 years, and an initial discrete and achievable short-term five-year implementation plan showing the resources needed to achieve the VISION 2020 goals D. The action plan needs to identify the financial resource requirements E. There should be a detailed plan for human resource and infrastructure development.
Measurement methods	To count the absolute number of countries having the action plan, and to calculate the percentage out of the total number of countries eligible for having the action plan
Limitations	It may be difficult to evaluate the success of the plan
Frequency	Annually

4.3 New Financial Resources Required	
Level of collection	National
Level of collation	National/regional/global
Brief definition	This is the amount of financial funds required to cover the gaps in eye care services
Unit of measurement	Percentage of mobilized resources out of the calculated amount required
Purpose	To market the fundraising campaign and activities
Linkage to other indicators	It is directly linked to the five-year VISION 2020 Implementation Action Plan
Underlying definition	The funds come from governments, NGOs operating in the country/region, and the remaining "deficit" (additional funds needed) is to be found by VISION 2020
Measurement methods	To assess the magnitude of finances required/obtained
Limitations	Measures resource availability but not absorptive capacity
Frequency	Annually

4.4 World Sight Day observances	
Level of collection	National
Level of collation	National/regional/global
Brief definition	Observance of World Sight Day in the country to enhance VISION 2020 advocacy and awareness-creation activities
Unit of measurement	Yes/No
Purpose	To enhance VISION 2020 advocacy and awareness creation activities
Linkage to other indicators	Particularly to well-functioning partnerships
Underlying definition	National activity with collaboration of all partners
Measurement methods	To identify the number of countries having World Sight Day recognized
Limitations	There may be limitations caused by the actual effectiveness in communication
Frequency	Annually

4.5 National-level partnership	
Level of collection	National
Level of collation	National/regional/global
Brief definition	The national partnership is composed of the VISION 2020 stakeholders: WHO, professionals, NGOs, governments, civil society, and private sector. They participate in planning, provision of resources, implementation, monitoring, in a coordinated manner
Unit of measurement	Number of countries having a well-established partnership cooperation
Purpose	To enhance advocacy, mobilization of resource efforts, prioritization, implementation and coverage
Linkage to other indicators	World Sight Day observance, VISION 2020 Action Plan
Underlying definition	As above
Measurement methods	Reported by a national VISION 2020 coordination group
Limitations	Willingness of partners to work together
Frequency	Annually

FOLLOW-UP

A working group will be charged with taking this forward.

Development of monitoring system

A few countries to develop, use, and refine data collection systems. This would include a system for validating the information so that it can readily be approved by WHO.

Toolbox:

