Report on

National Workshop to operationalize the WHO Global Action Plan 2014-2019 on Prevention of Blindness and Visual Impairment-Nepal

12-13 December, 2014

Acronyms

WHO	World Health Organisation
GAP	Global Action Plan
IAPB	International Agency for Prevention of Blindness
SEA	South East Asia
ABEH	Apex Body for Eye Health
MoHP	Ministry of Health & population
RAAB	Rapid Assessment of Avoidable Blindness
HMIS	Health Management information System
CSR	Cataract Surgical Rate
CSC	Cataract surgical Coverage
NGO	Non-Governmental Organization
VDC	Village Development Committee
INGO	International Non- Governmental Organization
MoE	Ministry of Education

Contents

Executive Summary

Significant progress has been made in Nepal in the field of eye care over the years; as a result the eye health status of Nepalese people has improved significantly. Nepal's eye care system has often been cited as a model for this part of the world. In the last three decades the prevalence of blindness has declined from 0.84% (Nepal Blindness Survey, 1980-81) to 0.35% (Nepal RAAB Survey,2010) using WHO definition for blindness.

Nepal is signatory to Global Eye Health Action Plan endorsed by the Sixty-sixth World Health Assembly which has opened a new opportunity to make further progress with additional efforts to prevent visual impairment and strengthen rehabilitation of the blind in communities.

In view of the need to develop/strengthen effective policies to achieve the global target of reduction of prevalence of avoidable visual impairment by 25% by 2019 from the baseline of 2010, the Apex Body for Eye Health (ABEH), Ministry of Health and Population of Nepal (MoHP) organized two days' workshop in Godavari, Kathmandu Nepal on 12-13 December 2014 with the support of IAPB. The workshop was held to operationalize the Global Action Plan in Nepal. Based on the 3 objectives of the Global Action Plan (2014-2019), various recommendations have been made to Government, WHO and International Partners to develop/strengthen effective policies to achieve the global target.

1. Background

The WHO data on the global magnitude and causes of visual impairment confirms a major opportunity for change in the lives of millions of people: 80% of all causes of visual impairment are preventable or curable. WHO estimates that there were 285 million people visually impaired, of which 39 million were blind (*WHO data 2010*). If just the two major causes of visual impairment were considered priorities and control measures were implemented consistently across the world, by providing refractive services and offering cataract surgery to the people in need, two thirds of the visually impaired people could recover good sight. This scenario appears to be fairly easy to realize, but for multiple reasons both the aforementioned eye diseases remain major items on the unfinished agenda of public eye care.

The Global Action Plan is a global commitment endorsed by all WHO member states to improve eye health for every one (universal Eye Health) over the next five years. (*66th World Health Assembly)*

The adoption of the global eye health action plan by the Sixty-sixth World Health Assembly opens a new opportunity for Member States to progress with their efforts to prevent visual impairment and strengthen rehabilitation of the blind in their communities. WHO requested all stakeholders to join in this renewed effort to translate the vision of the global eye health action plan which is a world in which nobody is needlessly visually impaired, where those with unavoidable vision loss can achieve their full potential, and where there is universal access to comprehensive eye care services.

The **vision** of the global action plan is a world in which nobody is needlessly visually impaired, where those with unavoidable vision loss can achieve their full potential, and where there is universal access to comprehensive eye care services.

The WHO global action plan 2014–2019 aims to sustain and expand efforts by Member States, WHO and International Partners to further improve eye health and to work towards attaining the vision mentioned above. Its **goal** is to reduce avoidable visual impairment[4] as a global public health problem and to secure access to rehabilitation services for the visually impaired. The **purpose** of the action plan is to achieve this goal by improving access to comprehensive eye care services that are integrated into health systems.

Five principles and approaches underpin the plan: universal access and equity, human rights, evidence based practice, a life course approach, and empowerment of people with visual impairment.

