Eye care in health systems

Guide for action



World Health Organization

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Foreword

Globally, at least 2.2 billion people have a vision impairment or blindness; of these at least 1 billion have a vision impairment that could have been prevented or has yet to be addressed. In the coming decades, population growth and ageing, along with behavioural and lifestyle changes and urbanization, will dramatically increase the number of people with eye conditions, vision impairment and blindness, posing a considerable challenge to health systems (*World report on vision, WHO; 2019*).

To address many of the challenges faced in the field of eye care – including inequities in access and lack of integration within the health system – eye care needs to be an integral part of universal health coverage (UHC): all individuals to receive the health services they need, of sufficient quality, without experiencing financial hardship. This message was endorsed by the Seventy-third World Health Assembly in resolution WHA73.4 in 2020 (*WHA73.4. Integrated people-centred eye care, including preventable vision impairment and blindness*) which urges Member States to make eye care an integral part of UHC and to implement people-centred eye care in health systems.

The concept of UHC is globally adopted as the key guiding principle for health planning. To this end, the *Eye care in health systems: guide for action* (the Guide) was developed as a manual for health planners. The Guide outlines strategies and approaches proposed by the World Health Organization (WHO) that provide practical, step-by-step support to Member States in the planning and implementation of integrated people-centred eye care (IPEC).

Planning periods covered in the Guide include those that are short-term (annual operational planning), as well as mid- to longer term (eye care strategic plans). The Guide further describes and links four new tools developed by WHO to support country planning. The adopted modular design of the Guide allows users to implement relevant components, based on country need.

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Eye care in health systems: guide for action was developed by Andreas Mueller, Stuart Keel, Mitasha Yu, Vera Carneiro, Silvio Paolo Mariotti and Alarcos Cieza, of the Vision and Eye Care Programme, WHO.

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Acronyms

DHIS	District Health Information Software
DQAA	Data quality assessment and adjustment
ECCF	Eye Care Competency Framework
ECIM	Eye Care Indicator Menu
ECSAT	Eye Care Situation Analysis Tool
eCSC	effective coverage of cataract surgery
eREC	effective coverage of refractive error
INGOs	International Nongovernmental Organizations
IPEC	Integrated people-centred eye care
M&E	Monitoring and Evaluation
PECI	Package of Eye Care Interventions
SDGs	United Nations Sustainable Development Goals
SMART	Specific, Measurable, Attainable/Achievable, Realistic, Time-bound
TADDS	WHO Tool for Assessment of Diabetes and Diabetic Retinopathy
TAGS	WHO Tool for the Assessment of Glaucoma Services
TARES	WHO Tool for the Assessment of Refractive Errors Services
TARSS	WHO Tool for the Assessment of Rehabilitation Services and Systems
TWG	Technical Working Group
UHC	Universal health coverage

Executive summary

The primary audiences for *Eye care in health systems: guide for action* (the Guide) are governments of low- and middle-income countries and the agencies working with them to provide eye care to the people in need. It is designed for use at national level but can also be used at subnational level.

The Guide aims to be a practical resource for countries to analyse, plan, implement and review integrated people-centred eye care (IPEC). More specifically, it outlines recommended activities towards the development of:

1. an **eye care strategic plan** that outlines priorities;
2. a **monitoring framework** linked to the eye care strategic plan; and
3. one or multiple **operational plans** outlining actions in support of the implementation of the eye care strategic plan.

The Guide currently links four resources, or tools, developed by WHO (Figure 1), to support countries in their development of the plans and frameworks described above. The Guide was designed to be a dynamic resource, allowing the inclusion of additional tools at any time to facilitate the analysis, planning, implementation and review of IPEC in countries.

Figure 1. The four WHO tools to support implementation of the Guide

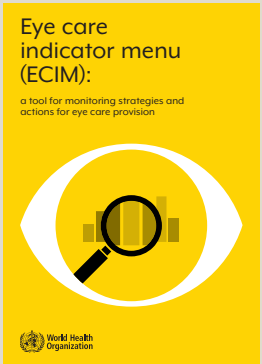
Eye Care Situation Analysis Tool (ECSAT)

Purpose: Questionnaire based survey tool to comprehensively assess eye care in a country.



Eye Care Indicator Menu (ECIM)

Purpose: List of recommended national eye care indicators to be collected regularly.



Package of Eye Care Interventions (PECI)

Purpose: Planning and budgeting for eye care at each level of the health system.



Eye Care Competency Framework (ECCF)

Purpose: Planning tool for eye care human resources based on competencies.



The "Analyse–Plan–Do–Review" cycle

The *Eye care in health systems: guide for action* describes a set of recommended actions across four implementation phases. The recommendations outlined can be modified depending on country needs.

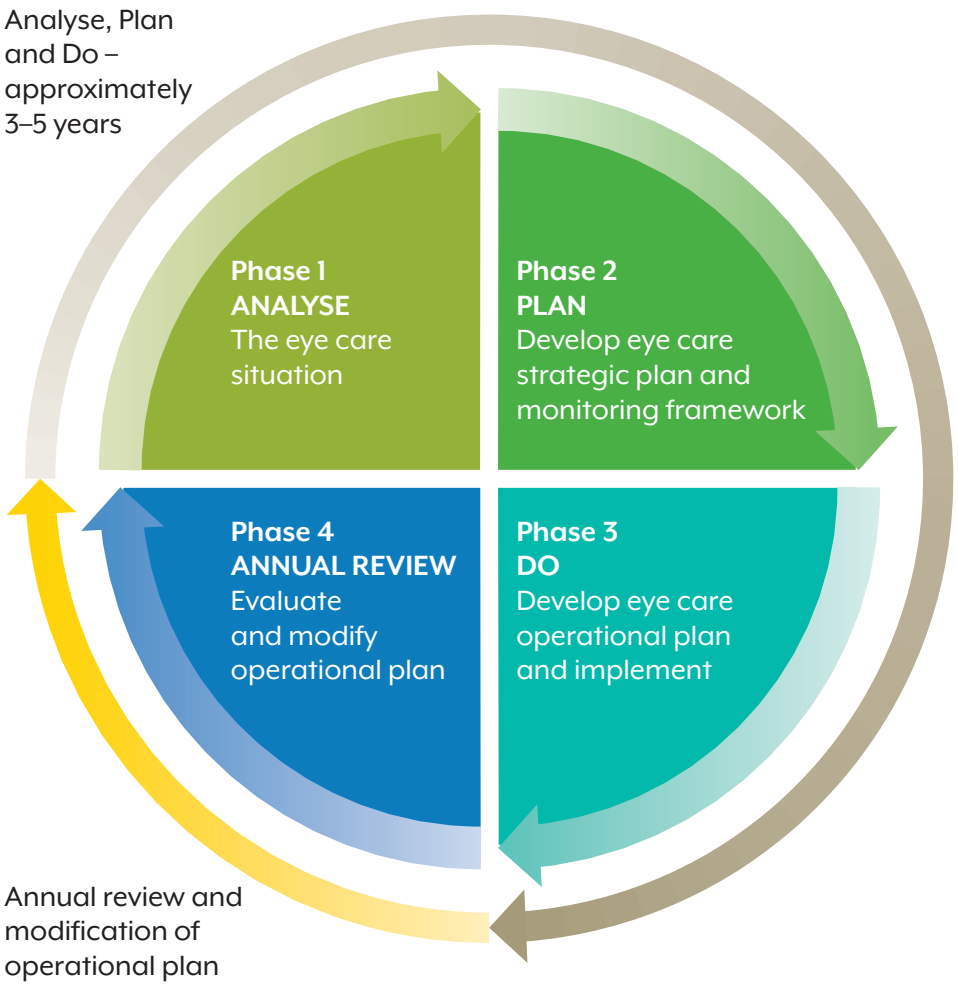
The cyclical nature of the "Analyse–Plan–do–Review" process and its evolution over several years is represented in Figure 2. Phase 1 (Analyse) and Phase 2 (Plan) are carried out periodically, for example once every 5 years, whereas Phase 3 (Do) is ongoing and 4 (Review) is annual.

Completion of the first two phases (Analyse and Plan) takes approximately 12 months, depending on the country situation, A sample time frame and related responsibilities across the first two phases are provided in Annex 1.

The strategies, processes, actions, and sequence of the four phases described in the Guide are recommendations. Member States may select components based on national or regional situation and needs; for example a country may have an eye care strategic plan in place but may require a monitoring framework.

Importantly, success in strengthening eye care with the help of the four-phase process requires government leadership, readiness, and commitment.

Figure 2. The "Analyse–Plan–Do–Review" cycle



Summary of the four phases and 10 steps

The 10 steps and related substeps that are recommended for each of the four phases are summarized below and described in more detail later in the Guide.

Phase 1: ANALYSE

Objective
Carry out a situation analysis of the eye care sector to establish priorities

Step 1

Carry out an eye care situation analysis (using ECSAT)

1.1 Ensure the government owns and coordinates the analysis

1.2 Develop a concept note and confirm availability of resources

1.3 Contact WHO to receive the ECSAT template

1.4 Identify key stakeholders and establish a Technical Working Group (TWG)

1.5 Collect data and information for completing the ECSAT

1.6 Finalize the ECSAT report

Step 2

Disseminate and communicate ECSAT findings

2.1 Disseminate the ECSAT report, as endorsed by the Ministry of Health

Phase 2: PLAN

Objective
Use the priorities to develop an eye care strategic plan and related monitoring framework

Step 3

Develop the eye care strategic plan

3.1 Ensure government commitment and engage stakeholders

3.2 Confirm timelines, roles, responsibilities, and availability of resources

3.3 Establish a Technical Working Group (TWG), if not already achieved in Phase 1

3.4 Identify priorities, objectives, and actions

3.5 Cost the eye care strategic plan and mobilize resources

3.6 Consult on first draft and finalize the eye care strategic plan

Step 4

Endorse and launch the eye care strategic plan

4.1 Government to officially endorse the eye care strategic plan

4.2 Disseminate the eye care strategic plan

Phase 2: PLAN

Step 5

Develop an eye care monitoring framework (using ECIM)

5.1 Identify stakeholders to be engaged in the development of the monitoring framework

5.2 Review the eye care strategic plan and identify a results chain

5.3 Select eye care indicators

5.4 Identify indicator baselines, develop time-bound targets and establish frequency of data collection

Step 6

Integrate eye care indicators within the health information system

6.1 Develop data sources for eye care indicators within the health information system

Phase 3: DO

Objective

Conduct operational planning to define activities, timelines and budget at national, subnational and institutional level to implement the eye care strategic plan

Step 7

Develop operational plans (using PECI and ECCF)

