



Islamic Republic of Afghanistan
Ministry of Public Health
General Directorate for Preventive Medicine
Primary Health Care Directorate
National Eye Care Coordination Office



Eye Health Strategic Plan 2018 – 2022

September-2017

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ABBREVIATIONS

ANDS	Afghanistan National Development Strategy
AEDS	Afghan Eye Doctor Society
BHC	Basic Health Center
BPHS	Basic Package of Health Services
CHC	Comprehensive Health Center
CHD	Community Health Directorate
CME	Continuous Medical Education
CPD	Continuous Professional Development
DH	District Hospital
DG	Directorate General
DR	Diabetic Retinopathy
EMR	Eastern Mediterranean Region
EHC	Eye Health Care
EPHS	Essential Package of Hospital Services
EHIS	Evaluation and Health Information System
ECSAT	Eye Care Services Assessment Tool
GDPM	General Directorate of Preventive Medicine
GIHS	Ghaznfar Institute of Health Science
GDP	Gross Domestic Product
GP	General Physician
HP	Health Posts
HSC	Health Sub Center
HC	Health Centre
HMIS	Health Management Information System
IAPB	International Agency for the Prevention of Blindness
IAM	International Assistance Mission
MDGs	Millennium Development Goals
MoPH	Ministry of Public Health
MHC	Mobile Health Clinics
M&E	Monitoring and Evaluation
MoE	Ministry of Education
MoPH	Ministry of Public Health
NC	National Coordinator
NCEH	National Committee for Eye Health
NMC	National Monitoring Checklist
OTTP	Ophthalmic Technician Training Program
PHC	Primary Health Care
RAAB	Rapid Assessment of Avoidable Blindness
RAAB+DR	Rapid Assessment of Avoidable Blindness + Diabetic Retinopathy
SDGs	Sustainable Development Goals
SWOT	Strengths, Weaknesses, Opportunities and Threats
TADDS	Tool for Assessment of Diabetes and Diabetic Retinopathy
UN	United Nation
WHO	World Health Organization

FORWARD

Eye diseases are common public health problem and formidable challenges in Afghanistan. WHO & IAPB estimate 1.5-2% prevalence of blindness about 1.5 Million people are visually impaired. Main causes of blindness in Afghanistan are reported to be cataract, corneal opacity (trachoma, VAD), refractive error, glaucoma and trauma. Studies show that blindness is more common in female than in male. More than 80% of blindness is avoidable and live in rural areas where eye care services are not available.

Eye care services are limited to few major cities; Blindness causing huge economic Impact in the society and country. There are a huge number of cataract backlogs; number of cataract surgeries perform at present in the whole country is below the incidence rate. Trachoma remains a public health problem in some areas of the country. Eye injury is also another problem due to mining and gunshot wounds.

The relatively higher prevalence of blindness and visual impairments accompanied with poor, economic status and relatively lower health profile, indicates major gaps in eye care, which needed an organized assessment and actions.

The major constraints in the delivery of eye care services are the lack of exact data on eye disease in the country, unequal distribution of human resources, inadequate infrastructure and availability of eye care services are concentrated just in Kabul and a few other regional Hospitals only. One of the major problems in Afghanistan in eye care is the lack of trained human resources for the eye care. Only few trained eye doctors and insufficient number of ophthalmic nurses are in the country and mostly in Kabul, which are much below than the number of human resources in the country. Availability of refractionist (Eye Technician) is another obstacle, while around 5 % of the schoolchildren are at risk of having refractions, which impaired their vision and they need for correction.

The national eye care coordination office of Ministry of Public Health working under the General Directorate of Preventive Medicine (GDPM) and directorate of Primary Healthcare (PHC) & have remarkable achievement related to eye care in the country, but still a lot to be done to prevent avoidable blindness. National eye care coordination office is responsible for coordination of Eye Care related programs & the National Committee for Eye Health (NCEH).

The Ministry of Public Health of the Islamic Republic of Afghanistan places reducing prevalence of blindness & visual impairment and improving the quality of eye health on its priorities. With this Strategic plan, the Ministry of Public Health once again demonstrates its commitment to provide quality eye health services available to all people in Afghanistan.

This revised Strategy will guide the MoPH in developing an implementation plan and annual work plans to address the eye health needs of the country. It will also guide the National Eye care Coordination Office, the Ministry as a whole, related ministries, donors, implementing agencies, the private sector and other partners to identify means of financing and implementing its priority areas.