Proposed actions for Member States, international partners and the WHO Secretariat are structured around these **three objectives**:

Objective 1:addresses the need for generating evidence on the magnitude and causes of visual impairment and eye care services and using it to advocate greater political and financial commitment by Member States to eye health;

> **Action 1: Undertake the Population based Survey on prevalence of visual impairment and its cause.**
>
> **Action 2: Assess the capacity of Member state to provide comprehensive eye care services and identify gaps**

Action 3: **Document and use information for advocacy, examples of best practices in enhancing universal access to eye care.**

Objective 2: encourages the development and implementation of integrated national eye health policies, plans and programmes to enhance universal eye health with activities in line with WHO's framework for action for strengthening health systems to improve health outcomes;

Action 1: Provide leadership and governance for developing/ updating implementing and monitoring national/sub national policies and plan for eye health.

Action 2: Secure adequate financial resources to improve eye health- Comprehensive, integrated through national policy, plan, programme.

Action 3: Develop and maintain sustainable workforce: in eye health as part of overall heath workforce.

Action 4: Provide comprehensive and equitable eye care primary, secondary and tertiary including Trachoma and Onchocerciasis elimination activities.

Action 5: Make available and accessible essential medicines, diagnostics and health technologies and assured quality with focus to vulnerable groups. Explore mechanism for affordable new evidence based technology.

Action 6: Include Indicators for the monitoring of provision of eye care services and their quality in national information system.

Objective 3: addresses multi-sectoral engagement and effective partnerships to strengthen eye health. Each of the three objectives has a set of metrics to chart their progress.

Action 1: Engage non-health sector in developing and implementing eye health prevention and visual impairment policies and plan.

Action 2: Enhance effective international and national partnerships and alliances.

Action 3: Integrate eye health into poverty reduction strategies initiatives and wider socio economic policies

There are **three indicators** at the goal and purpose levels to measure progress at the national level. The three indicators comprise: (i) the prevalence and causes of visual impairment; (ii) the number of eye care personnel; and (iii) number of cataract surgery per million of population.

Prevalence and causes of visual impairment. It is important to understand the magnitude and causes of visual impairment and trends over time. This information is crucial for resource allocation, planning, and developing synergies with other programmes.

Number of eye care personnel, broken down by cadre. This parameter is important in determining the availability of the eyehealth workforce. Gaps can be identified and human resource plans adjusted accordingly.

Cataract surgical service delivery. Cataract surgical rate (number of cataract surgeries performed per year, per million population) and cataract surgical coverage (number of individuals with bilateral cataract causing visual impairment, who have received cataract surgery on one or both eyes) are essential indicators. Knowledge of the surgery rate is important for monitoring surgical services for one of the leading causes of blindness globally, and the cataract surgical rate also is a valuable proxy indicator for eye care service provision. Where Member States have data on the prevalence and causes of visual impairment, coverage for cataract surgery can be calculated; it is an important measure that provides information on the degree to which cataract surgical services are meeting the needs.

For the first of these indicators there is a **global target**. It will provide an overall measure of the impact of the action plan. As a global target, the **reduction in prevalence of avoidable visual impairment by 25% by 2019** from the baseline of 2010 has been selected for this action plan. In meeting this target, the expectation is that, greatest gains will come through the reduction in the prevalence of avoidable visual impairment in that portion of the population who are over the age of 50 years. As described above, cataract and uncorrected refractive errors are the two principal causes of avoidable visual impairment, representing 75% of all visual impairment, and are more frequent among older age groups. By 2019, it is estimated that 84% of all visual impairment will be among those aged 50 years or more. Expanding comprehensive integrated eye care services that respond to the major causes of visual impairment, alongside the health improvement that can be expected to come from implementing wider development initiatives including strategies such as the draft action plan for the prevention and control of non-communicable diseases 2013-2020, and global efforts to eliminate trachoma suggest the target, albeit ambitious, is achievable. In addition, wider health gains coming from the expected increase in the gross domestic product in low-income and middle-income countries will have the effect of reducing visual impairment.