7.1 Government holds an eye care stakeholder meeting for national or regional operational planning

7.2 Plan and budget eye care interventions at all service delivery platforms

Step 8

Implement operational plans

8.1 Communicate operational plans effectively

Phase 4: ANNUAL REVIEW

Objective

Establish ongoing review processes to correct actions

Step 9

Establish evaluation and review processes

9.1 Establish the evaluation process

9.2 Establish the review process

9.3 Document and share the progress and performance review process

Step 10

Translate reviews into adjustments to operational planning

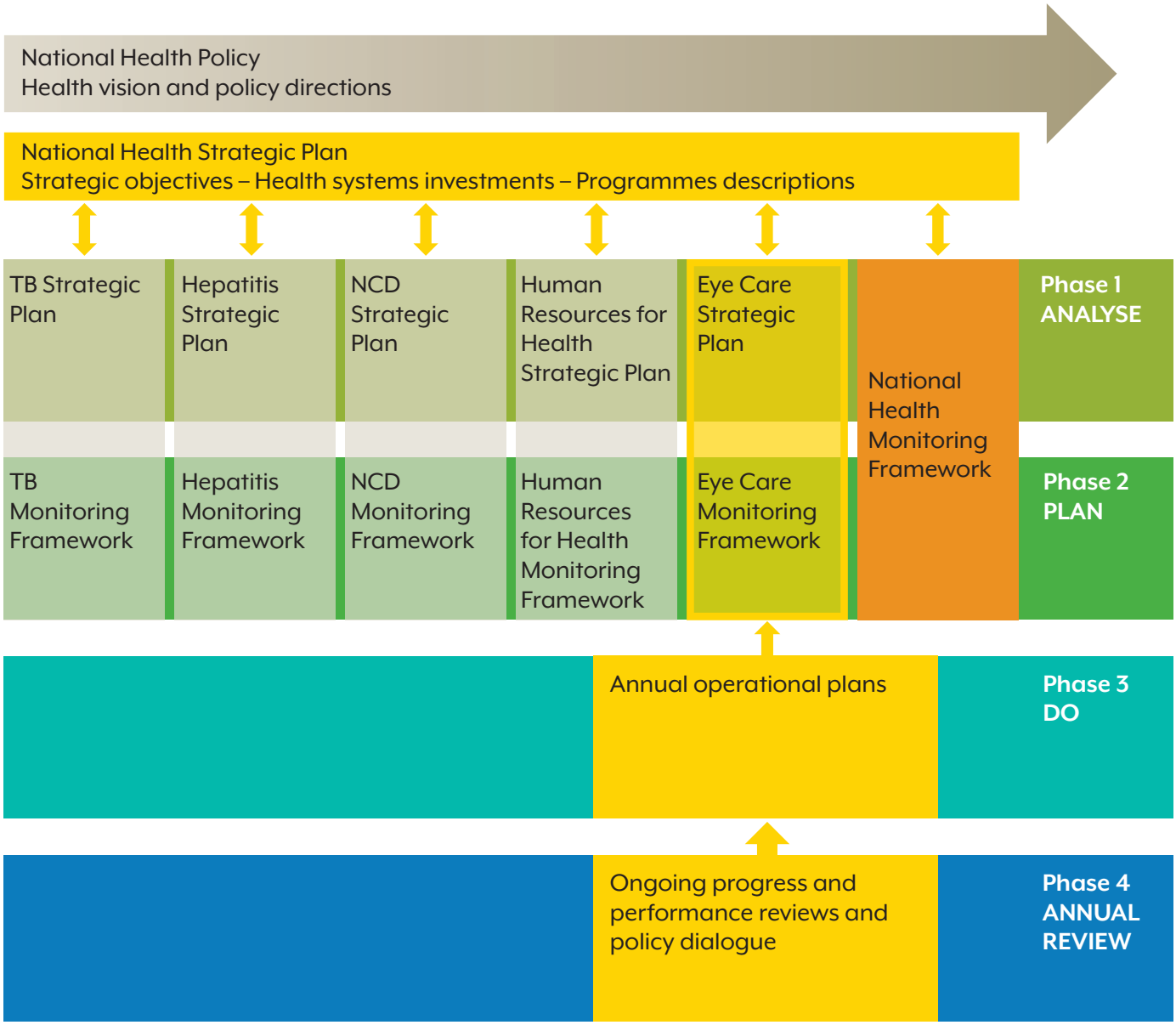
10.1 Ensure that progress and performance reviews are used to inform corrective measures

Using the *Eye care in health systems: guide for action* within wider health planning

While the eye care strategic plan outlines the sector-specific interventions, crucially eye care should also be integrated into national health sector strategic planning and funding flows to achieve the strengthening of eye care delivery in a sustainable way. In addition, eye care should be recognized in the preparation of annual plans for related programmes and at health facility level.

The eye care strategic plan should sit alongside other health sectoral plans, for example, noncommunicable diseases (NCDs) or human resources for health; all plans need to be aligned with the national health strategic plan and its monitoring framework (see Figure 3).

Figure 3. Eye care strategic planning and operational planning within wider health planning



Phase 1
Eye Care Situation Analysis



Aims:

to **assist governments**, and those working with government, to:

- undertake a **comprehensive situation analysis** of the health system framework for eye care,
- develop a high-quality, **comprehensive, and action-oriented report** to inform the planning process.

Results:

- Identification of the **status of eye care services** (strengths and weaknesses).
- Clear **recommendations for improvement** based on the objective assessment (opportunities and threats).

The 2 steps of Phase 1:

1. Carry out an eye care situation analysis (using ECSAT).
2. Disseminate and communicate ECSAT findings.

Summary:

- The situation analysis should be carried out as a **key initial step** in the development of a strategic eye care plan.
- The situation analysis provides an objective **snapshot of eye care services** for the purpose of pre-planning a strategy towards IPEC, including setting priorities for action.
- The **ECSAT** was developed by WHO as a simple yet comprehensive survey methodology for the situation analysis of the eye care system.
- The situation analysis should be **updated every 3 to 5 years**, or as needed.



The Eye Care Situation Analysis Tool (ECSAT)

Countries are encouraged to implement ECSAT as the first step in developing an eye care strategic plan. ECSAT intends to support countries in the planning, monitoring of trends and the evaluation of progress towards implementing IPEC. In addition to the questionnaire component, ECSAT includes a maturity scoring system and a set of possible actions.

ECSAT is generally desk-based and uses mainly existing data that provide a "snapshot" of the eye care sector at the time. The tool is designed to address the following key questions:

1. What is the current situation of the eye care services regarding IPEC (strengths, weaknesses, and inequalities)?
2. What priority areas need to be addressed in eye care strategic planning?
3. What are possible activities to address gaps across the eye care services?

The lead and overall coordination of ECSAT implementation should be provided by the Ministry of Health in collaboration with the main eye care stakeholders, including professional associations, the private sector (comprising for-profit and not-for-profit organizations), and development partners, as appropriate.

A coordinator is recommended to oversee the situation analysis. The coordinator will be responsible for engaging with all stakeholders for data collection and entry into the ECSAT tool, and for final report writing.

The time required from initial agreement through undertaking of a situation analysis to report completion is likely to be three months or more, depending on each country specific settings and resources. ECSAT does not require the collection of any personal, population-based or novel data.

The tool described here supersedes a previous version of ECSAT, now aligning the content with the IPEC strategic recommendations made in the World report on vision, as well as adding the maturity scoring system and set of possible actions.

Further information and access to the ECSAT template can be obtained from WHO Country Office or Regional Office focal persons for eye care; or alternatively, through the Vision and Eye Care Programme of WHO Headquarters (https://www.who.int/health-topics/blindness-and-vision-loss).

Steps for Phase 1: ANALYSE

Step 1

Carry out an eye care situation analysis (using ECSAT)

1.1 Ensure the government owns and coordinates the analysis

A situation analysis is ideally organised under the government leadership and accompanied by its commitment to investing in and implementing identified priority actions. The engagement of decision makers in the Ministry of Health should be sought early in this process as building high-level commitment within the ministry is essential. It is suggested for government to identify and support a dedicated ECSAT coordinator. Suggestions for the terms of reference for the coordinator are included in the ECSAT guidance.

1.2 Develop a concept note and confirm availability of resources

Government, along with development partners helping the process, should develop a concept note. This document should include a list of resources required and a timeline that establishes the schedule of the planned actions.

1.3 Contact WHO to receive the ECSAT template

The ECSAT template is available on request from WHO. The request should come from government or its implementing partners. In situations where the request comes from a partner, it should be accompanied by an expression of interest by the government. Countries should contact their WHO Country Office to inform them of the plan to conduct the situation analysis and for access to ECSAT. If there is no WHO Country Office, the WHO Regional Office or the Vision and Eye Care Programme at WHO Headquarters may be contacted. Note that a digital version of ECSAT (direct data entry into web-based forms) is currently being developed, and will be available in late 2022.

1.4 Identify key stakeholders and establish a Technical Working Group (TWG)

Key stakeholders will be the Ministry of Health and other programmes, sectors and professional organizations involved in eye care service delivery. Other key stakeholders are WHO and development partners such as international nongovernmental organizations (INGOs).

The establishment of a TWG consisting of key stakeholder representatives is recommended to provide technical input throughout the analysis period and the other steps in the process. A list of potential members of the TWG is included in the ECSAT guidance.

1.5 Collect data and information for completing the ECSAT

The ECSAT template is divided into 31 components, structured according to health system building blocks (leadership and governance, service delivery, workforce and infrastructure, financing, information). A full list of the 31 eye care components is provided in Annex 2.

For each of the 31 ECSAT eye care components, the user(s) will need to follow the three steps described in Table 1 below.

Table 1. The three ECSAT steps

Questionnaire *(A set of questions to gather detailed background information for planning)*	Enter responses to the questionnaire (most questions require a yes/no response).
Maturity score *(To identify components of eye care that may be prioritized in planning)*	Select the maturity score that best describes the situation in the country regarding particular components of eye care.
Actions *(A list of possible actions to provide suggestions for immediate activities for consideration in planning)*	If the maturity score is low (scores of 1 or 2), consider the list of actions that would strengthen that component of eye care during the planning process.

The information necessary to complete the questionnaire and maturity scoring system is derived from desk examination of publicly accessible sources, or interviews. The coordinator, with the TWG, will decide whether the required information can be sought from accessible sources or whether interviews are required.

The coordinator will be responsible for gathering the information necessary to complete the ECSAT template. The coordinator may either pre-enter the information, together with gathering the related evidence documents, and then share with the TWG for consensus before finalization; or arrange for a TWG meeting to jointly enter the information in full. Either way, it is important for all ECSAT responses to be discussed in detail with the TWG, to avoid bias.

1.6 Finalize the ECSAT report

The ECSAT report should:

a. include a description and analysis of the situation;

b. identify priority areas; and

c. identify a set of feasible and justified recommendations.

The identification of priority areas and possible recommendations should follow these steps:

1. Identify low-scoring (scores of 1 or 2) building blocks as general priority areas. (Note that ECSAT calculates the average score for each building blocks automatically.)

2. Within each low-scoring building block, select low-scoring components and identify these as specific priority issues.

3. Consider proposed activities for strengthening IPEC. (Note that the activities listed in ECSAT are recommendations only. Actual activities need to be identified during a comprehensive planning workshop.)

The ECSAT report can only be finalized once the coordinator has incorporated endorsement and approval from the responsible level of government.

Suggestions for the structure and content of the ECSAT report are included in the ECSAT guidance.

Note that WHO has developed a set of tools to analyse the capacity of the eye care sector to address specific eye conditions. These tools may be useful to compliment ECSAT if there is need to gather more in-depth data on a

particular eye condition. They can also provide the basis for estimating additional information required, identify key players, and defined the level of government ownership and engagement in eye care service delivery.

An overview of condition-specific WHO tools is provided in Annex 3.

Step 2

Disseminate and communicate ECSAT findings

Disseminate the ECSAT report, as endorsed by the Ministry of Health

ECSAT findings should be made easy to understand, as the report contains information that is valuable to a diverse range of stakeholders. The full report may be accompanied by an executive summary of key findings.

Dissemination of the written report may include distribution of hard and electronic copies, use of traditional and social media, and communicating the findings through events and roundtable discussions on policy. Dissemination should cover all stakeholders, including eye care professional associations and development partners supporting eye care.

Checklist for Phase 1

STEP 1. Carry out an eye care situation analysis (using ECSAT)

☐ Ensure government understands their role and is committed.

☐ Develop concept.

☐ Confirm availability of resources and budget.

☐ Government to contact WHO and receive the ECSAT template.

☐ Identify key stakeholders and establish a TWG.

☐ ECSAT coordinator conducts interviews and meets with TWG.

☐ Complete the ECSAT template.

☐ Obtain feedback from stakeholders.

☐ Revise and finalize ECSAT report.

STEP 2. Disseminate and communicate ECSAT findings

☐ Disseminate final report.

☐ Carry out roundtable discussions with stakeholders.

Phase 2
Development of eye care strategic plan and monitoring framework



Aims:

- To outline key **priorities** for integration.
- To **assist governments** to develop a feasible **strategic plan for eye care**.
- To **facilitate the work of governments** to develop a **comprehensive set of eye care indicators**.

Results:

- An evidence-based eye care strategic plan **to define a** long-term **vision and establish priorities for IPEC**.
- **A monitoring framework** that tracks progress against agreed indicators.

The 4 steps of Phase 2:

3. Develop the eye care strategic plan.
4. Endorse and launch the eye care strategic plan.
5. Develop an eye care monitoring framework (using ECIM).
6. Integrate eye care indicators within the health information system.

Summary:

- Use the **ECSAT report as evidence base to identify priority areas** for the eye care strategic plan.
- The **eye care strategic plan** is to be renewed every 4 to 5 years.
- Ensure that eye care is **integrated** into the wider health sector strategic plan.
- Ensure an **inclusive approach** to planning that it is **led by government**.
- Ensure that timing of eye care planning is **aligned with the national health strategic plan and funding flows.**
- Ensure that the eye care strategic plan is **aligned with the four IPEC strategies** and contains **goal, objectives and activities,** and is **accompanied by a monitoring framework**.
- Use the WHO **Eye Care Indicator Menu** (ECIM) to support the development of a monitoring framework.

Integrated people-centred eye care (IPEC)

The *World report on vision* is the current guiding framework for global eye care, calling on countries to make eye care part of efforts to achieve universal health coverage (UHC) and to implement Integrated people-centred eye care (IPEC) as an approach to health system strengthening.