I would like to thank the National Eye Care Coordination Office for the energy it put into the development of this revised Strategic plan. Working with the NECCO have also been many vital partners in eye health, without whose support and technical expertise this strategy would not have been able to take its final form.

I am confident that the MoPH and its many partners will coordinate their efforts in implementing this strategic plan; they will succeed in developing a strong eye health partnership from which all Afghan will benefit.

The MoPH warmly recommends its partners to use this strategic plan as an important tool that will help to promote the ongoing development of the health system of Afghanistan for the benefit of the Afghan people.

Sincerely,

Feda Mohammad Paikan MD, MPH

Deputy Minister for Health Care Services Provision

Minister of Public Health

September 2017

ACKNOWLEDGMENT

The General Directorate of Preventive Medicine of the Ministry of Public Health would like to acknowledge the National Eye Care Coordinator (Dr.Ahmad Shah Salam) of Ministry of Public Health & all members of the National Eye Health committee for organizing the National Eye Health Strategic Planning Workshop, which provided a forum for consideration of this five year eye health strategic plan in line with the WHO Global Action Plan for Universal Eye Health 2014 - 2019. We express our sincere appreciation to all MOPH participants and Eye Care implementing partners who came from the provinces and national level to gather updates on the eye health situation, and share their experiences.

In addition to thanking representatives of WHO-EMR & Kabul Office who were present at & facilitate the workshop, we would like to acknowledge the HealthNet TPO, IAM and the Eye Care professionals for their technical support, who made it possible to bring all stakeholders of eye health together. The experts from HNI deserve special mention for their invaluable technical guidance and ensuring that Afghanistan's National Eye Health Strategic Plan is comprehensive, effective and will have a significant impact in terms of avoidable blindness & visual impairment.

All the best,

Dr. Sayed Qamaruddin Hafiz

Director General of Preventive Medicine

September 2017

EXECUTIVE SUMMARY

The eye care strategy will be formulated in the framework of the National Health Strategy which in turn is in line with the Afghanistan Development Strategy.

The Eye Care strategy is the five year national action plan on eye health. The Ministry of Public Health, Islamic Republic of Afghanistan, in collaboration with the World Health Organization (WHO) Eastern Mediterranean Regional office(EMRO); organized a three-day strategic planning workshop from 11 to 13 May 2015 in Kabul. The objective of the workshop was to develop a national eye health strategy with action plan for 2016–2020 in accordance with the WHO Global Action Plan 2014 -2019 towards universal eye health.

The workshop was held under the auspices of the Ministry of Public Health, Islamic Republic of Afghanistan and WHO. It was attended by the participants representing the Ministry of Public Health - Islamic Republic of Afghanistan, WHO country Office, Kabul & EMR Office, Afghanistan Eye Doctors Society, University Eye Hospital, IAM, SERVE, Blind school of Ministry of Education, health administrators and the private sector.

During the consultative meeting, eye health care delivery systems were reviewed in accordance with WHO framework for action for health system strengthening, and availability of minimum service delivery standards at different tiers of health care delivery system. It also reviewed the current available data on the status of eye health, human resources, services and facilities for eye care in Afghanistan.

Participatory sessions were held in which groups deliberated on eye health in the context of WHO's health systems building blocks (service delivery, medical products and technology, health workforce, health information, health financing, and leadership and governance). The groups also discussed implications for research and priorities for achieving quality. The strategies formulated were aligned with the current thinking of health systems strengthening and the WHO Global Action Plan for universal eye health 2014 - 2019.

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 Global Action Plan 2014-2019 Aims to sustain and expand efforts by Member States, the Secretariat and International partners to further improve eye health and to work towards attaining the vision just described. Its goal is to reduce avoidable visual impairment 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.

Eye diseases and blindness are common public health problems in Afghanistan. Studies show that blindness is more common in females than in males. Health facilities and eye care infrastructure were destroyed by the long war. An estimate of five hundred thousand people is blind in Afghanistan, cataract being the major cause. Every year around 25000 Afghans loose vision in one of their eyes. Eye care services are limited to few major cities. There are a huge number of cataract backlogs, with around ten to twenty thousand cataract surgeries being performed at present in the whole country, mainly through the support of NGOs, which is far below the incidence rate.