2.0 Need for the workshop:

The South East Asia (SEA) Regional workshop was conducted from 18 – 20 November 2014 in Hyderabad, India to operationalize the GAP in the Region. The Regional Workshop made numbers of recommendations for member countries, WHO Secretariat and International Partners for the operationalization of the Global Action Plan 2014-2019 in countries of the Region. The workshop further refined and modified the action to be taken at regional level with defined role of member's state, WHO regional secretariat and the international partners to achieve the goal and objective of GAP 2014-2019.

For operationalization of Global Action Plan in Nepal the Apex Body for Eye Health (ABEH), Ministry of Health and Population of Nepal (MoHP) organized two days' workshop in Godavari, Kathmandu Nepal on 12-13 December 2014 with the support of IAPB.

The workshop was attended by the high level dignitaries from MoHP, Nepal Netra Jyoti Sangh, Tilganga Institute of Ophthalmology, eye care service providers, policy makers of the country and representatives of International partners working on prevention of blindness in Nepal. (List of in Annex #1)

The workshop was inaugurated by Secretary of MoHP and Chairman of ABEH, Mr. Shanta Bahadur Shrestha. During the inauguration remarks, Mr Shrestha mentioned that it has been right time to revise our National Action Plan for Eye Health and the outcome of the workshop can be incorporated in the National Eye Health Policy which is under preparation. During the inauguration ceremony Dr. Padam Bahadur Chand, Member Secretary of ABEH, Chief of

policy, planning and international co-operation division presented the summary of health policy of the country and realised that eye health is not getting adequate priority within the existing health policy of the country. He also mentioned that the states commitment towards the universal health including eye health will get adequate priority once Eye Health Policy will be endorsed by the cabinet. The recommendation of the workshop which need to be addressed at policy level will be incorporated in the forthcoming eye health policy. The detail of workshop programme is provided in Annex # 2.

The plenary session of workshop was chaired by Dr Gopal Prasad Pokharel, IAPB Regional Co-Chair, for Nepal. The first plenary session was on situation analysis of the country and identified the issues on universal eye health to achieve the goal and objectives of GAP 2014-2019.

Mr. Yuddha Sapkota, Regional Co-ordinator, IAPB SEA presented the summary of Global Action Plan, its objective and outlined actions need to be taken by Nepal, WHO Secretariat and International Partners.

As Representative of International partner Nepal, Country Director of Fred Hollows Foundation, Dr Anil Subedi also highlighted the concept of WHO action plan and its commitments towards it operationalization at country level eye health planning.

The eye care service scenario of last three decades was presented by Mr.Sailesh Kumar Mishra, Program Director of Nepal Netra Jyoti Sangh and result of midterm review was also presented in plenary session. The SWOT analysis of ongoing eye care service of Nepal was presented by the President of Nepal Ophthalmic Society Dr Sanjay Singh and issues and challenges Nepal faces were identified.

The second half of the plenary session was the group work. The participants were divided in three groups to identify the issues and challenges and make conclusions and recommendation to achieve the goal and three GAP objectives.

There is a need to develop/strengthen effective policies to achieve the global target of reduction of prevalence of avoidable visual impairment by 25% by 2019 from the base line of 2010. Availability of reliable and valid information as regards epidemiology and health system performance in delivery of eye-care services is a basic requirement for policy/strategy development or strengthening. Health system readiness for comprehensive eye care and financing eye health programmes are other areas that need to be addressed.

3.0 GROUP 1: Country Action for Operationalizing the Universal Eye Health Global Action Plan 2014-19 (GAP), Evidence generation, capacity assessment and financial commitments.

Suggested Issues for discussion

1. a) What is the most feasible way to gather information on prevalence of visual impairment and blindness and their causes on the population?

   b) Do we need surveys and/or integration of this in the regular HMIS?

   c) How frequently should that be done?

   d) What are the constraints in gathering this information?

e) Are these existing opportunities (such as existing health settings) on which information gathering regarding visual impairment can piggy-back?

2. a) What do countries need to do to assess capacity of health systems to provide eye care service delivery?

b) Please suggest ways in which service delivery related information can feed into strengthening universal eye care?