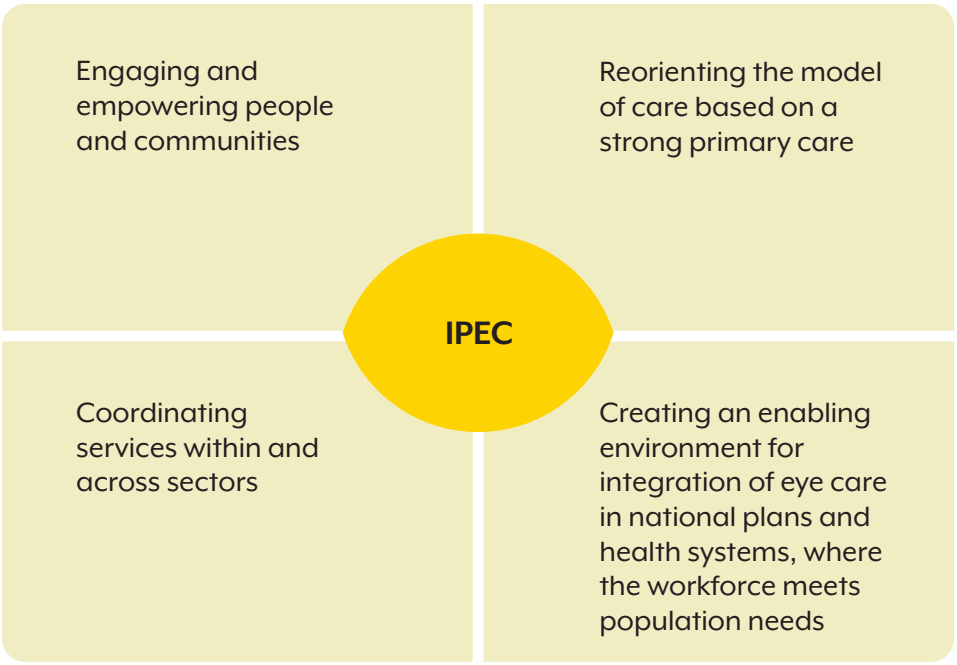
IPEC is defined as services that are managed and delivered so that people receive a continuum of health interventions covering promotion, prevention, treatment and rehabilitation, to address the full spectrum of eye conditions according to their needs, coordinated across the different levels and sites of care within and beyond the health sector, and that recognizes people as participants and beneficiaries of these services, throughout their life course.

Through IPEC, WHO envisions all people having equitable access to health services which include quality eye care. Adopting an IPEC approach to care means:

- people with, or at risk of, eye conditions will receive services that are integrated within health systems, people-centred, comprehensive, safe, effective, timely, efficient, acceptable, and coordinated; and
- emphasizing a focus on the prevention or management of eye conditions, even if they do not cause vision impairment.

The *World report on vision* outlines four key strategic recommendations towards IPEC (see Figure 4). **Planning and implementation of eye care services in countries should prioritize interventions in line with the four strategies.** Further information on each strategy, including desired endpoints, is provided in Annex 4.

Figure 4. The four strategies of IPEC



Eye care strategic plan

The eye care strategic plan is an important step towards IPEC; it identifies priorities, objectives and actions that mobilize and direct resources.

The eye care strategic plan should describe a goal, objectives, activities and targets and the resourcing necessary to achieve them (i.e. the "whats" and "hows") as described in Table 2.

The outline of activities should be kept at a high level. Detailed activities, including responsible parties and timelines etc. will be described in the operational plan (see Phase 3 "DO").

Table 2. The eye care strategic plan

Setting goals
A goal represents a general aim towards which to strive. A goal is general and comprehensive, and the time period for achievement is long-term.
Setting objectives
An objective is a measurable condition, or level of achievement, at each stage of progression toward a goal. Objectives clearly specify a relevant time frame within which they should be met. A well-designed objective will be Specific, Measurable, Attainable/Achievable, Realistic and Time-bound (SMART). Test questions for objectives: – Will achievement of the objective help the goal? – Is the objective evidence-based (supported by data and theory)? – Can progress toward achieving the objective be measured? – Is the objective achievable and realistic, given the planning period and available resources? – Has the person/s responsible for achieving the objective been identified?
Setting activities
After setting goals and objectives, the eye care strategic plan must address the actions to reach these in a specific and concrete way. Activity descriptions should include: – the timing and sequencing of the activities; – the person(s) responsible for the activity; – the resources required, including financial resources, and the origin of these resources; and – a method of measuring progress (monitoring).
Setting targets for IPEC
Setting national eye care targets is an important step toward IPEC. Countries may define the areas of eye care that require targets based on the priorities identified in the eye care strategic plan. Targets should be ambitious yet feasible and focus on the four IPEC health-systems strategies.

Step 3

Develop the eye care strategic plan

3.1 Ensure government commitment and engage stakeholders

It is the responsibility of government to lead the development of the eye care strategic plan. As a sign of commitment, government may assign the responsibility of the development to a dedicated and adequately supported staff.

To ensure continuity and alignment, it may be advantageous to for the ECSAT coordinator to also coordinate the development of the eye care strategic plan.

Strategizing for eye care will be more effective if a wide range of stakeholders is involved, and both the process and the product are truly "owned" by the country.

An inclusive and collaborative approach is likely to be more potent, not only in terms of planning, but also in ensuring that implementation of the strategic plan is jointly undertaken by all actor groups.

The stakeholders involved in the planning should include:

- policy actors within the government (policy-makers, health managers);
- representatives of other relevant sectors (e.g. finance, gender, education) and programmes (e.g. NCDs, healthy ageing, school health, disability, rehabilitation);
- service providers;
- patients or representative groups;
- development partners;
- civil society;
- private for-profit sector;
- community representatives; and
- academic/research institutions.

The strategic plan will guide government policy and services. It will further outline the roles and responsibilities of all other stakeholders providing eye care in the country, including for-profit and not-for profit stakeholders.

The plan should be shared among all stakeholders. Key users will be decision-makers and planners for health in the country. It is important to invite health planners of the wider health services in the country to the development of the eye care strategic plan, to ensure integration of eye care into the relevant programmes and sectors.

3.2 Confirm timelines, roles, responsibilities, and availability of resources

WHO maintains an online database for country health planning, including planning cycles, health programmatic and project timelines, and information on key partners. The online database offers access to key planning and policy documents (*Country Planning Cycle Database, WHO).*

During the preparatory period, timelines, roles, responsibilities and availability of adequate resources for strengthening eye care should all be confirmed. Similarly, if a planning document or concept note was not developed during the situation analysis phase, then it should be developed, with government, at this stage, and include an outline of the steps and time frames for the process. The planning document should address the planning questions as outlined in Box 1.

Box 1.
Questions to consider when planning the eye care strategic plan

- Is there high-level support for development of a strategic plan, and has the health minister and Director-General for Health been briefed on the findings of the eye care situation analysis?
- Are there any high-level ministerial planning or political processes that need to be considered? Is now the right time to develop an eye care strategic plan?
- How will the eye care strategic plan link to, or align with, the national health plan?
- What is the typical process for developing a strategic plan? Has the ministry planning office been consulted and are they involved? Are there specific requirements?
- What is the available budget and timeline for drafting, finalizing and disseminating the strategic plan?
- Who will undertake, or be involved in, the drafting of the plan? Will an international consultant be required?
- Is a costing of the strategic plan required? Who will do this, and when and how will it be undertaken?
- What will the consultation process entail on the first draft of the plan? Who will be responsible for the process? When and how will consultations take place?
- How will the eye care strategic plan be finalized and endorsed by government?
- When will development of the monitoring framework, and evaluation and review processes, take place? Can these occur during development of the plan or after the plan is finalized?

3.3 Establish a Technical Working Group (TWG), if not already achieved in Phase 1

If a TWG was not established during the situation analysis phase, it should be established at this stage.

3.4 Identify priorities, objectives and actions

Content of an eye care strategic plan should:

- be dictated by the specific context of the country and priorities identified;
- be coherent, with objectives flowing logically from priorities;
- reflect priorities, yet also be sufficiently comprehensive to include all major areas impacting on the strengthening of eye care in that setting;
- be balanced, with each objective and action developed to a similar level of detail; and
- describe links between the eye care strategic plan, the national health strategic plan, and health reform priorities.

The ECSAT findings will serve as a guide to set the priorities of the strategic plan. Building blocks and components with maturity scores of 2 or 1 should be prioritized. In addition to ECSAT, a country may choose to analyse the situation for services around specific conditions. The related WHO tools (TADDS, TAGS, TARES, TARSS – see Annex 2) will provide useful condition-specific data for strategic planning, as needed.

The strategic plan should follow an IPEC approach and address the four IPEC strategies shown in Figure 4. More detailed information on the IPEC approach can be found earlier in this section.

In the priority-setting process, it will be necessary to identify activities that are relatively easy to achieve, affordable, and politically and technically feasible. The process should ensure that the priority needs of disadvantaged population groups are explicitly addressed and the priority-setting outcomes are socio-culturally appropriate to the population.

The planning process involves translating priorities into objectives and identifying actions to achieve them. Typically, the planning and drafting occur together and involve a core "drafting group". This group may include personnel from the Ministry of Health, senior practitioners and other stakeholders, sometimes working with a consultant to do the drafting.

Members of the drafting group should overlap with the TWG. A drafting group should convene for a 1- to 2-day meeting, during which time most of the strategic plan can be organized and drafted. Some members of the group, such as representatives from health information systems or human resources, may only stay for the relevant parts of the drafting workshop. A consultant or technical staff member from WHO may be employed to help facilitate the meeting.

Some ministries of health have templates and standard approaches to strategic planning (as set out in Box 2 below).

Box 2.
Standard format for an eye care strategic plan

- Preface, letter of support from the Minister of Health and Director-General for Health
- Table of contents
- Acronyms
- Background
- The status of eye care in the country – summary of situation assessment findings
- Priority considerations and directions for eye care
- Vision, mission, goals, principles
- Objectives and actions
- Evaluation and review process for the eye care strategic plan
- Linkages between eye care strategic plan and the national health strategic plan and other health reforms
- Annex with glossary and definitions.

3.5 Cost the eye care strategic plan and mobilize resources

Costing the plan involves attaching a monetary value to the resources required to undertake the actions in the plan; it enables effective future budgeting and an increase in political acceptability. Costing of the eye care strategic plan will address high level areas of action, for example, a total amount for the training of mid-level personnel. The costing of individual activities at subnational level will be covered by the costing for the related operational plans (Phase 3).

A local consultant who has experience in costing health plans and in engaging with ministries' planning departments may be contracted.

Implementation of the eye care strategic plan requires mobilizing financial and other resources from both within and outside the government. In some low- and middle-income countries, development partners can help prepare proposals to access donor funds that support implementation.

3.6 Consult on first draft and finalize the eye care strategic plan

Consultation involves presenting the eye care strategic plan to stakeholders to obtain feedback, and revising the plan accordingly. Consultation can last up to two months and take place through emails and face-to-face meetings. If consultations are sufficiently inclusive, not only will they improve the plan, they will also generate greater support for it.

Key groups to be consulted include:

- different levels within health: central ministry, provincial health departments, hospital directors, providers, practitioners;
- professional associations for eye care personnel;
- academia and research groups;
- other government agencies, particularly those that are responsible for programmes that intersect with eye care, such as education, disability coordinating agencies; and
- NGOs who deliver or support eye care.

Step 4

Endorse and launch the eye care strategic plan

4.1 Government to officially endorse the eye care strategic plan

Endorsement of the eye care strategic plan is the final step of the process and enables future support and resourcing of the plan. This step may involve final approval of the minister and include endorsement by other legislative bodies. Governments and ministries have their own processes for endorsement, and these should be identified and prepared for during the planning process.

4.2 Disseminate the eye care strategic plan

Disseminating and communicating the eye care strategic plan involves making people aware of the plan, its content and relevance. Dissemination and communication help mobilize support for its implementation across a range of relevant stakeholders. As the strategic plan is finalized, a dissemination plan can be developed; Box 3 includes a set of questions to guide development. It is important to consider the dissemination strategies of other successful Ministry of Health programmes.

Box 3. Key questions to consider when developing a dissemination plan

1. Will the full strategic plan, a summary with key messages, an information sheet, other products, or a combination of these, be disseminated?
2. What are the key messages? Identify key information to be conveyed and its format.
3. Who is the audience? List the people and stakeholders who should receive a copy of the eye care strategic plan.
4. What is the best way to reach your audience? Consider launch events, policy dialogues and roundtables, mailing lists, network groups, meetings, social media, etc.
5. What other networks or partners can help disseminate the eye care strategic plan? Who can help champion the strategic plan and what will they do?
6. Roles, responsibilities and resources? Develop a summary document and ensure all people who have responsibilities are aware of these and have the resources they need.

Eye care monitoring framework

Monitoring, evaluation and review are essential functions to ensure that priority health actions outlined in the eye care sector strategic plan are implemented as planned against stated objectives and desired results. This process is important because it tracks progress and performance of the plan. The monitoring of progress towards reducing inequities in eye care is particularly required. It allows for identification of both the gaps and successes of the plan as well as building and providing evidence for further allocation of resources or development.