One of the major problems in Afghanistan in eye care is the lack of trained human resources for the eye care. Only few trained eye doctors and insufficient number of ophthalmic nurses are in the country and mostly in Kabul, which are much below the number of human resources in the country. Availability of eye technicians is another obstacle, while around 5 % of the schoolchildren are at risk of having refractions, which impaired their vision and they need correction.

VISION OF THE MINISTRY OF PUBLIC HEALTH

All citizens reach their full potential in health contributing to peace, stability and sustainable development in Afghanistan.

VALUES OF THE MINISTRY OF PUBLIC HEALTH

Equity Integrity Right to Health Accountability Trust

THE MISSION STATEMENT OF THE MINISTRY OF PUBLIC HEALTH

The Mission Statement of the Ministry of Public Health of the Government of the Islamic Republic of Afghanistan is to prevent ill health and achieve significant reductions in mortality in line with national targets and sustainable development goals and to reduce impoverishment due to catastrophic health expenditure. Also to be responsive to the rights of citizens through improving access and utilization of quality, equitable, affordable health and nutrition services among all communities especially mother and children in rural areas, and through changing attitudes and practices, promoting healthy lifestyles and effectively implementing other public health interventions. All in coordination and collaboration with other stakeholders within the framework of strong leadership, sustained political will and commitment, good governance, and effective and efficient management; in its continuous pursuit to become a ministerial 'institution of excellence'.

BACKGROUND

Afghanistan is a landlocked country located within south and central Asia It has a population of approximately 30,552,000 million (WHO, 2013), with total GDP 20.84 Billion calculated based on purchasing power (Bank, 2014). The life expectancy at birth is 63.6 years for male and 64.2 for female (MoPH, 2010a; WHO, 2013). The under-five mortality rate is 97 for each 1000 live births in both sexes (MoPH, 2010a). Total expenditure on health per capita is 55.59 USD which is just 8% of the total expenditure on health as percentage of gross domestic product (GDP) (National Health Accounts, 2013).

Eye diseases are common public health problem & formidable challenges in Afghanistan. WHO & International Agency for Prevention of Blindness IAPB estimate prevalence of blindness at 1.5 –

2% (around 500 000 people), about 1.5 million people are visually impaired. Main causes of blindness in Afghanistan are reported to be cataract, corneal opacity (trachoma, VAD), refractive error, glaucoma and trauma. Studies show that blindness is more common in females than in males. More than 80% of blindness is avoidable and affected persons live in rural areas where eye care services are not available. Eye care is mainly provided by the NGOs, who are charging fee for the services, where about 60% of the population cannot afford to pay.

Every year around 25000 Afghans loose vision in one of their eyes. Eye care services are limited to few major cities; and about 80% of the country has no access to eye care services. Blindness causing huge economic impact in the society and country. There are a huge number of cataract backlogs, with around 20000 cataract surgeries being performed every year at present in the whole country, which is below the incidence rate. Trachoma remains a public health problem in some areas of the country. **Eye injury is also another problem due to land mines and gunshot wounds. Afghanistan has limited trained human resources for eye care.**

Based on the Rapid Assessment of Avoidable Blindness (RAAB) Survey in the country, the prevalence of blindness is 2.49 (Male: 2.07%, Female: 3.15%), the prevalence of sever visual impairment is 6.25(Male: 5.37%, Female: 7.66%), the prevalence of moderate visual impairment is 11(Male: 10.375, Female: 12.16%). The main causes of blindness in the country are cataract, glaucoma and trachoma (Jadoon, 2011).

The relatively higher prevalence of blindness and visual impairments accompanied with poor, economic status and relatively lower health profile, indicates major gaps in eye care, which needed an organized assessment and actions (Jadoon, 2011).

There are around 148 ophthalmologists, 46 ophthalmic technicians, 06 Optometrists, and 65 nurses trained in ophthalmology. Under the present circumstances, eye care is not considered a necessarily high priority in Afghanistan. The major constraints in the delivery of eye care services are the lack of exact data on eye diseases in the country, unequal distribution of human resources, inadequate infrastructure and availability of eye care services are concentrated just in Kabul and a few other regional hospitals only.

The National Eye Care is the only department established in the Ministry of Public Health under the General Directorate of Preventive Medicine (GDPM). It is responsible for coordination of Eye care related programs.