3. Financing eye care programmes is a major constraint in many countries. Please suggest innovative mechanisms for financing of interventions/services for prevention of visual impairment and rehabilitation of affected persons.

4.0 GROUP 2: Strengthening Health Systems for Universal Eye Care

It is generally agreed that comprehensive eye care that provides a range of preventive, curative and rehabilitative services needs to be integrated into the health systems. The Global Action Plan (2014-2019) encourages the development and implementation of integrated national eye health policies, plans and programmes for the universal eye health in line with WHO's framework for action for strengthening health systems to improve health outcomes.

Suggested issues for Discussions:

1. What steps should governments take to establish/strengthen national/sub-national policies/programmes for eye health? Please consider issues related to management/implementation structures; integration of eye care budgets in national health budget; provision of eye care medicines, diagnostics and technologies in national lists, avenues for research on eye health.

2. What steps are needed to develop and maintain a sustainable workforce for provision of comprehensive eye care?

3. Availability of valid up-to-date programmatic information is a basic need for implementing/maintaining /revising programme implementation. What steps should countries take to include indicators for monitoring of provision for eye care services in national health information systems?

5.0 Group 3: Role of Partnerships

International partnerships and alliances have been instrumental in developing and strengthening effective public health responses for prevention of visual impairment. The challenge now is to strengthen global and regional partnerships for supporting strong and sustainable health systems and make partnerships more effective.

Suggested Issues for Discussion

1. What steps should governments and partners take to enhance international and national partnerships and alliances for improving eye health?

2. What innovations would the group suggest to engage non-health sectors in developing and implementing eye health/prevention of visual impairment policies, plans and programmes?

3. What steps are needed to integrate eye health into poverty reduction strategies, initiatives and socio-economic policies?

6.0 Outcome of the workshops presented as conclusion of Group work which were further refined during presentations:

Objective 1:

Conclusions:

- Nepal is one of the countries where timely scientific and valid blindness surveys are taking place. The Blindness survey of 1981 was the basis for master planning in eye care services in the country. The RAAB and other customized survey were conducted in the country between 1995 and 2010. The country has baseline data to measure the progress of GAP and prevalence of blindness but that is five years old. The reduction of 25% of the prevalence rate means that by 2019 the blindness rate to be below 0.27%.

  The hospital data (HMIS) can be used to monitor the eye care program but for planning purpose it may not be useful. Surveys could be held every five years. However the major constraint is the cost.
- National Capacity as well as that of hospitals has not been studied scientifically.
- Documentations are available but many times national data is incomplete.

6.1 Recommendations:

For Government

- Next blindness survey is to be planned between 2015 and 2017. The survey could be conducted in all population (if possible) along with RAAB. This is to estimate the prevalence and causes of blindness in pediatric age group. The sampling frame of blindness survey should be planned in such a way that the results can be generalized according to topographic region of the country, hospital service area and political division.

- Tool, survey guidance and technical support for the survey will be used as per WHO guidelines.
- Financial support for the survey is to be provisioned by Government in collaboration with International Partners involved in the eye care services in the country.

6.2 Capacity assessment of health system

Recommendations for Government

- WHO is piloting the tools for eye health capacity assessment tool. The ABEH will request WHO to make availability of the capacity assessment tool.
- The ABEH will take a lead in the provision of HMIS/Central data bank and reporting and dissemination system which will be upgraded to retrieve following information
    - Affordability – Patient satisfaction
    - Accessibility – Service area / Outreach coverage / CSR / CSC / Hospital Utilization Rate
    - Equity – Gender / Marginalized population
    - Quality – Visual outcome / Patient satisfaction / Protocols / Surgical and medical audit
    - Cost effectiveness – cost per treatment / surgery / opportunity cost
    - Guidance tool – WHO

Financial support for this should be made available by the Government in collaboration with local and International Partner.