In a monitoring framework, data are collected, analysed and reported in relation to defined indicators that measure strategies and actions for eye care, and track progress towards the achievement of intended objectives.

The eye care monitoring framework should be aligned with the wider national monitoring and evaluation (M&E) plan or framework, and use the same technical framework and M&E platform as the wider health system. Data collection, transfer and analysis will be better coordinated, including a common plan for household survey data collection and facility assessments, for example; as well as cross-cutting efforts to strengthen the health facility reporting system. M&E for eye care should not be implemented in parallel to a country's health information system, but should be derived from it.

The eye care monitoring framework should identify country institutions and stakeholders that will be involved in M&E. Roles and responsibilities are defined at both national and subnational levels and cover data collection, analysis, synthesis and use.

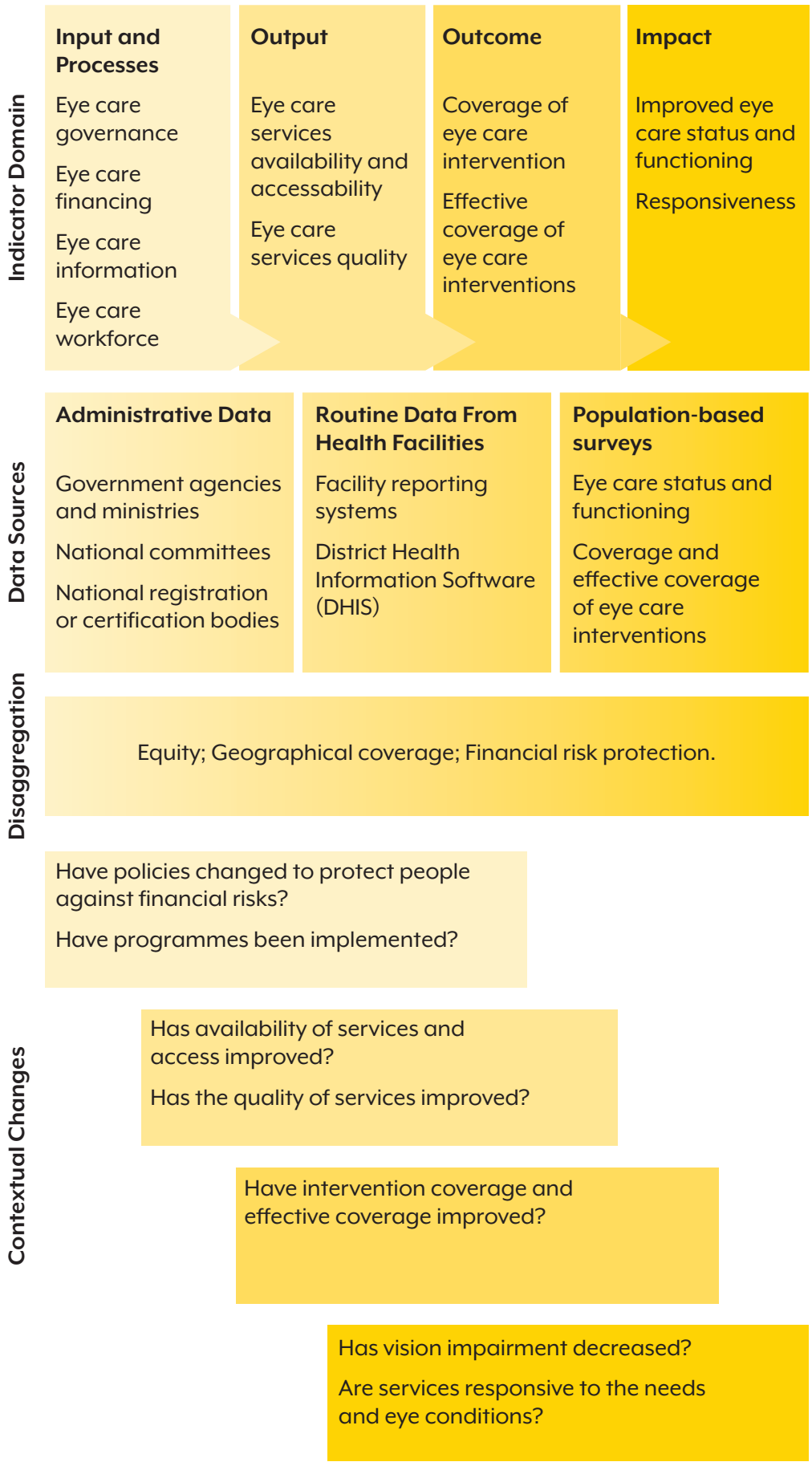
The eye care monitoring framework should:

1. address the selection of a set of indicators;
2. specify roles and responsibilities at each administrative level (national, subnational, health facility) for data collection;
3. detail both administrative procedures and data analysis procedures at each administrative level (health facility, subnational or national);
4. identify mechanisms for feedback on performance at each administrative level (national, subnational, health facility);
5. identify the data sources for each indicator; and
6. specify plans for filling data gaps, conducting analysis, data quality assessment, communication, and dissemination of the results.

The eye care monitoring framework should outline the process of regular assessments of progress and performance of the eye care sector (Figure 5). Progress and performance assessment brings together the different dimensions of quantitative and qualitative analyses and include analyses on the following:

- **Progress towards goals***:* the eye care monitoring framework should measure the extent to which the objectives and goals of the eye care strategic plan (core indicators and their targets) have been achieved.
- **Equity***:* involves analyses of differences in eye care within and between groups; subnational analyses are of particular interest and are conducted by most countries.
- **Efficiency**: relates the level of achievement of goals to the inputs used to achieve them; it is also a measure of the extent to which the resources used by the health system achieve the goals that people value.
- **Qualitative assessment and analyses of contextual changes***:* information on the leadership, policy environment and context is crucial to understand how well government policies are translated into practice and by whom.

Figure 5. Common monitoring and evaluation framework for a national eye care strategy



Measurement and reporting frequency

A certain degree of flexibility can be introduced to the periodicity of data collection for the indicators. Some indicators will not be expected to change rapidly so will require relatively infrequent data collection; those that are particularly sensitive to change will require more detailed data collection programmes. The frequency of measurement and reporting needs to be specified.

- *Input and processes indicators* measuring activities and workforce can change rapidly and should be reported annually. Input and processes indicators measuring financial resources and implementation of programmes should be reported every two or three years once changes do not occur immediately and must be in line with the periodicity of national reports.
- *Output indicators* can change rapidly and should be measured frequently (at least annually), in conjunction with monitoring of annual operational plans.
- *Outcome indicators* measuring intervention coverage and selected risk behaviours should be reported annually if rapid changes are anticipated and appropriate measurement systems are available; or biannually according to national adopted guidelines. Outcomes indicators measuring effective intervention coverage should be reported every five years when the processes of data collection and measurement are more complex.
- *Impact indicators* should be reported once or twice every five years, which is the average duration of a national health strategy. This longer interval reflects the fact that changes in impact and in population health status do not occur rapidly, and that measurement is more complex and often based on recall of events.

Data quality assurance

Priority of attention should be given to developing the capacity and motivation of the eye care sector and programme implementers to collect, analyse and use data to improve services and interventions.

The eye care monitoring framework should include regular and systematic data quality assurance processes that are transparent and in line with international standards.

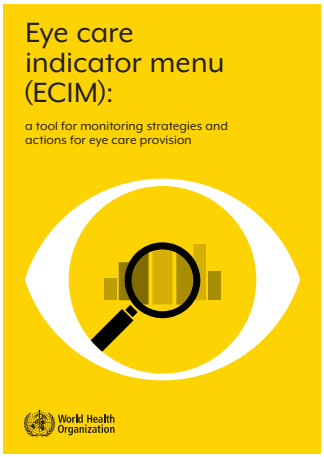
The following is a checklist of critical components of an eye care monitoring framework.

The framework:

1. is agreed with all the partners
2. is comprehensive and includes core indictors and targets
3. includes core indicators that reflect the goals and objectives of the eye care strategic plan
4. includes indicators that are disaggregated to determine equity;
5. is costed and funded with full partner alignment and support;
6. specifies data sources and identifies method of data collection for each indicator;

7. identifies and addresses critical data gaps;
8. defines mechanisms for assessing data quality through independent verification, such as including a facility record review and service delivery assessment;
9. defines responsibilities for data collection, analysis and dissemination; and
10. describes mechanisms that enable programmatic and financial information and performance review to inform decision-making at senior management level.

Common quality assurance processes are described in Annex 5.



The Eye Care Indicator Menu (ECIM)

WHO developed the ECIM as a resource for Member States to develop or improve an eye care monitoring framework. The ECIM provides a comprehensive set of input, output, outcome, and impact indicators from which Member States can select to facilitate the monitoring of strategies and actions for eye care at national and subnational levels, in line with IPEC.

The indicators that inform the goals and objectives of the strategic eye care plan lie at the heart of monitoring. The indicators are organized according to the domains of the result chain of input, output, outcome, and impact that may be assessed by health information systems. A results chain assesses the performance of the health system, and reflects how the resources/activities allocated at input level deliver the defined outputs and the measurable progress in the outcomes and impact on population health status.

For each indicator, information and metadata are provided that relate to the method of measurement, preferred data sources and possibilities of disaggregation, to assess equity and geographical coverage, among other additional dimensions.

Indicators whose preferred data source is routine data from health facilities are currently being integrated into the District Health Information Software (DHIS2) platform (see: https://dhis2.org) within a Sensory Functions Package expected to be available in 2022.

The ECIM is a complementary document.

Step 5

Develop an eye care monitoring framework (using ECIM)

5.1 Identify stakeholders to be engaged in the development of the monitoring framework

To assist in the process of development of the monitoring framework, the Ministry of Health should create an informal group of people who have expertise in eye care, health information systems and evaluation, and monitoring health programmes. A focal person or technical officer for eye care within the Ministry of Health would typically lead the process.

5.2 Review the eye care strategic plan and identify a results chain

Based on the actions defined in the eye care strategic plan, a results chain across the domains should be identified. The results chain measures how actions at input level are reflected in output level and, in its turn, in improved outcomes and impact on population health status. The priority actions, goals and objectives of the eye care strategic plan should form the basis to identify a results chain.

It is important to consider other existent and relevant Ministry of Health monitoring frameworks.

5.3 Select eye care indicators

Countries should choose all the core eye care indicators from the ECIM as these are considered essential and represent a minimum set of indicators necessary for the monitoring and evaluation of progress towards implementing IPEC within each domain. Expanded indicators should be selected as and when they are relevant and adjusted to the specific objectives of a country's eye care strategic plan, giving more detailed information within the domain.

Selection of indicators should be based on:

- the priorities, actions goals and objectives of the eye care strategic plan;
- the identified results chain, with a balance across the domains to measure how actions at input level are reflected in output level and, in its turn, in improved outcomes and impact on population health status;
- feasibility of institutional data collection, management, analysis, reporting and actionability; and
- available and identified data sources that provide valid and reliable information.

When selecting indicators, it is important to consider the following:

- **Validity** in the context: the link between the value of an indicator and one or more aspects of eye care within health systems must be supported by sufficient scientific evidence.
- **Reliability** in the context: the indicator result must be consistently achieved by using the same methods under the same circumstances (repeated measurements).

- **Relevance** in the context: the indicator measures an aspect of eye care within the health system with high importance, related to the priority actions and objectives of the eye care strategic plan; it complements other indicators selected in an identified results chain.
- **Actionability** in the context: the indicator measures an aspect of eye care within the health system that is subject to control by providers and/or the health-care system and may be used at a national level for policy-making or strategy development.
- **Feasibility** in the context: the indicator data collection and reporting should be possible within the allocated time frame and without substantial additional resources.

As a minimum, countries should adopt the global targets of effective coverage of refractive error (eREC) and effective coverage of cataract surgery (eCSC) as core indicators for the monitoring and evaluation framework. These indicators not only capture the magnitude of coverage, but also the concept of "effective" coverage to ensure that people who need health services receive them with sufficient quality.

For these two indicators, the following global targets were endorsed at the Seventy-fourth World Health Assembly in 2021, to be achieved by 2030:

1. **A 40-percentage point increase in effective coverage of refractive error (eREC)**

- countries with a baseline effective coverage rate of 60% or higher should strive for universal coverage;
- countries should aim to achieve an equal increase in effective coverage of near and distance refractive error in all relevant population subgroups, independent of baseline estimates.