INTRODUCTION

The Sixty-sixth World Health Assembly, having considered the report and the draft global action plan 2014–2019 on universal eye health, recalling resolutions WHA 56.26 on elimination of avoidable blindness and WHA 59.25 and WHA 62.1 on prevention of avoidable blindness and visual impairment, recognized that the global action plan 2014–2019 on universal eye health builds upon the action plan for the prevention of avoidable blindness and visual impairment for the period 2009–2013.

Realizing that globally, 80% of all visual impairment can be prevented or cured and that about 90% of the world's visually impaired live in developing countries, and knowing the linkages between some areas of the global action plan 2014–2019 on universal eye health and efforts to address non communicable diseases and neglected tropical diseases endorsed the global action plan 2014–2019 on universal eye health. WHA Resolution 66.4/ the global action plan 2014-2019 on universal access to eye health”, urges Member States:

- (1) To strengthen national efforts to prevent avoidable visual impairment including blindness, though, inter alia, better integration of eye health into national health plans and health service delivery, as appropriate;
- (2) To implement the proposed actions in the global action plan 2014–2019 on universal eye health in accordance with national priorities, including universal and equitable access to services;
- (3) To continue to implement the actions agreed by the World Health Assembly in resolution WHA 62.1 on prevention of blindness and visual impairment and the action plan for the prevention of blindness and visual impairment for the period 2009–2013;
- (4) To continue to support the work of the WHO Secretariat to implement the current action plan up to 2013;
- (5) To consider program and budget implications related to implementation of this resolution within the context of the broader program budget;

The three strategic objectives outlined in the global action plan include:

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

Objective 2: encourages the development and implementation of integrated national eye health policies, plans and programs to enhance universal eye health with activities in line with WHO framework for action for strengthening health systems to improve health outcomes¹

Objective 3: addresses multi-sectorial engagement and effective partnerships to strengthen eye health,

Taking into consideration the **WHO EMR regional guidelines to develop national eye health plans in line with the global action plan** by reorienting the national eye health plan using a health systems framework with particular emphasis to achieve universal access, **WHO Health Systems Framework** by formulating the strategic program areas of the National Eye Health Plan according to the health systems building blocks, and recognizing quality and research as the bedrock for the national plan. **The WHO Global Action Plan for Universal Eye Health** by its focus on eye health research for policy advocacy, **IAPB and WHO Global Initiative for Avoidable Blindness, VISION 2020 – The Right to Sight** by focusing on key eye health priorities, **Regional Guidelines for Developing National Eye Health Plans and aligning them with the Global Action Plan**, the key recommendations of a regional workshop held in March 2014 to guide Eastern Mediterranean Region Member States on developing and implementing national plans of Avoidable Blindness 2014-2019 in line with the WHO Action Plan ‘Towards Universal Eye Health’ within the framework of the Health System², The Ministry of Public Health, Afghanistan, in collaboration with WHO Country Office / EMR Office organized a three-day strategic planning workshop from 11 to 13 May 2015 in Kabul to develop a national eye health strategy with action plan for 2015 – 2020 in line with the WHO Global Action Plan 2014 -2019 for Universal Eye Health. The meeting was held under the auspices of the Ministry of Public Health and WHO/EMRO. It was attended by fifty participants from the Ministry of Public Health, WHO and representation from ophthalmologists, ophthalmic nurses, health educators, health administrators and private sector. The list of participants is shown in the annex.

The meeting reviewed the 2nd Five Year Plan for Eye Health 2009 -2014 and the WHO Health Systems Framework. It also reviewed the current available data on the status of eye health, human resources, services and facilities for eye care in the Islamic Republic of Afghanistan.

¹ Everybody’s business: strengthening health systems to improve health outcomes: WHO’s framework for action. World Health Organization Geneva, 2007

² Summary report on the Regional workshop to guide Eastern Mediterranean Region Member States on developing and implementing national plans of Avoidable Blindness 2014-2019 in line with the WHO Action Plan ‘Towards Universal Eye Health’ within the framework of the Health System. Cairo, Egypt 18–20 March 2014. WHO Regional Office for the Eastern Mediterranean

Participatory sessions were held in which groups deliberated on eye health in the context of WHO's health systems building blocks (service delivery, medical products and technology, health workforce, health information, health financing and leadership and governance).

The groups also discussed implications for research and priorities for achieving quality. The strategies formulated were aligned with the current thinking of health systems strengthening and the WHO Global Action Plan for Universal Eye Health 2014 - 2019.