Recommendation for WHO:

Provide Survey tools and Technical Support

Recommendation for International Partner:

Provide Financial Assistance to compliment the government budget

6.3 Innovative mechanisms for financing of interventions for prevention of Blindness and Visual Impairment

Recommendation for Government

- Documentation of evidence for advocacy purposes need to be prepared at the national as well as regional/district level of advocacy
- Access to eye care need to be made available to all specially to marginalised population.
- Government should be the primary source of funding for eye health in the country. The government also should take the lead in the integration of eye health in to existing primary health care system.
- Free and subsidized eye care services rendered to the poor and marginalised population at secondary and tertiary level eye care service by the NGO hospitals is to be purchased by Government. Eye Health also to be included and incorporated in the government health insurance scheme.
- It is also been recommended that district and sub-district level eye care services is to be fully provided and managed by government.
- It is also recommended that the government should provide tax subsidy (minimal) on equipment / consumables and instruments imported for the quality eye care services in the country.
- Fund raising activities: Local level government such as VDC / Municipality / District development committee should also be involved to finance the eye health at community and sub-district level.

Recommendation for Eye Service Providers

- Corporate sector is also to be involved in eye health as corporate Social Responsibility.
- It is also been suggested that each eye hospital should establish fund raising unit in hospital.

Objective 2: Strengthening Health Systems for Universal Eye Care

Conclusion:

Integrated national eye health policy is being developed in Nepal and at present does not incorporate all components of health system framework. National coordinating body ABEH is weak both in resources and authority. There is maldistribution of human resources in the country.

Recommendations for Government:

- Revisit of National Eye Health Policy in line with WHO Global Action Plan and country action plan. National Eye Health Policy to be submitted to MoHP by March in which the goal and objectives of GAP and health system framework will be incorporated.
- Multi-sectoral partners on the outline of country action plan and their engagement is to be encouraged.
- Effective Integration of eye care should be done at district and below district level and partnership between government and local NGO will be encouraged in zonal and regional level (state-non state partnership). Integration model to be developed up to community level within a year.
- Apex Body for Eye Health to be further strengthened, reformed with INGOs representation and given clear guidelines and deputation of full time National Program Coordinator from Ministry of Health and Population.
- Government should provide budget to Apex Body for eye health for its advocacy and monitoring activities.
- Ministry of Health will make formal request to WHO country office to include eye health under WHO country cooperation strategy.
- HR Planning, HR development through linking of tertiary eye hospital with Medical Colleges and regional/zonal government hospitals.
- Provide support for strengthening rehabilitation services in each region and referral network should be developed
- Provide support to strengthen Central Data Bank
- Provide support to integrate eye health information system to Government HMIS system
- Provide support for the protocols to be developed and implemented

Recommendations for WHO

- WHO Collaborating centers should be established
- Provide support to government advocacy activities and plan

Recommendations for International and Local Partners

- In order to address the problem of human resource distribution anomaly, first analyze causes of anomaly and then address the causes by developing the incentive packages.
- Provision of WHO-IAPB recommended list of medicines and equipment at Primary and secondary level eye care services

Objective 3: Role of Partnership

Conclusions:

There are more than a dozen international partners in eye care in Nepal. Their actions are not always coordinated and duplication and overlap of services happen. The international partners do not have uniform programs to develop the health system.

Recommendations for Government:

- Integrated National Eye Health policy / strategy required
- Legitimate body/entity/ in Ministry of Health with full authority required also at regional and district level
- Inter-sectoral/ministerial body to support (for advisory and integration role) the legitimate entity
- Coordination among IPs should be facilitated/lead by Government

For International Partners:

- to provide Technical and financial support for the plans/strategy
- Program to follow national policy
- Inter-sectoral/ministerial committee helps to engage non-health sectors
- With MoE – inclusion of eye health in school curriculum, vision certificate before enrolling to school, inclusion into teacher training curriculum
- Inclusion of eye health information into other sectors' work such as ministry of agriculture, ministry of works and development etc.
- Inclusion of economically blind people as participants and beneficiaries of difference sector program
- Poverty reduction strategies/programs to include Visually Impaired and economically blind people as participants and beneficiaries
- Policy/working environment to be made visual impaired friendly