2. **A 30-percentage point increase in effective coverage of cataract surgery (eCSC)**

- countries with a baseline effective coverage rate of 70% or higher should strive for universal coverage;
- countries should aim to achieve an equal increase in effective coverage of cataract surgery in all relevant population subgroups, independent of baseline estimates.

(Keel S, et.al. 2021)

5.4 Identify indicator baselines, develop time-bound targets and establish frequency of data collection

For each indicator selected, baseline information should be collected to monitor progress. A survey methodology to determine the baseline estimates and information for the global eye care targets (eREC and eCSC) is currently being developed and is expected to be available by the end of 2022.

Time-bound targets should be set, while taking into consideration the available resources.

The frequency of data collection, although recommended in the ECIM for each indicator, should be determined by countries and adapted to the created or already existent data source.

It will be necessary to ensure that decisions relating to eye care indicators are endorsed by the government and shared with all relevant stakeholders at all levels of the health system.

A sample template for eye care monitoring and evaluation is provided in Annex 6.

Step 6

Integrate eye care indicators within the health information system

6.1 Develop data sources for eye care within the health information system

A mapping of the data sources available for eye care should be prepared, identifying and prioritizing those already existent within the country. Data sources that are already available and routinely reporting should be adapted and expanded for the monitoring framework, if needed; using these will reduce the time frame and additional resources required.

In many countries, a large proportion of eye care services are delivered by nongovernmental providers, such as the private for-profit and not-for-profit sectors; in these sectors, eye care data are not mandated to be collected or reported. In addition, the integration of eye care data into health information systems is generally limited. This leads to restricted and inconsistent availability of eye care data and may require the establishment of new data sources in order to monitor the indicators.

The planners of national health information systems in the Ministry of Health must consider the possibility of identifying new data sources and data collection processes, along with the standardized collection and reporting of eye care data from all sectors providing eye care services.

Checklist for Phase 2

STEP 3. Develop the eye care strategic plan

☐ Ensure the government is committed to the development of a strategic plan.

☐ Go through planning questions for eye care strategic planning, including clarification of costing of the plan and final endorsement processes.

☐ Confirm timelines, roles, responsibilities, and availability of resources.

☐ Establish TWG if not previously done.

☐ Identify and confirm priorities.

☐ Cost the plan and mobilize resources.

☐ Identify country stakeholders and opportunities for resource mobilization.

☐ Plan and draft the plan, establishing priorities, objectives and actions.

☐ Consult all stakeholders on the first draft of the plan.

☐ Revise and finalize strategic plan.

STEP 4. Endorse and launch the eye care strategic plan

☐ Government to endorse strategic plan.

☐ Disseminate the strategic plan.

STEP 5. Develop an eye care monitoring framework

☐ Identify stakeholders to be engaged in development of monitoring framework.

☐ Review the eye care strategic plan and identify a results chain.

☐ Select indicators using ECIM.

☐ Identify indicator baselines, develop time-bound targets and establish frequency of data collection.

STEP 6. Integrate eye care indicators within the health information system

☐ Develop data sources for eye care indicators within the health information system.

Phase 3

Development and implementation of eye care operational plan



Aim:

to assist government to develop **processes** that **facilitate and coordinate** the **implementation** of the eye care strategic plan.

Results:

- Evidence-based **eye care operational plan** at each level of the health system providing evidenced-based eye care interventions and planned resources.
- Enhanced eye care **workforce planning** and development.

The 2 steps of Phase 3:

7. Develop operational plans (using PECI and ECCF).
8. Implement operational plans.

Summary:

- An **operational plan** accompanies the eye care strategic plan and defines implementation **modalities**, required **resources**, **timelines**, **budgets** and **responsibilities** for all activities at all levels of the health system.
- Depending on the country situation, **multiple subnational or institutional operational plans may be required**.
- The operational plan should cover activities during a **1-year period** and should be **flexible** to adjust to changing circumstances.
- The following tools, developed by WHO, should be used for the development and implementation of the operational plan:

    1. The **Package of Eye Care Interventions** (PECI) guides the strategic planning eye care services at each level of the health system by recommending evidenced-based eye care interventions and resources required to address them.
    2. The **Eye Care Competency Framework** (ECCF) supports human resource planning and development of the eye care workforce.

Eye care operational planning

While the eye care strategic plan transforms priorities into plans, operational planning is needed to transform priorities into action, hence linking strategic objectives of the national eye care sector plan with the implementation of activities.

An operational plan is a practical plan of activities to undertake that are in line with the overall eye care strategic plan but sufficiently "concrete" for practitioners at each level of the health system to know their responsibilities.

It is unlikely that one single operational plan will cover the priorities outlined in the eye care sector strategic plan. All units that have activities and budgets relating to the priorities should have an operational plan. Hence, a country may develop one national operational plan for eye care that is linked to various operational and facility-based operational plans at a regional level. The key characteristics of strategic and operational planning are outlined in Table 3.

Table 3. Characteristics of strategic planning versus operational planning

	Strategic planning	**Operational planning**
Perspective	Medium- to long-term development	Shorter-term development
Focus	Strategic direction for the health sector	Concrete implementation of activities
Life of the plan	3–5 years	1 year or less
Flexibility	Unlikely to change during the life of the plan	Can be adapted and modified according to changing circumstances

During operational planning, implementation modalities are defined; financial and other resources are identified; and timelines, budgets, and responsibilities agreed upon. Key stakeholders have different roles in operational planning as described in Table 4.

Table 4. Roles of key stakeholders in the operational planning process

Actor	Role
Ministry of Health	– Ensures link between strategic and operational planning. – Provides clear guidance on operational planning (templates, tools, modalities, etc.). – Technically supports budget centres in their operational planning processes. Synthesizes and aggregates operational plans to feed into national health planning exercises.
Other sectors (e.g. education, labour, etc.)	– Where intersectoral action is needed to reach a specific objective or target, the relevant other sector(s) must be brought into the budget centre's operational planning process.
Regional/ district health authorities	– Lead and coordinate the operational planning process at local level. – Bring all stakeholders on board with the operational planning process and ensure coordination between different activities. – Provide supervision and guidance for lower levels of the health system. – Implement the operational plan. – Liaise with national level for guidance and coherence in plans across the country.
Community groups	– Represent the community in operational planning dialogue. Provide feedback on health services and the health system. – Work with local health authorities to implement the operational plan, pointing out any bottlenecks and challenges when evident.
Private sector	– Participate meaningfully in district-level operational planning exercise. – Strategize with stakeholders how the private sector can contribute and work towards operational planning targets.
Development partners	– Support budget centre technically, where necessary, to convene and coordinate operational planning exercise. – Actively participate in dialogue, debate and examination of evidence of operational planning. – Provide funding for implementation.

The development and implementation of an eye care operational plan should be based on, and sustained by, two major areas of eye care:

i. **Eye care service delivery at each level of the health system**: evidenced-based eye care interventions and resources required to address them.

ii. **Eye care workforce:** eye care human resource planning and training.



The Package of Eye Care Interventions (PECI)

The WHO PECI presents a set of recommended, evidenced-based eye care interventions provided along the continuum of care from i) health promotion and prevention; ii) screening; iii) diagnosis and monitoring; iv) treatment; and (v) rehabilitation. For each selected intervention, information is provided on the relevant period of life course, recommended level/s of care (i.e. community, primary, secondary and tertiary health care) for delivery, and potential links to health programme/s and sectors. The tool further contains a list of the material resources required for the implementation of the selected eye care interventions, including equipment, medicines, consumables and assistive technologies.

WHO recommends using the PECI as a guide to define goals during the operational planning process, including budgeting for eye care at each level of the health system. The PECI has been integrated into WHO's UHC compendium of interventions which contains interventions (and the resources required for implementation) across all WHO programmatic health areas. In the future, the PECI will be linked with a tool for costing, impact analysis, budgeting and financing. This tool can be used by planners in response to the following questions:

I. What health system resources are needed to implement the operational plan?

II. How much would the plan cost, by year, and by input?

III. What is the estimated health impact?

IV. How do costs compare with estimated available financing?

The PECI is a complementary document.



The Eye Care Competency Framework (ECCF)

The WHO ECCF was developed to support eye care workforce planning and development.

The ECCF is a tool that provides a set of global comprehensive competencies and activities for eye care workers. The tool enables the planning and development of the eye care workforce to be aligned to the recognized standard of competencies and activities, and assists with maintaining an effective eye care workforce in terms of composition, deployment and ongoing availability to meet population needs.

Depending on the context, the tool can be used when a new eye care programme or initiative is being developed or reviewed. In both instances, the ECCF supports eye care workforce planners/developers in identifying relevant competencies, activities, knowledge, and skills required by eye care workers to address the human resource gaps identified during the situational analysis/ review using tools such as the ECSAT. For example, if the ECSAT shows that the human resources component is scored with low maturity in the primary level of care, the ECCF can assist in mapping out the competencies, activities, knowledge, and skills required to develop the primary eye care workforce.

The target audience for the ECCF includes the following bodies that support eye care workforce development at the individual, institution, services or systems level:

- Education and training institutions- when curricula are being developed and revised.
- Policy-makers and regulatory bodies – when the eye care workforce is planned and evaluated.
- Eye care service providers – when employment guidelines, position descriptions and performance management indicators are being developed and revised.
- Eye care nongovernmental organizations – when advocating and providing input to evaluate and plan for the eye care workforce or developing their own eye care workforce.

The role of the ECCF can extend beyond Phase 3, as the tool can be used to review competencies and activities performed by eye care workers during Phase 4.

The ECCF is a complementary document.

Step 7

Develop operational plans (using PECI and ECCF)

7.1 Government holds an eye care stakeholder meeting for national or regional operational planning

This meeting should involve all stakeholders executing tasks within the eye care strategic plan. The meeting can occur alongside, or immediately after, the joint eye care stakeholder evaluation meeting, which is linked to the annual evaluation process described below.

During the meeting, stakeholders should make clear plans for the activities of the eye care strategic plan scheduled for that year. The required outcome is that all stakeholders, including those within ministries of health and those outside (e.g. professional associations or clinical specialist groups), know which tasks they are responsible for during the year ahead.

As with overall strategic planning, the process for operational planning includes the following steps:

1. Taking stock of the situation (*where are we now in the process?),* including identification of stakeholders (*who is involved?).*
2. Setting operational priorities of activities that are aligned to the overarching priorities of the eye care strategic plan.
3. Putting together the operational plan (*what do we need to do?),* including the operational budget.
4. Implementation of planned activities (*how are we going to do this?).*
5. Monitoring and evaluation of the operational plan (*what have we accomplished so far?).*

This step should be led by government and engage implementation partners. Usually, operational plans are developed using a predetermined planning matrix provided by the national planning authority.

Ideally, the outline of the operational plan should be linked to and follow the content of the eye care strategic plan. This will allow activities of the operational plan to be clearly identified as contributing to the objectives of the strategic plan.

A sample operational plan template is provided in Annex 7.

7.2 Plan and budget eye care interventions at all service delivery platforms

Once activities have been planned for the following year, operational planning and budgeting should occur within the organization or unit implementing the activities. During this process, responsibilities, timelines and budgets should be made clear to all stakeholders.

In reality, available funds are often inadequate to cover the full operational budget plan and programme implementers may need to prioritize activities. Modular programming may, for instance, focus on particular geographic regions or provinces, progressively focussing on minority groups in need of services.

Step 8

Implement operational plans

8.1 Communicate operational plans effectively

The operational plan is only as good as the diligence of the staff who put it into action. To ensure that staff have sufficient understanding of the operational plan, it must be communicated to them thoroughly.

Communication strategies can include the following:

- A series of staff/team meetings in which senior management are engaged in explaining key aspects of the operational plan to staff and responding to questions raised.
- A breakdown of the overall operational plan into subsets, and communicating about each subset to the responsible work team or section. This enables the work team to more clearly understand, and be focused on, their role in implementing the entire plan.
- The development of systems that enable progress of strategies/tasks to be measured and reported within a work team, and to management.
- The provision of training so that staff may better understand their tasks and responsibilities, and especially how they can contribute to the overall achievement of the operational plan.

Implementation requires management to regularly monitor achievement of the operational plan and exert control to reduce any variance from it.

This control by managers will involve:

- investigating on a regular basis what has, or has not, been achieved;
- implementing corrective action where tasks are not achieved, or achieved on time;
- checking that resources will be available when needed;
- supervising, supporting and motivating the people of the organization to ensure tasks are undertaken;
- adjusting the operational plan if necessary; and
- reporting problems to superiors (e.g. directors, committee personnel, the board members of the organization).

Checklist for Phase 3

STEP 7. Develop operational plans

☐ Hold a joint stakeholder meeting led by government to develop the operational plan.

☐ Undertake operational planning within the department or unit implementing the activities, including timelines and budgets.