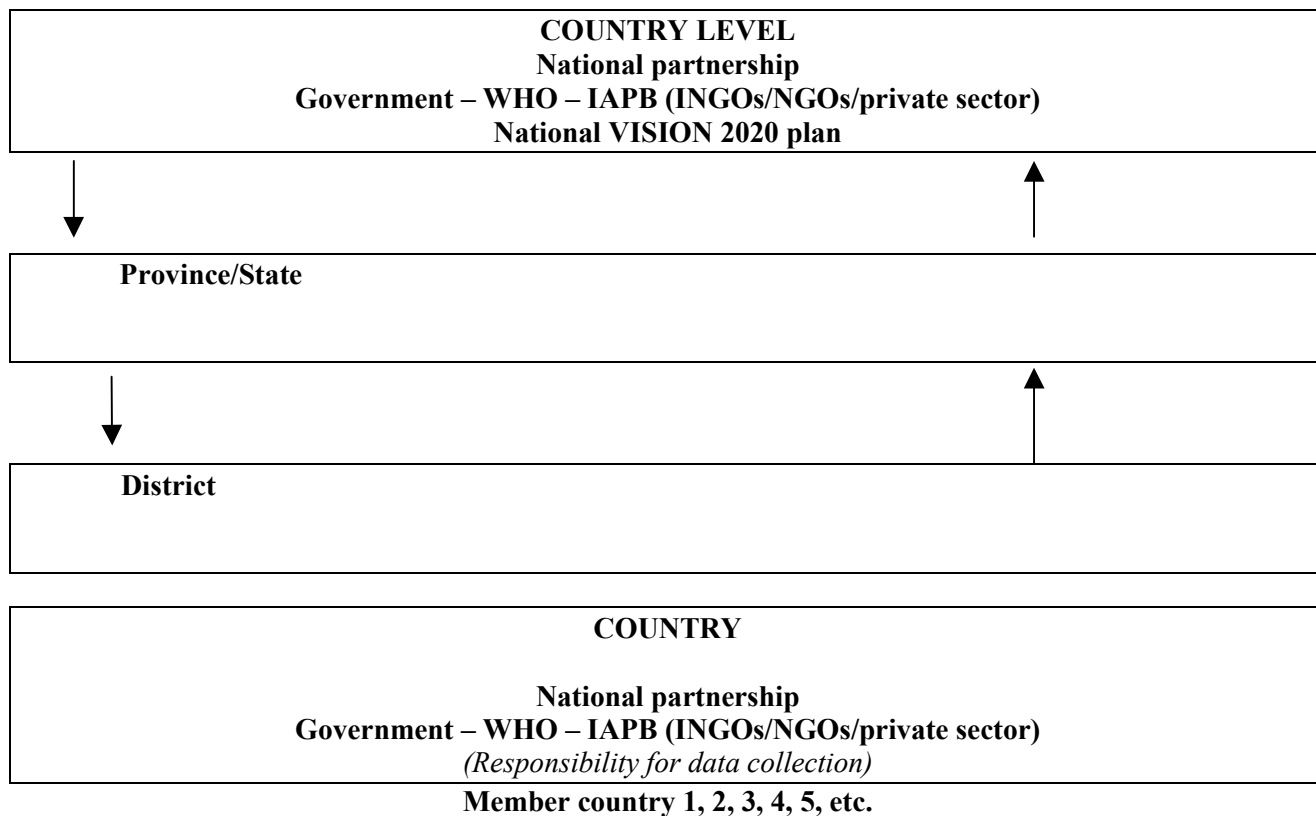
What should be included for

- needs assessment (rapid assessment methods, with forms and software)
- situation analysis (with forms and software)

Suggested operations research areas that could complement the monitoring process:

- Development of valid rapid assessment methods
- Economic impact of blindness, for advocacy
- QOL impact of blindness, for advocacy
- Health services research, to increase efficiency

**PROPOSED FRAMEWORK FOR MONITORING
VISION 2020**



**What minimum information has each country
to send to the regional level?**

REGIONAL (WHO/IAPB) (RCG)

**What information has the RCG
to collect, collate and analyse?**

FROM THE REGIONAL LEVEL

**What information should each region send to
WHO global level?**

GLOBAL LEVEL

What information needs to be collected?

- A. From regional level**
- B. At global level itself**

**Global monitoring of VISION 2020
Progress towards elimination of avoidable blindness**

**WHO/IAPB
VISION 2020 – The Right to Sight**

Annual publication
State of the World's Sight

ANNEX 1

DRAFT AGENDA

Opening of Meeting
Introduction of Participants
Nomination of Officers
Adoption of Agenda

1. Review of general principles of developing a framework and indicators for monitoring
2. Review of the current status of information collection in respect of eye care services – regional/national level
3. Review of the background document "Framework and indicators for monitoring"
4. Review of indicators proposed by different VISION 2020 working groups
5. Finalization of proposed indicators
6. Finalization of proposed monitoring framework
7. Working Group for Monitoring VISION 2020 – membership criteria and terms of reference
8. Plan of work for follow-up action
9. Any other matters

Closure of Meeting

ANNEX 2

A FRAMEWORK AND INDICATORS FOR MONITORING VISION 2020 – The Right to Sight

The Global Initiative for the Elimination of Avoidable Blindness

Introduction

Avoidable blindness and visual impairment are public health problems in nearly all developing countries and even in impoverished parts of developed countries.

The World Health Organization estimated, in 1999, that there were 45 million persons blind and three times that number visually impaired. Ninety per cent of such blindness occurs in developing countries, and four out of five persons blind have an avoidable (i.e., preventable or treatable) cause of blindness/visual impairment.