Appendix # 1Name list of participants

S. No.	Name	Address
1	Mr.Shanta Bahadur Shrestha	Secretary, MoH& P
2	Dr. Senendra Raj Upretti	DG/DHS
3	Dr. Bimal Prasad Dhakal	Chief Specialist, MoH& P
4	Dr. P.B. Chand	Chief, PP & ICD, MoH& P
5	Dr. Ram Prasad Pokharel	Patron, NNJS
6	Prof. Dr. Tirtha Prasad Mishra	Chairman, NNJS
7	Prof. Dr. Madan Prasad Upadhyay	Chairman, B.P. Eye Foundation
8	Dr. Reeta Gurung	CEO, TIO
9	Dr. G.P. Pokhrel	IABP, Co-chair Nepal
10	Mr. Yuddha Dhoj Sapkota	Regional Coordinator, IAPB
11	Dr. B.R. Maraseni	Director, Department of Epidemiology,
12	Mr. Kedar Bahadur Adhikari	Joint Secretary, MoH& P
13	Mr. Lila Raj Poudel	Under Secretary, MoH& P
14	Mr. Rajeev Pokhrel	Under Secretary, MoH& P
15	Mr. Shreekrishna Nepal	Under Secretary, MoH& P
16	Mr. Daman Bahadur Ghale	CEO, Nepal Eye Hospital
17	Dr. D.N Shah	Executive Director, BPKLCOS, IoM/TUTH
18	Dr. Sanjay Kumar Singh	Programme Director, EREC
19	Dr. Bidya Prasad Pant	Chief. Medical Director, Geta Eye Hospital
20	Dr. Padam Raj Bista	Chief. Medical Director, Kedia Eye Hospital, Birgung
21	Dr. Harish Chandra Jha	Chief. Medical Director, Gaur Eye Hospital
22	Mr. Kamal Baral	Programme Officer, PBL, CEHP, NRS
23	Dr. Lila Raj Puri	Chief. Medical Director, Sagarmatha Chaudhary Eye Hospital, Lahan

24	Dr. Anil Subedi	Country Manager FHF, Kathmandu
25	Mr. Ramesh Puri	Regional Coordinator, FHF, Kathmandu
26	Dr. Purusotom Joshi	Chief, Medical Director, Mechi Eye Hospital, Jhapa
27	Mr. R.P. Kandel	Programme Director, SEVA Foundation
28	Dr. Salma K.C.	Chief Director, Lumbini Eye Hospital, Bhairahawa
29	Mr. Hari Sharan Bista	Project Manager, NABP
30	Mr. Sailesh Kumar Mishra	National Programme Coordinator, Apex Body for Eye Health
31	Mr. Shree Ram Subedi	Office Manager, Apex Body for Eye Health
32	Mr. Bimal Kumar Poudyal	Sub-Committee Member, Apex Body for Eye Health
33	Mr. Anil Gorkhali	Executive Manager, Eye Care Foundation
34	Mr. Nabin Rai	Medical Coordinator, TIO
35	Dr. Sabina Shrestha	Medical Director, Nepal Eye Hospital
36	Mr. Jaya Ram Kuikel	Computer Assistants, Apex Body for Eye Health
37	Ms. Geeta Sharma	Office Assistant, Apex Body for Eye Health
38	Dr. Chet Raj Pant	Vice Chairman, NNJS
39	Mr. Mohan K. Shrestha	Research Coordinator, TIO
40	Mr. Kabir Baskota	Office Assistant, Apex Body for Eye Health
41	Mr. Prakash Raj Wagle	Country Coordinator, CBM
42	Dr. R.N. Byanju	Director, Bharatpur Eye Hospital
43	Mr. Shyam Kumar Pokhrel	General Secretary, NNJS
44	Dr. Aananda Sharma	Sr. Ophthalmologist, BPKLCOS
45	Mr. Khim Gurung	TIO
46	Ms. Sunita K. C.	TIO
47	Ms. Halina Weyers	Fred Hollows Foundation
48	Mr. JSP Chaudhary	Geta Eye Hospital
49	Dr. Govinda Poudyal	TIO