☐ Implement the Package of Eye Care Interventions (PECI) and the Eye Care Competency Framework (ECCF), as needed. Identify eye care interventions to prioritize.

☐ Plan and budget eye care interventions at all service delivery platforms.

STEP 8. Implement operational plans

☐ Develop operational plan communication strategies.

☐ Develop a system to monitor achievements.

Phase 4
Monitoring, evaluation and review



Aim:

To assist governments to develop **evaluation** and **review** processes.

Results:

- **Assessment** of the ongoing or completed **plan and overall progress**.
- Inform the **adjustment**, extension or renovation of the **eye care strategic plan**.

The 2 steps of Phase 4:

9. Establish evaluation and review processes.
10. Translate reviews into adjustments to operational planning.

Summary:

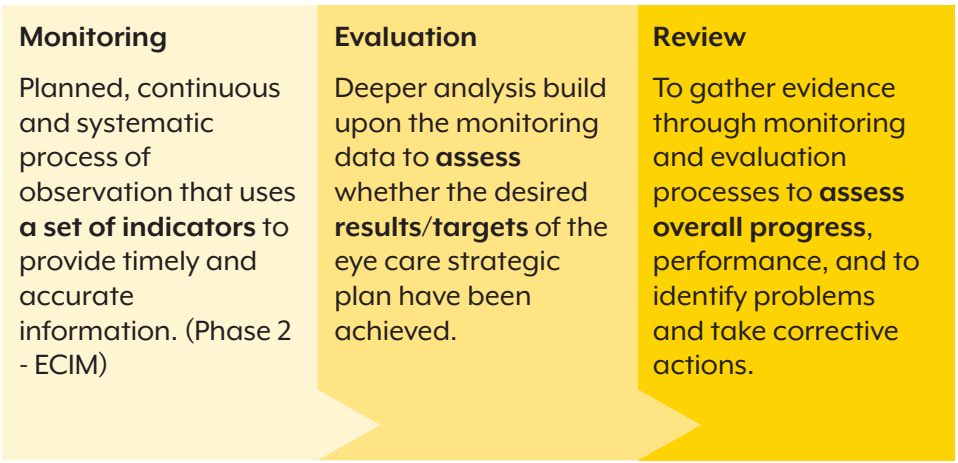
- Based on the results of the eye care monitoring framework a deeper analysis should be made to **evaluate the achievement of the objectives and targets** identified in the eye care strategic plan.
- **Formal reviews should be conducted periodically** to assess overall progress and performance to take corrective actions.
- Revisions to operational plans should be **transparent and describe feedback loops** to those that initially provided the information.

Monitoring, evaluation, and review processes

Monitoring, evaluation, and review are essential processes to ensure that priority actions outlined in the eye care strategic plan are implemented as planned against stated objectives and desired targets.

An evaluation should be made, built upon the monitoring data derived from the framework defined in Phase 2, to assess whether the desired results/targets of the eye care strategic plan have been achieved. The evidence resultant from both monitoring and evaluation processes is the basis for reviews that should assess the overall progress and performance of the eye care strategic plan, identify problems, and take corrective actions (Figure 6). A single platform should bring together all the elements related to the monitoring and evaluation framework and review of the eye care strategic plan. Progress and performance reviews are part of the governance mechanisms that help ensure transparency and allow for debate between partners.

Figure 6. Monitoring, evaluation, and review processes



Importantly, eye care monitoring, evaluation and review information needs to be communicated effectively to be utilized. Policy-makers need to make decisions on many topics, often within tight time frames; they therefore require information that is synthesized and packaged to inform their priority decisions. The use of decision-support tools and approaches such as data dashboards, health summary bulletins, health status report cards, and colour-coded data presentation techniques have proven effective in improving evidence-based decision-making, especially when tailored to the needs of specific policy audiences. A brief description of the benefits of some common decision support tools to accompany the evaluation report is provided in Annex 8.

Translating progress and performance reviews into action

Operational plans must be iterative, and corrective actions should be made based on the periodic progress and performance reviews. If something is not working, it is often necessary to change what is being done. Depending on the circumstances, waiting until the end of the formal planning period to make such changes is not always necessary.

Timing of the progress and performance reviews is important, and there needs to be a time lag between the review of the monitoring data and the development of the next annual operational plan for eye care.

The actual process of incorporating monitoring data into revisions to operational plans will differ across countries. However, periodic translation should:

- be transparent – with broad involvement of key stakeholders, including non-state providers;
- outline corrective measures to resource allocation and financial disbursement – including at subnational levels; and
- describe feedback loops, where information flows to central levels and back to those that initially provided the information.

Feedback loops should include performance feedback to help local managers, supervisors and implementers consider their own strengths and weaknesses, and where more effort may be needed. In addition, for those collecting the information, seeing how the data are used, and how data can assist their own work and the work of their colleagues, may help with motivation to improve the quality of the information they provide.

Step 9

Establish evaluation and review processes

This step includes the working group establishing appropriate evaluation and review processes, including time frames, and the responsibilities of stakeholders. It is important that the evaluation processes are adapted to the country context, for example whether a country undertakes annual or biennial planning, and the capacity of eye care stakeholders.

9.1 Establish the evaluation process

Evaluation determines the impact of activities and the overall implementation of the eye care strategic plan and answers the question as to whether the objective of the eye care strategic plan has been achieved and whether the targets have been met efficiently and effectively.

Evaluation builds on monitoring and involves deeper analysis. While monitoring tends to be a continuous process, evaluation is typically periodic; it involves greater analysis and reflection, and considers the meaning of the monitoring framework results. Evaluations are also often conducted by external evaluators.

A well-designed evaluation is planned concurrently with the development of the monitoring and evaluation framework for the eye care strategy. Prospective evaluation combines data from routine monitoring systems for key indicators, complemented by in-depth studies; both quantitative (preferably longitudinal) and qualitative reviews should take place at different intervals with different objectives.

The annual or biennial evaluation reporting process should involve two steps:

1. Development of an annual evaluation report.
2. Conducting a joint stakeholder evaluation meeting.

1. Development of an evaluation report

The government should start the development of a short annual evaluation report one month before the end of the current year of planned activities. To this end, it should aggregate information from all stakeholders and complete a written report. The report may be informal and internal (i.e. not published) and written primarily for participants attending the annual joint evaluation meeting.

The report should include three components

i. *Update on progress of implementation of the eye care strategic plan.* This component will help to hold to account stakeholders engaged in implementation. It identifies the areas within the plan where action is being taken, where it may have been delayed, or is not occurring. This component can be presented in the style of either a "report card" or "traffic light" in relation to each of the plan's actions, supplemented by a note of explanation where necessary. Information will come from government and other stakeholders engaged in implementation of the plan.

ii. *Numerical update on the eye care monitoring framework.* This can be presented as a copy of the monitoring framework, with numerical

updates inserted for that year and a note of explanation where necessary.

iii. *A narrative report analysing and interpreting results*. Drawing on the two other components and on any other relevant information, this component analyses and interprets the meaning of the results in narrative form. It considers the results in relation to each of the plan's objectives and how and why these results are occurring. The report should be succinct.

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2. Conducting a joint stakeholder evaluation meeting.

Open and transparent data systems are necessary to ensure that all stakeholders can participate fully in the review and action planning process. Transparent data systems should include subnational levels and nongovernmental stakeholders, among others. There should be a system of joint periodic progress and performance reviews that involves a broad array of key stakeholders. The process must be a transparent system in which the measures of success and methods of measurement are documented, and the results made available for public review.

The Ministry of Health should oversee the review and action phase and lead the periodic monitoring of eye care services. It should coordinate the joint annual review or mid-term review.

INGOs should promote mutual accountability, including evaluation of their commitments and reporting on indicators.

The actual analysis of progress and trends (coverage, utilization of services and health status) may be the responsibility of a national research institution, where existing. The institution may act as an independent body to conduct and/or complement an independent evaluation of the eye care sector.

Government should convene a joint eye care stakeholder evaluation meeting, which should take place just before the planning meeting for the following year's activities. The aim is to review the results of the evaluation report, allow stakeholders to discuss results, and to use the information to inform planning. Participants should include key stakeholders engaged in implementation of the eye care strategic plan (a group very similar, or identical, to the TWG created during the development of the eye care strategic plan). The meeting provides a forum for all stakeholders, not just government, engaged in implementation of the plan to be held to account. This meeting could be used as a step in the finalization of the report.

9.2 Establish the review process

Reviews build on both monitoring and evaluation; they not only assess the overall progress and performance of the eye care strategic plan but also identify problems and take corrective actions. Reviews focus on specific barriers to achieving strategic objectives and make recommendations to overcome such barriers. A review will provide information to enable the eye care strategic plan to be adjusted, extended for a longer period, or completely renewed.

A review is a more formal process with dedicated resources allocated and reports made available to the public. Establishing a plan for review processes requires determining details such as when the review will occur, the resources available, and who will be responsible for conducting it.

Sufficient resources should be made available to support a consultant to undertake the review process and to write a report, as this often requires more time than is available to government personnel.

Details of the different reviews are described below in Box 4.

Box 4. Types of reviews

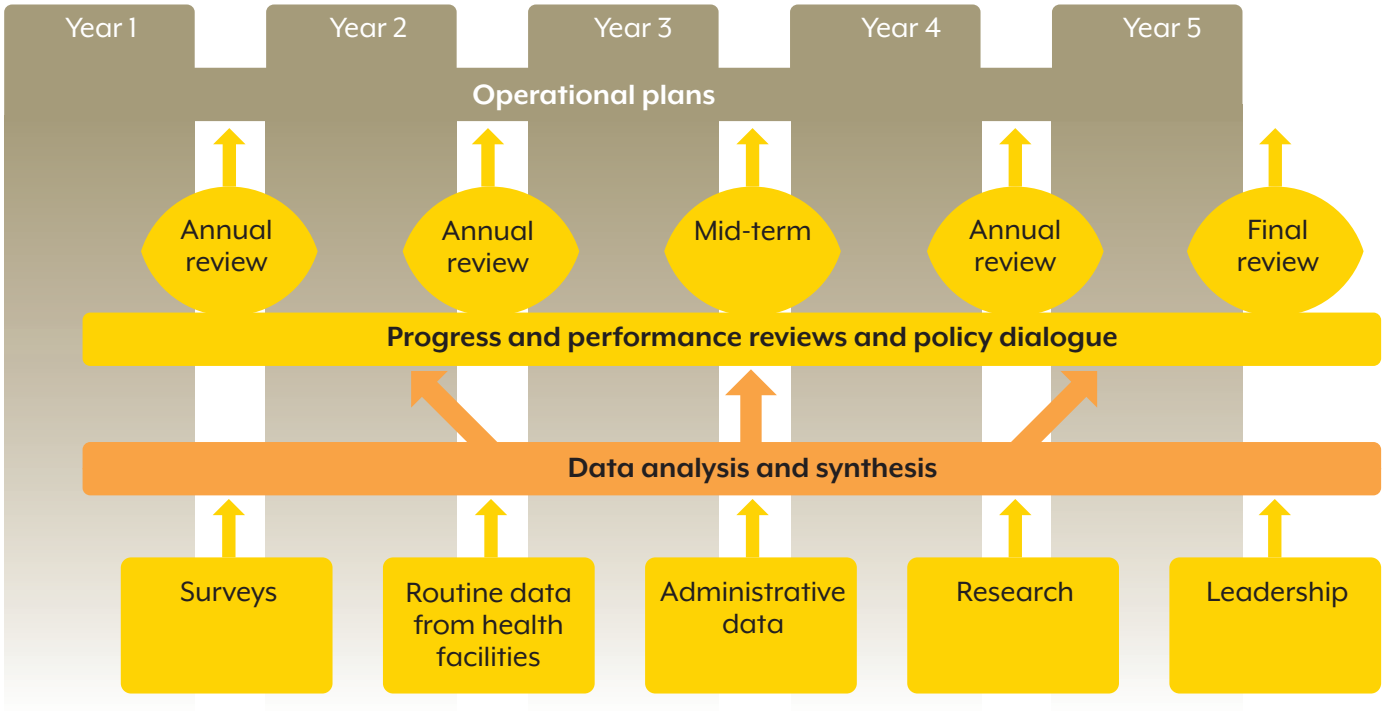
Annual review: The annual review is focused on the indicators and targets specified in annual operational plans. These are mainly input, process and output indicators. If available, coverage indicators are also used. Annual reviews should help inform evaluation on a regular basis.

Mid-term review: This is normally conducted halfway through implementation of the eye care sector strategic plan. It covers all the targets mentioned in the strategy, including targets for outcome and impact indicators. The mid-term review should coincide with the annual review (e.g. the third year in a five-year plan). The results are used to adjust national priorities and objectives.