The Director-General of WHO launched VISION 2020 – The Right to Sight on 18 February 1999, in Geneva.

The objective of the project is to eliminate avoidable blindness globally by the year 2020, at the latest. To achieve this objective, WHO forged a partnership with a number of international nongovernmental organizations, collectively under the umbrella of the International Agency for the Prevention of Blindness (IAPB). This is a unique partnership working on a common agenda to reach a common goal.

The plan comprises three major components:

- Disease prevention and treatment
- Human resource development
- Infrastructure development and appropriate technology

The disease prevention and treatment component has included five priority areas in the first five-year period. However, in countries where some of these identified priority areas do not exist and where other priority areas of unmet need are identified, the plans are flexible enough to include these areas, if criteria laid down are met.

Human resource development is all-encompassing, including different cadres of eye care providers as well as skills development in technical, managerial and community eye care delivery.

The infrastructure development and appropriate technology component aims at increasing and upgrading infrastructure, at its equitable distribution and at providing appropriate technology for optimal utilization of resources.

The principal mechanism for achieving these sub-objectives is through intensified national action by extending partnerships to regional and country levels and, within countries where feasible, also to the district level. Country partnerships are being supported by a global partnership (IAPB Task Force/WHO) and technical support networks (WHO collaborating centres and VISION 2020 centres of excellence (proposed)) that will provide the necessary technical cooperation.

This is to be achieved within the existing and strengthened health delivery system with the basic strategy of delivering eye care as an integral part of primary health care.

Since the global launch, several regional- and country-level launches have taken place as advocacy and planning events. Further expansion and strengthening of partnerships have occurred. Moreover, training workshops for national VISION 2020 plan development have been under way in many regions, often preceded by the formulation of regional plans of work.

Another activity now planned, while moving forward with the preparatory phase, is the development of a framework and indicators for monitoring/evaluation of the outcomes and impact of VISION 2020. The need for an effective system to monitor progress and outcomes will be critical for the success of VISION 2020.

Monitoring is required to provide local feedback on performance of VISION 2020 activities and to monitor the progress and impact of VISION 2020 at various levels – national, regional and global. There would be a need to modify the project as necessary from lessons learned and also to institute operations research, as required in programmatic decision-making, problem-solving and instituting modifications in adopted strategies, as appropriate.

One of the weaknesses in existing prevention of blindness programmes is the paucity and unreliability of data to assess accurately the needs, performance, outcomes, etc.

This paper suggests a framework and indicators for monitoring the outcome and impact of VISION 2020.

General principles in developing a monitoring framework

Broad consensus

VISION 2020 is the collective effort of a number of partners from different disciplines who have agreed on a common objective and a common agenda to work towards that goal.

- The need for a common monitoring framework is therefore implicit in such a partnership.

One of the prerequisites of a monitoring framework is that it be technically sound, and this should be borne in mind when arriving at a consensus.

Steps in the development of a monitoring framework

- Multidisciplinary cross-culture group in WHO/WHO collaborating centres/INGOs to prepare a preliminary draft framework
- Review with other groups and partners, including governments
- Revise monitoring methodology
- Field-testing in selected countries
- Finalization and endorsement by all partners
- Application at various levels

Relevance to VISION 2020 objectives and components

The framework and indicators should directly reflect the VISION 2020 objectives. They should permit an assessment of the impact of VISION 2020 on the burden of blindness and visual impairment and make it possible to monitor the principal strategies, interventions and related efforts to reinforce the eye care delivery system.

Standardized but adaptable approaches

The epidemiology of blindness and visual impairment, detailed intervention strategies and health system development vary considerably between countries and regions, and this variation needs to be taken into account in the development of the monitoring framework and methodology. It may therefore be expedient to develop a general monitoring framework that covers all situations and to develop a series of VISION 2020 indicators that reflect the major variations in blindness patterns and related epidemiology in different countries and in the principal interventions.

Countries and regions are encouraged to select from the basic set those indicators that are the most appropriate for their specific epidemiological and disease pattern situation and intervention strategy. Such an approach ensures standardization of the basic framework and flexibility to suit special circumstances and needs.