MOPH TOP POLICY PRIORITIES AND PLANNED RESULTS FOR EACH STRATEGIC AREA:

No.	Strategic Area	Top policy priorities	The planned result for each strategic area
1	Governance	✓ especially ensuring the enforcement of anti-corruption measures and having mutual accountability	Enhanced, strengthened, and accountable health sector governance decisively instituted, with strong and visible leadership and evidence-based advocacy at all levels.
2	Institutional development	Institutional development – the functioning of the Ministry of Health as an effective state institution, and institutional and management culture, style and practices	Strengthened, expanded, and sustainable health system with well-functioning institutions.
3	Public health	Public health especially changing attitudes, perceptions and practices, combatting malnutrition, the prevention of non-communicable diseases, the eradication of polio, and prevention and control of other communicable diseases and controlling the quality of imported food	Reduced preventable death, illness, and disability through provision of cost-effective, high-impact, evidence-based public health interventions.
4	Health services	Health services especially improving access to, and the sustainability of, quality primary health care and public health particularly for mothers, the new born, children and adolescents, as part of a direction towards universal health coverage and improving the quality of clinical care, and more and better quality specialist tertiary care in partnership with the private sector and controlling the quality of imported pharmaceuticals	Improved and expanded quality health services provided in an equitable and sustainable manner across all geographic areas and population groups through more effective and efficient use of existing resources, thus achieving better value for money.
5	Human resources for health	Human resource management especially merit based appointments, clarity about functions and workloads and the motivation of staff	Competent and motivated health workforce effectively developed, deployed, and retained in line with current and future requirements in an efficient and cost-effective manner.
6	M&E, health information, learning, and knowledge/evidence-based practices		Strengthened monitoring, evaluation, surveillance, health information, and an improved culture of learning and knowledge management, resulting in increased evidence-based decision making and practices at all levels of the health system.

THE NATIONAL HEALTH STRATEGY (NHS) REFERS TO EYE CARE PROBLEMS AS FOLLOWS

“One of the major problems in Afghanistan in eye care is the lack of trained human resources for the eye care. Only few trained eye doctors and insufficient number of ophthalmic nurses are in the country and mostly in Kabul, which are much below than the number of human resources in the country. Availability of refractionists (Eye Technician) is another obstacle, since around 5 % of school-age children are likely to have a refractive error that causes sufficient impairment of vision to need spectacle correction”. (Page 45 of MoPH, NHS document.)

OVERVIEW OF THE AFGHANISTAN NATIONAL EYE HEALTH PLAN 2018 -2022

Aim of the National Eye Health Plan Universal Access to Eye Health in Afghanistan

Service Delivery

Thematic Goal

Effective, efficient and high quality eye care services at all levels of health care

Medical Product & Technology

Thematic Goal

Standardized and update technology medical products available for eye health services

Eye Health Workforce

Thematic Goal

Adequate and skilled eye health workforce available to meet regional and institutional needs and strengthened capacities of PHC workforce in eye health promotion and prevention of VI/blindness

Purpose of National Eye Health Plan Strengthening of Eye Health Care within the Health System Framework of Afghanistan

Eye Health Information

Thematic Goal

A well-integrated eye health information system that is accurate, timely and meets regional, institutional and planning needs for eye care service delivery established

Eye Health Financing

Thematic Goal

Improved health financing capacity for eye health services in Afghanistan

Leadership & Governance

Thematic Goal

Innovative and improved planning, management, coordination and accountability to improve access, quality and equity for eye health services