Final review: This involves a comprehensive analysis of progress and performance for the entire period of the eye care strategic plan. The final review not only builds upon the annual and mid-term reviews, but also brings in results of specific research and of prospective evaluation that should be built in from the beginning.

Reviews are less frequent than evaluations and may occur halfway through the strategic plan, or once the plan is completed. It is the responsibility of each government to determine what the periodicity of the reviews should be. Annual reviews are particularly helpful when they can be used to feed into the next annual operational plan. An annual review becomes an opportunity to take stock of progress made, to analyse what is working well and what is not, and to assess whether a reprioritization, change of direction, or reallocation of funding is required. Figure 7 illustrates how progress and performance are commonly assessed by annual reviews which result in adjustments to annual operational plans by a mid-term review, and by a final evaluation.

Figure 7. Common timelines for review to adjust operational planning



While the process of data analysis and review writing should be under the supervision of the government, it is recommended that an independent institute carry out the work to minimize bias.

The review should be comprehensive, systematic, planned and resourced in a similar way to the situation assessment process. This will allow the situation before and after implementation of the strategic plan to be compared, and will also provide an understanding of which changes occurred as a direct result of the eye care strategic plan as well as which aspects of the plan worked well and which did not. A review should also identify recommendations to inform development of the next eye care strategic plan.

Importantly, programme-specific reviews, such as for eye care, should be linked to, and contribute to, the overall health sector review. This includes both the timing of the review and the methodology or analyses of data required.

9.3 Document and share the progress and performance review process

The documenting and sharing of the monitoring, evaluation and review processes are important aspects of government accountability and transparency. The evaluation and review processes can be documented within the strategic plan. The monitoring framework may also be documented, although some baselines or targets may yet have to be selected.

Step 10

Translate reviews into adjustments to operational planning

10.1 Ensure that progress and performance reviews are used to inform corrective measures

The eye care monitoring framework should clearly outline the process of translating reviews into action. The process of translating data into modified operational plans should be conducted annually; it should involve all key stakeholders and include resource allocation and financial disbursement, including at subnational levels.

Importantly, there should be well-defined feedback loops to ensure implementers receive information on progress, shortfalls and challenges at subnational levels.

Checklist for Phase 4

STEP 9. Establish evaluation and review processes

☐ Establish the evaluation process.

☐ Establish the review process.

☐ Document and share the monitoring, evaluation, and review processes.

STEP 10. Translate reviews into adjustments to operational planning

☐ Plan annual meetings involving all key stakeholders to translate progress and performance review data into corrective action to operational plans.

References

WHO. Country Planning Cycle Database. World Health Organization (available at: https://extranet.who.int/countryplanningcycles , accessed 12 April 2022).

Keel S, Müller A, Block S, Bourne R, Burton MJ, Chatterji S et.al. Keeping an eye on eye care: monitoring progress towards effective coverage. Lancet Glob Health. 2021;9:e1460–64 .

WHO. Resolution WHA73.4. WHO reform. In Seventy-third World Health Assembly, Geneva, 18–19 May 2020. Integrated people-centred eye care, including preventable vision impairment and blindness. World Health Organization, 2020 (available at: https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73_R4-en.pdf, accessed 12 April 2022).

WHO. World report on vision. World Health Organization, 2019 (available at: https://apps.who.int/iris/handle/10665/328717, accessed 12 April 2022).

Annexes

ANNEX 1. Sample time frame and responsibilities for the 'Analyse' and 'Plan' phases

Time frame	Typical process for the first 12 months	Responsible agency
1st month	SEND REQUEST: Government to request assistance from the World Health Organization (WHO).	Government
	COORDINATE ACROSS THREE LEVELS OF WHO: Headquarters, Regional Offices, and Country Offices.	WHO
	CLARIFY ROLES: If additional development partners are engaged, clarify and document the roles of all partners.	WHO, government, and development partner
	ESTABLISH COMMUNICATION: Establish group email between all partners and WHO to share information.	
2nd month	PLAN DETAILS OF FOUR-PHASE PROCESS: Agree on process, budget, time frame, and roles.	Government and WHO combined
	IDENTIFY COORDINATOR: Prepare contract and brief for coordinator.	WHO, government, and development partner
3rd month	COMMENCE ANALYSIS: Send template of Eye Care Situation Analysis Tool (ECSAT) to government.	WHO
	ESTABLISH Technical Working Group (TWG): Establish TWG for technical guidance during four-phase process.	Government
4th month	IMPLEMENT ECSAT: Gather information – jointly conducted by government, TWG and coordinator.	Government and coordinator
5th month	WRITE REPORT: First draft of report to be submitted to government within 4 weeks of completion of ECSAT implementation.	Coordinator
6th month	REVIEW REPORT: Government to share report with TWG and key stakeholders to provide feedback to coordinator for finalization.	Government and WHO
	PREPARE FOR STRATEGIC PLAN: Government to plan process and form an eye care strategic plan and monitoring framework drafting group.	Government
7th month	DRAFT STRATEGIC PLAN: First draft of plan to be submitted to government. This period may include:	Government and coordinator
	A policy dialogue event during which the situation analysis findings are shared and government expresses commitment to eye care.	Government

Time frame	Typical process for the first 12 months	Responsible agency
	Costing of the eye care strategic plan. If a costing is required, government must indicate this early during the planning process and provide significant input to the costing exercise and determine if a health finance consultant is required.	Government and coordinator
	Development of the eye care monitoring framework. This may occur during or immediately after drafting of the strategic plan.	Government and coordinator
8th month	CONSULT ON DRAFT EYE CARE STRATEGIC PLAN: Government to facilitate a consultation on draft eye care strategic plan.	Government and WHO
9th month	FINALIZE EYE CARE STRATEGIC PLAN AND MONITORING FRAMEWORK: Government to incorporate feedback on first draft of strategic plan.	Government, WHO, and coordinator
10th month	FINALIZE BOTH EYE CARE STRATEGIC PLAN AND MONITORING FRAMEWORK: Government in final approval process of the eye care strategic plan	Government
11th month	ENDORSE STRATEGIC PLAN: Government to have eye care strategic plan and monitoring framework endorsed/signed off by relevant minister and/or parliament. Copies of the plan to be printed and disseminated.	Government
12th month	IMPLEMENT PLAN: Start implementation of the eye care strategic plan through coordination and development of government and eye care stakeholders' work plans. Enter cyclical process of annual or biennial planning, action and evaluation.	Government, development partner, and WHO

ANNEX 2. List of the 31 eye care components assessed in ECSAT

Leadership and governance

1. Leadership, coordination and coalition-building for eye care.
2. Eye care integration into legislation, policies and plans.
3. Integration of eye care across relevant sectors and programmes.
4. Reorientation of eye care services towards primary eye care within primary health care.

Financing

5. Population covered by eye care financing mechanisms.
6. Scope and range of eye care interventions, services and assistive products included in health financing.
7. Financing of eye care and out-of-pocket costs.

Workforce and infrastructure

8. Workforce availability.
9. Workforce training and competencies.
10. Workforce planning and management.
11. Refractive and optical services regulation.
12. Workforce mobility, motivation and support.
13. Eye care infrastructure and equipment.

Information

14. Health systems data on availability and utilization of eye care services.
15. Information on outcomes and quality of eye care services.
16. Population-based data on prevalence and trends of eye conditions and visual impairment.
17. Use of evidence for decision-making and planning.

Service delivery – access

18. Equity of eye care services coverage across disadvantaged population groups.
19. Primary level eye care services.
20. Community-delivered eye care services.
21. Integrated paediatric eye care services.
22. Integrated cataract surgical services.
23. Integrated diabetic eye care services.
24. Integrated refractive and optical services.
25. Integrated low-vision and vision rehabilitation services.

Service delivery – quality

26. Extend to which eye care services are timely delivered and along a continuum, with effective referral practices.
27. Extend to which eye care services are person-centred, flexible and engage patients in decision-making.
28. Eye care services acceptability and adherence.
29. Extent to which eye care interventions are evidence based.
30. Safety of eye care services.
31. Multilevel accountability for performance of eye care services.

ANNEX 3. Overview of condition-specific WHO tools

WHO Tool for Assessment of Diabetes and Diabetic Retinopathy (TADDS)

Overview

Diabetes is a growing epidemic of global health concern. Countries should plan for the screening of people with diabetes and for provision of care, from health promotion to treatment with medicines. Diabetes, even when under control, has significant consequences which can severely impair a person living with the disease.

Diabetic retinopathy affects the eyes and is a consequence of long-lasting diabetes. If undetected or untreated, diabetic retinopathy can lead to irreversible blindness. Prevention of vision loss from the condition requires a health systems response, including integration with diabetes care, the cooperation of professionals, availability of equipment, and education of patients.

The WHO Tool for Assessment of Diabetes and Diabetic Retinopathy is designed to assist countries to undertake a situation analysis to obtain essential information to assess:

a. the current availability of services;

b. the level of cooperation between professionals; and

c. the level of education of people living with diabetes.

WHO Tool for the Assessment of Glaucoma Services (TAGS)

Overview

Among priority eye diseases, glaucoma occupies an important position. Although it is a main cause of vision loss that is common in all countries, the disease remains undetected in most people. Once detected, it is often too late to save a person's vision; hence it is also known as "the silent thief of sight".

The WHO Tool for the Assessment of Glaucoma Services is designed to assist countries to undertake a situation analysis to obtain essential information to assess:

a. the current availability of services;

b. the availability of skilled human resource; and

c. the availability of equipment for treatment.

WHO Tool for the Assessment of Refractive Errors Services (TARES)

Overview

Refractive errors are not eye diseases, but vision conditions in which images viewed are blurred, resulting in a person having difficulty seeing far or near objects clearly. The three basic types of refractive errors are myopia ("short sightedness"), hyperopia ("far sightedness") and astigmatism. In addition, presbyopia causes a gradual loss of the ability to see nearby objects; however unlike the three basic types of refractive errors, presbyopia occurs naturally, due to the ageing process. Refractive error services are often excluded or not prioritized in eye care service planning.

The WHO Tool for the Assessment of Refractive Errors Services supports the development of services by carrying out a situation analysis to:

a. assess current availability of services; and

b. define gaps to be addressed to ensure universal access to refractive care.

WHO Tool for the Assessment of Rehabilitation Services and Systems (TARSS)

Overview

Vision rehabilitation is vital in ensuring that people with vision impairment can participate fully in social, economic, political and cultural aspects of life. Many countries face significant barriers to the provision of vision rehabilitation, assistive technology, and assistance and support services for people with irreversible vision impairment. Common barriers include insufficient numbers of appropriately trained professionals, absence of facilities and equipment, and a lack of integration and decentralization of services.

The WHO Tool for the Assessment of Rehabilitation Services and Systems is designed to assist countries to undertake a situational analysis to obtain essential information to:

a. assess current availability of services; and

b. identify the gaps that need to be addressed to ensure universal access to rehabilitation services.

For further details and information about the tools described above, please contact the WHO Country Office, WHO Regional Office, or WHO Headquarters at (https://www.who.int/health-topics/blindness-and-vision-loss).

ANNEX 4. Outline of the four IPEC strategies, possible actions, and desired endpoints

Strategy 1. Engaging and empowering people and communities

Engaging and empowering people and communities involves providing the opportunity, skills and resources that people need to be articulate and empowered users of health services. It is also about reaching the underserved and marginalized groups of the population in order to guarantee universal access to services.

Desired endpoint	No geographical areas or disadvantaged population groups are missing out on the community-delivered eye care they need. An appropriate mix of community-delivered eye care programmes based on population need. The programmes are designed to create awareness, include screening services and are integrated into a wide range of other community-delivered health programmes. Inequities in eye care services coverage are frequently assessed, understood and appropriately addressed.

Strategic approaches	What does this mean?	Possible actions
1.1 Strengthen health literacy to improve effectiveness of interventions and compliance	Improved health literacy is an essential component of empowering individuals and their families; it is crucial for the effectiveness of many eye care interventions and, more generally, for compliance. The eye care sector needs to increase its efforts to provide sound and effective education.	Integrate eye care into wider community health programmes; develop eye care education programmes for users and their families.
1.2 Reaching underserved populations to guarantee universal access to health services	Reaching underserved populations is of paramount importance in order to guarantee universal access to health services. It is essential for fulfilling broader societal goals such as equity, social justice and solidarity; and helps social cohesion. It requires actions at all levels of the health sector.	Identify underserved groups; make services convenient and culturally safe; support outreach services; regularly review equity.

Strategy 2. Reorienting the model of care to prioritize primary and community care services

Reorienting the model of care to prioritize primary and community care services means ensuring that efficient and effective eye care services are provided through models of care that prioritize primary and community care services. Primary level care can meet the eye care needs of a large number of people throughout their life course, including those conditions that do not typically cause vision impairment.