Local feedback

The foremost priority for data collection at the community and district levels is to provide feedback to eye care providers and the health care system. The monitoring system and the selected indicators should facilitate this process. Such information can be used by local decision-makers and stakeholders for planning and management purposes.

Minimal data collection

The chores involved in record-keeping and reporting are often seen as a needless burden in many health care settings, and much of the information collected and reported is never used.

- Data collected for VISION 2020 are to be kept at a minimum and should only be undertaken if the data are likely to be reliable and useful for decision-making.

It needs to be stressed that, wherever possible, existing mechanisms for data collection, with suitable modification and strengthening where necessary, should be used. It is important to review existing systems, many of which exist.

The critical areas relate directly to the objectives of VISION 2020:

- The impact on the burden of blindness and visual impairment
- Improved performance in prevention and treatment
- Related human resource development
- Related eye health sector development
- Support and partnerships

The framework would detail the main components of VISION 2020 action, especially at the country level. The ultimate goal of VISION 2020 is to eliminate avoidable blindness as a public health problem globally by the year 2020. One of the critical areas to monitor is obviously the impact on the blindness burden.

- The reduction and eventual elimination of the blindness burden will be achieved through interventions that are strengthened or initiated by the national VISION 2020 partners, and this partnership is a critical area to monitor.

The actual interventions will vary with the pattern and epidemiology of blindness and visual impairment, and with the status of the health delivery system.

However, *blindness-specific interventions* will include, along with prevention, the whole gamut of eye health promotion, protection, treatment and at least some forms of rehabilitation. The delivery of these interventions will require the strengthening and therefore the monitoring of *human resources* and relevant components of the *health care system*, ranging from health policy, health systems management and service delivery at all levels.

Where *intersectoral collaboration* is called for, such collaboration also needs to be monitored.

The national-level interventions will require international support. Other critical areas to monitor are the *resources* made available at the national and global levels, the *technical support* provided to countries and the *effectiveness of research and development* to develop new tools and strategies.

INDICATORS

- **It is proposed that the principal monitoring of VISION 2020 at country level be based on a small number of indicators that represent the critical components in VISION 2020.**

These indicators should be intervention- and outcome-oriented and should provide information for action at the relevant operational activity levels and especially at the district level, particularly in larger countries.

Indicators are variables that help to measure changes. They can do so directly or indirectly. The following should be considered when choosing indicators:

- **Validity** implies that the indicator measures what it is supposed to measure.
- **Reliability** implies that, even if the indicator is used by different people at different times and under different circumstances, the results will be the same.
- **Sensitivity** implies that the indicator should be sensitive to changes in the situation or phenomenon concerned.
- **Specificity** means that the indicator reflects the changes only in the situation or phenomenon concerned.

The table attempts to set out the list of indicators that meet these criteria. It also attempts to provide an operational definition for each of the indicators and an indication of the likely source of relevant data. It is recommended that each region, subregion or country select from this list only those indicators (at least one per critical area) that it considers appropriate for the local blindness pattern, epidemiology and intervention strategy.

Some general comments on the indicators are given below.

The objective of the VISION 2020 partnership is to eliminate avoidable blindness by the year 2020. Various strategies have been outlined towards achieving this goal. These would amount to the process of achieving the goal, and indicators could be identified to track these processes (***process indicators***).

On the other hand, the goal itself is the global elimination of avoidable blindness, and the indicators to measure that would be those that show impact (***impact indicators***).

Both types would be useful in tracking (monitoring) VISION 2020 implementation.

For example, in human resource development the number trained and the number in position are both process indicators; the number of surgeries done, by each trainee, that restore vision is an impact indicator.

As ensuing blindness and visual impairment are the most important contributing factors as measured in disability-adjusted life years, it is proposed that ***avoidable blindness prevalence be the principal impact indicator for VISION 2020.***

However, given that priority areas for disease control have been defined in VISION 2020, *differential (disaggregated) prevalence rates* for each of the five priority areas in the disease control component (i.e., cataract, trachoma, onchocerciasis, refractive errors including low vision, and childhood blindness) should be used as well.