Improving Access & Quality of Care

Thematic Goal

Access & quality of eye health services of health system improved

Research in Eye Health

Thematic Goal

Generate reliable evidence based data for eye care in Afghanistan

SERVICE DELIVERY

Thematic Goal	Effective, efficient and high quality eye care services at all levels of health care
Background and Rationale	<p>Estimated data indicate that around 500.000 Afghans are blind and 1.5 million are visually impaired. The main causes of blindness are cataracts, corneal scarring, retinal degenerations and glaucoma.</p> <p>The Afghan health system has an extreme lack of eye care services, especially in rural areas where up to 80% of potential patients are expected. Eye care services are relatively inadequately available and if available are concentrated in big cities which are not accessible to most of the people throughout the country. Most of the services are centralized, lacking necessary equipment and the required human resources. People in the remote areas of the country are completely without eye care services. Fortunately, primary eye care was integrated with the Basic Package of Health Services, but the secondary eye care services are still not part of all Essential Packages of Hospital Services. Private ophthalmic care is more expensive. In 2010 MoPH started to introduce provincial mobile eye care teams in order to reach out to the remote rural areas.</p>
Outcomes / Objectives	<ol style="list-style-type: none"> 1. Prevalence of blindness reduced by 15 % by the year 2022 2. The Cataract Surgical Rate (CSR) enhanced to at least 1500 per million per year to catch up with the huge backlog of patients; 3. Primary eye care services provided by all BPHS centers <p>Kabul Noor Eye Hospital, Kabul University eye Hospital & NOOR Eye Care Training centers provided services & trained eye care cadres on subspecialty</p>
Brief Strategy	<ol style="list-style-type: none"> 1. Discussion and Coordination with GCMU to improve the integration of primary eye care into BPHS, minimum service delivery standards developed and training for BPHS staff; Best practice protocols and clinical management guidelines developed for primary, secondary and tertiary hospitals; 2. Secondary eye care services provided or strengthened at Provincial Hospitals.

	3. Resources mobilized and subspecialty units established at Kabul Noor Eye hospital, NOOR Eye Care Training center and Kabul University Eye Hospital,							
	4. Formal collaboration with special education and social welfare departments, and Higher Council for Persons with Disabilities for establishing linkages and for developing low vision services.							
Indicators			Baseline		Targets			
Reduction in the prevalence of blindness			1.5%		1.25% by 2022			
Increase access to eye care services in the regional and provincial hospitals and BPHS centers			30%		60%			
Cataract surgical rate (CSR)			720/million		1500/million population			
% of referral from BPHS centers to eye care centers			TBD		50% increase			
Key Actions/Activities	Responsibility and Coordination	Estimated Cost	Activity Timeline in years					
			1	2	3	4	5	6
1. Meeting with GCMU directorate to formulate plan for primary eye care training on primary eye care	GCMU Directorate & NC		P&S	x	x	x	x	
2. National Committee establishes priorities for tertiary Hospital for the development of diabetic retinopathy screening program;	NCEH NC	200\$	P&S	x				
3. National Coordinator / National committee for eye health prioritizes the need based remote areas for the execution of free cataract surgical out-reaches;	NC MOPH		P&S	x	x	x	x	
4. Develop subspecialty services in vitreous-retina, pediatric ophthalmology, and low vision rehabilitation etc. at Kabul University Eye Hospital/KNEH & NOOR Eye Care Training center,	NCEH NC	300000\$	P&S	x	x	x	x	

MEDICAL PRODUCTS AND TECHNOLOGIES

Thematic Goal	Standardized and update technology and medical products available for eye health services
Background and Rationale	<p>Currently few BPHS centers are delivering eye care services, and there is a need to build up the capacity in primary eye care of doctors and paramedics who could identify different eye conditions, provide basic treatment and refer patients to the appropriate referral centers.</p> <p>There are 8 well established eye care centers across Afghanistan. These centers are delivering primary, secondary and tertiary level eye care; and out of these said eye care facilities, few are rendering services not only to the urban and rural catchments areas of the province where situated but also to the neighboring provinces.</p> <p>Tertiary level eye care facilities do not have developed sub-specialties of glaucoma, pediatric ophthalmology, vitreous retina and low vision assessment and rehabilitation services; also there is no resource institution across the country for the training and capacity building of all eye care cadres. Furthermore, there is no standard list of medication and ophthalmic equipment available for primary, secondary and tertiary eye care services.</p>
Outcomes / Objectives	<ol style="list-style-type: none"> 1. Primary, secondary and tertiary eye care centers equipped with eye medications and ophthalmic equipment based on standard list. 2. Tertiary hospitals are equipped for subspecialty services according to priority plan in service delivery (pediatric ophthalmology, vitreous retina, glaucoma clinics and low vision rehabilitation clinics).
Brief Strategy	<ol style="list-style-type: none"> 1. National Committee reviews and establishes minimum service delivery standards(MSDS) deliverable at primary, secondary and tertiary level of eye care, and considering the proposed MSDS, lists of eye medications,