Desired endpoint	Primary eye care services are an integral part of primary health care settings throughout the country. Frameworks are in place to guide the scope and type of eye care delivered at primary level, including workforce trainings, essential medicines for eye care, and effective referral systems. Patients, including those most disadvantaged, have access to affordable and quality eye care outside of ophthalmic clinics and hospitals. Urban and rural areas are similarly served.	
Strategic approaches	**What does this mean?**	**Possible actions**
2.1 Building strong primary care-based systems that include eye care	Primary care is the level of a health system that provides entry into the system for all new needs and problems related to all but very uncommon or unusual conditions, and coordinates or integrates care provided elsewhere or by others. Most eye conditions can be addressed at the primary level and eye care services need to be fully integrated at this level of the health system to improve service access, with no geographical gaps. Strong primary care services are essential for reaching the entire population and guaranteeing universal access to services. Achieving this involves ensuring adequate funding, appropriate training, and connections to other services and sectors. Depending on the design and maturity of the health system in the country, strategies may include the integration of primary eye care services within primary health-care centres or standalone primary eye care facilities. Primary eye care can include promotive, preventive, diagnostic, treatment, and rehabilitative services.	Increase budget allocation to primary eye care; prioritize human resource development for primary level care; strengthen referral systems from the primary level.
2.2 Defining service priorities based on life-course needs	Defining service priorities based on life-course needs may be approached with the help of the WHO Package of Eye Care Interventions offered at different levels of the care delivery system, covering the entire life course.	Utilize the WHO Package of Eye Care Interventions for the planning of eye care services.
2.3 Innovating and incorporating new technologies to share information, track quality, and reach remote communities	New information and communication technologies allow new types of information integration and sharing. When used appropriately, they can assure continuity of information, track quality, and reach geographically isolated communities.	Integrate proven electronic health (e-health) and mobile health (m-health) solutions to improve communication between providers, access and attendance.

Strategy 3. Coordinating services within and across sectors

Coordinating services involves coordinating eye care around the needs and preferences of people at every level of care, as well as promoting activities to integrate different health-care providers and create effective networks between health and other sectors. Coordination focuses on improving the delivery of care through the alignment and harmonizing of the processes of the different services for eye care. Coordination is primarily an issue of governance and leadership.

Desired endpoint	The concept and practice of person-centred care is widely understood across all areas of health. The delivery of eye care is frequently tailored and adapted to the needs and priorities of patients and their family. Close engagement with related programmes and providers for planning and coordination of eye care services at national level. Continuum of care between eye care and other services where transitions occur smoothly at a high-level of frequency.	
Strategic approaches	**What does this mean?**	**Possible actions**
3.1 Coordination of care for the individual	Coordination of care covers a range of strategies that can achieve better continuity of care and enhance the patient's experience of services, particularly during care transitions. The focal point for improvement is the delivery of care to the individual, with services coordinated around the individual's needs and those of their family.	Develop models for case management, team-based care.
3.2 Coordination of related programmes (health and non-health) and providers	The coordination of related programmes and providers includes bridging the administrative, informational and funding barriers between health-care sectors and between providers relevant to eye care.	Strengthen coordination with neonatal services (screening), child health (screening, detection, management), noncommunicable diseases (promotion, screening, diabetes, ageing).
3.3 Coordination of care across related sectors	Successful eye care coordination involves multiple actors, both within and beyond the health sector.	Strengthen coordination with education (screening, promotion), labour (injury prevention, promotion), private sector (refractive and optical services).

Strategy 4. Creating an enabling environment

The three strategies described above will only become operational if enabling environments are in place that bring together the different stakeholders to undertake transformational change. This task involves a diverse set of processes to bring about the necessary changes in legislative frameworks and the reorientation of the workforce delivering eye care.

Desired endpoint	Eye care is included in wider health planning and takes account of current and future population needs in the country. Legislation and policy frameworks encompass all aspects of eye care and provide the necessary governance and direction. Basic national eye care indicators integrated into health information system. Population-based eye care data periodically collected as part of wider health surveys or stand-alone eye care surveys. An appropriate number (not too many or too few) of eye care personnel available, regardless of geographical areas. Eye care is integrated into wider health workforce planning and has a targeted approach to meet sector needs.

Strategic approaches	**What does this mean?**	**Possible actions**
4.1 Strengthening leadership and governance	Achievement of the objectives of the strategic plan depends on stakeholders' capacity – both human and financial – to lead and govern eye care. Strengthening eye care governance and leadership capacity should, therefore, be a priority. This is the responsibility of government, although stakeholders can also assist. Establishing a strong policy framework and a compelling narrative for reform is important to building a shared vision, as well as setting out how that vision will be achieved. Development of an organizational culture that supports monitoring and evaluation, knowledge-sharing and a demand for data in decision-making is also a prerequisite for transformational change.	Include eye care into health plans and policies; establish targets and strategy, and a monitoring and evaluation framework; create clear governance and accountability for eye care; build technical capacity and skills in leadership and eye care; create eye care networks, partnerships and alliances for eye care.
4.2 Strengthening eye care integration into national health information systems	The national health information system covers three domains: (i) health determinants; (ii) health systems capacity and performance (inputs, outputs and outcomes); and (iii) health status (impact). Eye care needs to be integrated across all domains to enable effective planning and to measure change over time.	Utilize the WHO Eye Care Indicator Menu to include eye care indicators into health information system; collect facility-based data, include performance data.
4.3 Strengthening the eye care workforce	Challenges facing human resource for health include general shortages, maldistribution of workers, attrition, imbalances in skill composition and, at times, inadequate regulation. Putting into effect IPEC will not be possible unless the inefficiencies of the eye care workforce are eliminated. Special attention needs to be given to reorienting the eye care workforce toward changing the approach to patients, users and communities, being more open to working in teams, using data more effectively, and being willing to innovate in their practice.	Utilize the WHO Eye Care Competency Framework to develop a competency-based approach for human resources for eye care; address maldistribution, motivation, role-delegation, person-centred care, and support rural-based staff

ANNEX 5. Common quality assurance processes that may be considered

Data quality assessment and adjustment (DQAA). Identifying and accounting for biases due to incomplete reporting, inaccuracies and non-representativeness is essential and will greatly enhance the credibility of the results. This process is multistepped and includes: (i) assessment of the completeness of reporting by facilities and districts; (ii) assessment of the accuracy of subnational population denominators (often obtained from Bureau of the Census projections); (iii) accuracy of coverage estimates from reported data; (iv) systematic analysis of facility-based and household survey-based indicator values; and (v) adjustments of the indicator values, using transparent and well-documented methods. The DQAA should be conducted on a regular basis. The eye care monitoring framework should specify the institutions responsible for the process.

A system of eye care facility assessments, including an assessment of service readiness combined with a record review. This will serve to fill critical data gaps on service delivery as well as to verify the quality of routine facility data. A facility assessment can be conducted in a sample of facilities to independently review the quality of eye care data and the status of service delivery. The assessment can be combined with a review of the records to ascertain the completeness and quality of reporting by comparing the results with aggregated data at district, provincial and national level. The facility assessment may be conducted annually, depending on need and available resources.

Regular training of staff and provision of routine feedback to staff at all levels on the completeness, reliability and validity of data.

A functional national-level eye care monitoring and evaluation committee that meets on a regular basis and supports data quality assurance checks at facility level can help to raise the credibility of the data and reporting system.

Establishing a data and information repository as a shared resource at national, subnational and district levels is an important step in improving information practices and enabling high-quality data analyses.

ANNEX 6. Example template for eye care monitoring and evaluation

Action: Decrease the prevalence of visual impairment and blindness due to cataract

Results chain	Key indicators for the action	Definition*	Frequency*	Data Source*	Responsible	Period of monitoring	Baseline	Target	Actual
Input ↓	Eye care integrated into the national health plan								
	National eye care strategy implementation								
	Financial risk protection for cataract surgery								
	Eye care workforce density and distribution								
Output ↓	Cataract surgical rate (CSR)								
	Waiting time for cataract surgery								
	Preoperative visual acuity amongst cataract surgery patients								
	Cataract surgical outcome (visual acuity)								
Outcome ↓	Effective cataract surgical coverage (eCSC)								
Impact	Cause-specific prevalence of vision impairment								

*For the definition, frequency of measurement and preferred data sources of the indicators, please refer to the ECIM document.

ANNEX 7. Example template for strategic operational plan

Strategic plan objective 1	**Improve equitable access to eye care**					
Strategies (from eye care strategic plan)	**Operational actions/ projects**	**Time frames**	**Resources**	**Responsibility**	**Key performance indicator (KPI)/ measure**	**Key operational risks**
1) Develop strategies to increase cataract surgical volume and improve quality of service.	Action description 1		Human Financial Material		KPI(s) for Action 1	Risks associated with Action 1
	Action description 2		Human Financial Material		KPI(s) for Action 2	Risks associated with Action 2
2) Develop evidence-based programmes for detection, treatment, referral and periodic follow-up of diabetic retinopathy.	Action description 3		Human Financial Material		KPI(s) for Action 3	Risks associated with Action 3
	Action description 4		Human Financial Material		KPI(s) for Action 4	Risks associated with Action 4
3) Develop health financing mechanisms to make spectacles more affordable and accessible for low-income patients.	Action description 5		Human Financial Material		KPI(s) for Action 5	Risks associated with Action 5
	Action description 6		Human Financial Material		KPI(s) for Action 6	Risks associated with Action 6

ANNEX 8. Brief description of the benefits of some key decision support tools

Health summary bulletins usually contain information on key health indicators in a specific programme area. The information is generally presented in tables and graphics with explanatory text. Summary bulletins often contain large amounts of information compiled from different data sources. This information is usually not interpreted in the context of specific decision-making, and recommendations for programmatic changes not provided. However, they are an important way to display synthesized data that provide an overall picture of the health status in a given country. Typically, they are best targeted to programme managers and other decision-makers with in-depth knowledge of the specific programme area.

Health status report cards report on key health indicators in a specific country or programme area. A report card is different from a health summary in that it reports on fewer health indicators and compares current progress to a target, or to past report card trends. A grade is developed to convey the programme's success in meeting the specific target or in improving progression in each health indicator over a period of time, to allow for direct comparison between reports. The grade is usually depicted to match the common grading system for the specific country. The grading provides decision-makers with an at-a-glance indication of whether or not a specific service or health indicator needs attention.

Policy briefs highlight actionable recommendations for decision-making in a 2–6 page format. The typical format identifies a problem, proposes a solution and presents a compelling and feasible recommendation. Non-academic language is used and images, quotes, photographs, and bullet points are recommended. The supporting evidence is also highlighted. This format is ideal for conveying specific evidence-based policy recommendations.

Data dashboards visually present critical data in summary form so that decisions can be made quickly. Dashboards give an at-a-glance perspective on the current status of a project in the context of predetermined metrics for that project. Dashboards are linked to a database so that users can change key inputs to see how they affect what is displayed on the dashboard, and so that they can drill down to source data to understand the relationships that they see on the dashboard. Dashboards assist in the management of the large amounts of data that are being collected by health programmes by tracking key programme metrics and displaying trends. This allows users to identify problems and target specific follow-up activities to improve services.

Colour coding is a strategy used to group data and suggest action. Most commonly traffic-light colours (red, green and yellow) are used to depict an action. Specific numerical ranges are predetermined for each colour and indicator, based on progress towards a programmatic target. This technique allows decision-makers to see at a glance if action is required around a specific indicator. There are similarities between this strategy and with the grading found in health report cards.

Further reading

WHO. Supporting national health policies, strategies and plans. World Health Organization, 2016 (available at: https://www.who.int/activities/supporting-national-health-policies-strategies-plans, accessed 13 April 2022).

WHO. International Health Partnership & World Health Organization. Monitoring, evaluation and review of national health strategies: a country-led platform for information and accountability. World Health Organization, 2011 (available at: https://apps.who.int/iris/handle/10665/85877, accessed 13 April 2022).

WHO. Strategizing national health in the 21st century: a handbook. World Health Organization, 2016 (available at: https://apps.who.int/iris/handle/10665/250221 , accessed 13 April 2022).

WHO. Health Systems in Transition: Template for Authors. Asia Pacific Observatory on Health Systems and Policies. World Health Organization, 2014 (available at: https://apps.who.int/iris/handle/10665/333262, accessed 13 April 2022).

WHO. Everybody's business. Strengthening health systems to improve health outcomes. World Health Organization, 2007 (available at: https://apps.who.int/iris/handle/10665/43918, accessed 13 April 2022).

WHO. Framework and standards for country health information systems. Second edition. World Health Organization, 2012 (available at: https://apps.who.int/iris/handle/10665/43872, accessed 13 April 2022).

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