Appendix # 2 Workshop Programme

Ministry of Health and Population
Apex Body for Eye Health

Workshop to operationalize Action Plan (2014-2019) for the prevention of avoidable blindness and visual impairment in Nepal, Kathmandu, 12th and 13th December 2014

Supported by: IAPB, Fred Hollows Foundation and Eye Care Foundation

Programme Schedule (Day1)

Day 1, Friday, 12th December 2014		
Time	**Programme**	**Key Person**
09.00 - 9.30	Arrival of Guests/ Breakfast/Tea/coffee / Registration	
9.30 – 10.15	**Inaugural Session:** • Welcome Speech and Objective of the workshop • Inauguration of the program • Introduction of WHO Global Action Plan • Remarks from Guests • Address by Chief Guest • Announcements • Group Photo	Dr.Padam Bahadur Chand Mr. Y.D. Sapkota Mr. Shanta Bahadur Shrestha
10.15-10.30	**Introduction of the Participants**	
10.30 – 13.00 10:30-10:45 10:45-11:00 11:00-11:10	Presentations **1.** Health Policies and Priorities 2. Eye Care Program in last 3 decades in Nepal. 3. Mid Term Recommendations of VISION 2020	 Dr. P.B. Chand Mr. Sailesh Kumar Mishra Mr. Bimal Poudyal

11:10-11:25	4. SWOT analysis of eye care program Discussion	Dr. Sanjay Singh
11:25-11:45	**Tea Break**	
11:45 -12.00	Recommendation of SEARO GAP Meeting	Mr. Y.D. Sapkota
12:00-12:15	**Discussion**	
12:15-12:30	**External Development Partners perspective in eye care program of Nepal**	EDP Representative
12:30-12:45	**Group work guidelines and framework**	
13:00-13:30	**Lunch**	
13:30-15:00	**Group work: Three different group** **GAP - Objective 1** **GAP - Objective 2** **GAP - Objective 3**	
15:00-15:15	**Tea Break**	
15:15-16:00	**Group Work Presentation**	
16:00-16:45	**Consolidated Recommendation to Ministry of Health and Population**	Mr. Sailesh Kumar Mishra
16:45 onwards	**Dinner**	

Programme **Schedule (Day-2)**

Finalization of Cataract Surgical Protocol

Day 2, Saturday, 13th December 2014		
9:00-9:30	**Breakfast**	
9:30-9:45	1. Background information and Introduction about cataract surgical protocol	Dr. G.P. Pokhrel
9:45-10:15	2. Pre Operative Assessment Protocol and discussion	Dr. Sanjeev Bhandari
10:15-10:45	3. Per Operative Protocol and discussion	Dr. Purusottam Joshi
10:45-11:15	4. Operation room and Operative Protocol and discussion	Dr. Salma K.C
11:15-11:45	5. Post Operative Protocol and discussion	Dr. Deepak Khadka
11:45-12:15	6. Complication and discussion	Dr. Lila Raj Puri

12:15-12:30	Concluding session	
12:30-13:30	Lunch	

Venue: Godavari Hotel

References:

1. World Health Organization. Global data on visual impairments 2010 [Internet]. Geneva: WHO; 2012 (Document WHO/NMH/PBD/12.01) [cited 2013 Nov 25].

   Available from: http://www.who.int/blindness/GLOBALDATAFINALforweb.pdf

2. World Health Organization. Draft action plan for the prevention of avoidable blindness and visual impairment 2014-2019. Towards universal eye health: a global action plan 2014–2019 [Internet]. Sixty-sixth World Health Assembly; 20–28 May 2013; Geneva (Switzerland). Geneva: WHO; 2013 (Document A66/11) [cited 2013 Nov 25]. Available from:

   http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_11-en.pdf

3. RAAB Survey 2012 of Nepal

4. Mid Term Review of VISION 2020