Besides disaggregated disease prevalence data, it would be desirable, given the inequality in the provision of eye care services, to place limited reliance on average national data such as national performance rates in respect of eye care delivery and to give more consideration to area-specific information.

The collection of data based on periodic, scientifically sound, population-based studies needs to be considered. However, large-scale population-based prevalence surveys would not only be expensive, but also would not give results representative of small population areas.

It would therefore be necessary to develop, as a priority, a scientifically sound but simplified method of data collection in respect of these indicators. Such a uniform, user-friendly methodology could be used universally, giving results that are comparable.

National partnerships

The main action for VISION 2020 will be undertaken by national partnerships in the concerned Member countries. The national partnerships will include governments, nongovernmental organizations, WHO and other interested parties. Monitoring the outcome of these actions is primarily the responsibility of these national VISION 2020 partnerships, using the governmental system with suitable enhancement.

It is therefore recommended that each national partnership review the framework and indicators and decide to what extent they would wish to monitor outcomes and the impact of their interventions, which of the VISION 2020 indicators they wish to adopt, and how and when they will use the monitoring results for decision-making on VISION 2020. The national partnership needs also to consider the expected costs of implementing a selected monitoring system and to decide how these costs will be covered. IAPB/WHO VISION 2020 may provide technical support and limited resources for assessing data for specific global indicators.

As country activities are accelerating, driven by the impetus given by the advocacy events and regional/national launches, it is imperative to get the monitoring systems in place and *to collect baseline data*, where this has not already been done. *Baseline assessments* will facilitate the ability to judge progress of the implementation of VISION 2020 activities. The simplified methodology, the development of which is proposed, could be extremely useful in this regard, complementing other existing sources of data. Baseline data would provide initial values of the critical indicators chosen that would enable the setting of objectives and monitoring of trends in the short-to-medium term on key outcome indicators such as cataract blindness. ***Showing progress on such indicators would be invaluable in sustaining commitment at all levels and particularly at the national partnership levels.***

On the other hand, good baseline data are also essential for the long-term evaluation of VISION 2020 against the set objective of eliminating avoidable blindness by the year 2020.

**OPERATIONAL DEFINITIONS AND POSSIBLE SOURCES OF INFORMATION
ON PROPOSED INDICATORS FOR MONITORING OF VISION 2020**

Indicator	Operational definition	Source of information
<p>IMPACT</p> <p>Overall</p> <p>Disease-specific</p> <p>% Reduction by cause:</p> <p><i>Cataract</i></p> <p><i>Trachoma</i></p> <p><i>Onchocerciasis</i></p> <p><i>Xerophthalmia</i></p> <p><i>Childhood cataract</i></p> <p><i>Uncorrected refractive errors</i></p>	<p>Disaggregated (area-specific) Prevalence (all causes of blindness)</p> <p>Disaggregated (area-specific) Prevalence (all causes of blindness)</p>	<p>Community surveys</p> <p>Community surveys</p>
<p>DISEASE CONTROL</p> <p>By cause:</p> <p><i>Cataract</i></p> <p><i>Refractive error/low vision</i></p> <p><i>Trachoma</i></p> <p><i>Onchocerciasis</i></p> <p><i>Childhood blindness:</i></p> <ul style="list-style-type: none"> • Cataract • Xerophthalmia 	<p>CSR</p> <p>SRR</p> <p>Coverage</p> <p>Coverage</p> <p>Adopt from GET2020</p> <p>Adopt from OPC/APOC</p> <p>N° of paediatric cataract surgeries done</p> <p>N° of cases</p>	<p>MIS</p> <p>Clinical audit survey</p> <p>RA in community</p> <p>MIS</p> <p>Sentinel clinics information system</p>