	consumables, disposables and ophthalmic equipment will be developed and submitted to MoPH for implementation.							
	2. BPHC services undertake visual acuity testing, external eye examination, emergency first aid							
	3. Provincial hospitals adequately equipped to perform basic eye surgery like that of cataracts,							
	4. Eye health promotion and prevention material developed							
	5. Considering the provision of subspecialty eye care services at tertiary hospitals, the relevant infra-structure and technology will be strengthened.							
Indicators			Baseline		Targets			
1. % BPHS centers equipped as per standard list of medication and ophthalmic equipment			TBD		100%			
2. % of provincial hospital eye units established and equipped as per standard list of medication, supplies and ophthalmic equipment			TBD		50%			
3. Eye departments at tertiary hospitals strengthened and equipped as per standard list			TBD		80%			
4. 4. Sub-specialized resource center developed as per standard list of equipment.			0.00%		100% (one center)			
Key Actions/Activities	Responsibility and Coordination	Estimated Cost	Activity Timeline in years					
			1	2	3	4	5	6
Set up a Low Vision Working group to develop standard list of equipment, assessment materials, tests and low vision devices, for the development of a resource center at Kabul University Hospital / Tertiary facility,	NCEH NC MoPH	100\$	P&S	x				

Set up a working group to develop list of essential ophthalmic equipment to establish sub-specialized units for pediatric ophthalmology, vitreous, retina, and glaucoma at the eye department of Kabul University Hospital. / Tertiary hospitals	NCEH NC MoPH	100\$	P&S	x	x	x	x	
Write a TOR for working group to develop the curriculum and list of equipment needed to develop an Institute of Ophthalmology and Allied Vision Sciences in the country	NCEH NC, WHO, IAPB, INGO, MoPH	000\$	P&S	x				
Stakeholders meeting and networking with potential donor organizations to mobilize resources to bridge the funding gaps in developing eye care services and strengthening of eye health institutions.	NC, MoPH, WHO, IAPB, INGOs	1500\$	P&S	x	x	x	x	

EYE HEALTH WORKFORCE

Thematic Goal	Adequate and skilled eye health workforce available to meet regional and institutional needs and strengthened capacities of PHC workforce in eye health promotion and prevention of visual impairment/blindness
Background and Rationale	<p>An appropriately trained workforce serves as the link between infrastructure and technology on the one hand and the processes required controlling avoidable causes of blindness and visual impairment on the other. In many countries, the work force is limited by shortages, low productivity, mal-distribution and suboptimal outcomes. All these factors are also applicable in the eye care services delivery system in Afghanistan.</p> <p>Eye care is part of the Basic Package of Health Services (BPHS), which is contracted-out to the NGOs to be implemented throughout the country. The primary eye care service have already been partially integrated into BPHS, but the Secondary Eye Care services are not fully integrated into the secondary Health Care Package called, EPHS (the Essential package of Hospital Services) and the eye care personnel need to be deployed at the already established health care institutions from the community up to the national levels.</p> <p>Over time, the required proficiency in surgical and diagnostic skills needs capacity building in ophthalmological updates as newer techniques and technologies have been developed and introduced; especially there is an urgent need to enhance the clinical and surgical skills of the ophthalmologists who are working at remote hospitals.</p> <p>There are 148 ophthalmologists in Afghanistan, mostly concentrated in Kabul. There is limited subspecialty care being provided at MoPH tertiary level hospitals. There is need to sequentially develop subspecialists in priority areas. There has been no formal or obligatory system of continuing professional development.</p>

Outcomes / Objectives	<ol style="list-style-type: none"> 1 Subspecialists deployed for pediatric ophthalmology, vitreous retina, glaucoma clinics and low vision rehabilitation clinics 2 Essential eye health workforce team developed in provincial hospital: <ul style="list-style-type: none"> ○ 1 ophthalmologist ○ 1 ophthalmic technician ○ 2 ophthalmic nurses ○ two ophthalmologists for pediatric ophthalmology and two for vitreous retina surgery trained 3 Subspecialists trained in priority areas of pediatric ophthalmology, vitreous, retina, glaucoma diagnostics procedures and management, ophthalmic LASER application, and low vision rehabilitation;
Brief Strategy	<ol style="list-style-type: none"> 1. Master trainers in primary eye care will be trained in all provinces for the training of BPHS staff and cascade knowledge and skills to general physicians and paramedics; 2. On rotation basis, ophthalmologists deployed at provincial & regional hospitals will be attached to tertiary hospitals for short term training to update their knowledge and skills, 3. Master trainers in sub-specialties (pediatric ophthalmology, vitreous, retina, glaucoma surgical management and low vision assessment and rehabilitation) will be developed. 4. Curricula for ophthalmic technicians, ophthalmic nurses, and optometrists developed, integrated and got approved from the relevant accreditation institute/GIHS. 5. Networking with other relevant eye care providers to train doctors responsible for newborn health care to detect & timely refer newborn with eye problems especially retinopathy of prematurity.