Indicator	Operational definition	Source of information
<p>HUMAN RESOURCES</p> <p>Presence of technical skills:</p> <p><i>Ophthalmologists</i> <i>Cataract surgeons</i> <i>Optometrists</i> <i>Refractionists</i> <i>Ophthalmic nurses/assistants</i> <i>CEH-trained personnel</i> <i>Management-trained personnel</i></p>	<ul style="list-style-type: none"> • Number of categories trained • Number trained in relation to targets set. • Number in each category <p>Personnel/population</p>	<p>MIS</p>
<p>EYE HEALTH SYSTEM DEVELOPMENT (Infrastructure and appropriate technology)</p> <p>Eye health policy</p> <p>Resources allocated/disbursed</p> <p>Eye health system management</p> <p>Provision of eye care:</p> <p><i>Availability</i> <i>Physical accessibility</i> <i>Economic and cultural accessibility</i> <i>Utilization of services</i> <i>Quality of eye care</i> <i>Coverage</i></p>	<p>Availability of explicit policy</p> <p><i>Numerator:</i> N° of districts with functional eye health units <i>Denominator:</i> Total eye health hospitals</p>	<p>National health policy document</p> <p>Health budget</p> <p>MIS</p>

REGIONAL LEVEL

National partnerships	N° of countries with active national partnership
Policy	N° of countries with national policy*
National VISION 2020 launch	N° of countries where VISION 2020 was launched*
National action plans	N° of countries with national plans
Regional activities	N° of regional activities
Regional prevalence of blindness	Trend – Through collating country data
Resources	Amount mobilized

* Denominator – N° of countries in region.

GLOBAL LEVEL

Partnership	N° of INGOs actively involved Report trend Resources mobilized
Global prevalence	Compilation of regional data

PERIODICITY OF DATA COLLECTION/REPORTING

This is contingent on factors such as current practice, requirements for local decision-making, budgeting, etc. It would be useful to determine the minimum intervals at which data collection should be carried out in respect of the different indicators.

Monitoring may also require spelling out periodicity – annual, biennial, etc. This would also be indicator-specific.

Monitoring activities will require several data collection activities:

- Sampling of the area of activity using the simplified rapid assessment methodology being developed
- Qualitative studies of communities in project areas
- Health facility assessments
- Reports from INGO partners
- MIS records

COMPLEMENTARY ACTIVITIES

Health mapping

Recent advances in geographical information and mapping technologies have created new opportunities for public health managers to enhance planning, management and monitoring capabilities.

In the case of the monitoring of VISION 2020 activities, the role of the various players acting synergistically can be conveniently mapped, together with a realistic assessment of the local situation. The disease burden on the one hand, and the available resources (human, infrastructure, financial) on the other, could be superimposed so as to delineate the areas of greatest unmet need.

A fundamental first step in reaching and addressing the problem in these often remote populations, in order to organize and coordinate appropriate responses, is to put them on the map for all concerned to see.

This would identify areas for concerted and coordinated action hitherto unrecognized by INGO partners.

WHO has the capability to include VISION 2020 situational and activity data on the health mapper so as to serve as an effective means for monitoring progress and outcomes, based on information collected in respect of indicators. Such a mapping system would provide the information required for action at the local level in countries, as well as for macro-level monitoring at the regional and global levels.

PROPOSED PLAN OF ACTION FOR VISION 2020 MONITORING/COORDINATION ACTIVITIES

- Constituting an expert working group
- Preparation of a preliminary draft framework (WHO)
- Convening a consultation meeting to finalize the draft framework
- Field-testing in selected countries
- Finalization of monitoring framework and indicators
- Incorporation of monitoring framework in country-level MIS
- Providing support to Member countries in implementing monitoring
- Support to regional levels (WHO/IAPB/RCG) to assist in monitoring
- VISION 2020 joining the strategic alliance of the WHO/UNICEF Healthmap Programme team

**MONITORING WORKING GROUP
VISION 2020 Task Force**

This is being set up on the recommendations of the WHO-IAPBEC/VISION 2020 Task Force

The following terms of reference are suggested:

- To review the draft document on a "Framework and Indicators for Monitoring VISION 2020", prepared by WHO/PBD.
- To convene a global meeting of experts to arrive at a consensus on the Framework and Indicators for Monitoring
- To assist regions and Member countries in field-testing and validating the indicators and the monitoring process.
- To assist Member countries, along with the regional offices of WHO/IAPB, to strengthen the required data collection/analysis to monitor VISION 2020 activities, as an integral part of the national health MIS.
- To identify areas for operational research and development.

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