Indicators			Baseline		Targets			
1. Ophthalmologists per 100,000 population			1/200000		1/100,000			
2. Ophthalmic nurses per 100,000 population			1/300000		2 /100,000			
3. ophthalmic technicians			1/300000		2/100000			
4. % of General physicians and med-level cadres of BPHS centers trained in PEC			1/300000		100%			
5. % of CHW trained in primary eye care			TBD		100%			
6. % BPHS centers providing eye health care and promotion			TBD		>80%			
7. Number of ophthalmologists having had post fellowship training in sub-specialties			TBD		02 of each discipline by 2020			
Key Actions/Activities	Responsibility and Coordination	Estimated Cost	Activity Timeline in years					
			1	2	3	4	5	6
1. Identify eye health workforce needs and deployment feasibility and integrate workforce development planning into health workforce development national plans of MOPH	National Committee for Eye Health NC	Lump sum 100000\$	P&S	x	x	x	x	
2. Submission of proposal on the creation of post for different eye care cadres at different levels of health care (especially secondary level)	NC MoPH		P&S	x	x	x	x	

<p>3. Develop primary eye care training Packages and eye health promotion materials, in collaboration with GCMU.</p> <p>Capacity Building Directorate conduct ToTs followed by PEC training trickled down to general physicians, paramedics in BPHS Centers.</p>	<p>NC GCMU MoPH</p>	<p>1000\$ 10000\$</p>	<p>P&S</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	
<p>4. Deployment of ophthalmologists, and mid-level eye care personnel as per plan at each tertiary and secondary hospital.</p>	<p>MOPH NC</p>		<p>P&S</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	
<p>5. Integrate OTTP to GIHS to insure sustainability of training eye care technicians</p>	<p>MoPH , IAM, NCEH, GIHS,</p>	<p>4000\$</p>				<p>x</p>	<p>x</p>	

EYE HEALTH INFORMATION

Thematic Goal	To establish a well-integrated eye health information system that is accurate, timely and meets regional, institutional and planning needs for eye care service delivery in Afghanistan
Background and Rationale	<p>At present, we do not have regular mechanism on data collection on identified and agreed eye health indicators as part of national health management information system. Different institutions and eye departments do have their data repository, but flow of information to national data bank does not exist.</p> <ol style="list-style-type: none"> 1. There is no data available from other sectors like Universities, Private sectors 2. There is limited research and survey done for the prevalence and main causes of blindness and low vision <p>Data must be collected and analyzed periodically so as to assess and evaluate disease trend, burden, outcome after interventions and for use in strategy development and planning</p> <p>These data should be integrated with the health information system in general</p>
Outcomes / Objectives	<ol style="list-style-type: none"> 1. The national health management information system provides eye health data to MOPH for policy development and planning 2. An eye health information system is integrated within the consolidated national strategy and plan for development of a data collection system in the health sector. 3. A national Eye Care and Health Observatory (ECHO) established for collection and collation of information, analysis and documentation. 4. A system developed for monitoring and evaluation of eye health information.

Brief Strategy	<ol style="list-style-type: none">1. Combined planning meetings shall be held amongst national eye health committee, national health management information system directorate, and relevant directorates to identify eye health information needs, determine what is available in the existing system, and what additional but essential eye health indicators need to be integrated for data collection and analysis;2. An eye health update report shall be presented to NEHC every quarter and annually for monitoring the progress of the national eye health plan;4. A website shall be developed for the national eye health program for improved communications in collaboration with HIS.												
Indicators						Baseline			Targets				
<ol style="list-style-type: none">1. Eye Health Information system developed Hospital and primary health care services based data generated and reported2. Quarterly and annual reports generated by HMIS and NMC including eye health components;3. Annual report based on statistics and operational aspects of eye health for Afghanistan.									Eye health indicators are incorporated in the NHMIS and NMC				
Key Actions/Activities				Responsibility and Coordination		Estimated Cost		Activity Timeline in years					
								1	2	3	4	5	6

1. Coordinate with the directorates of Health Management Information System & Monitoring and Evaluation to develop and integrate key performance indicators on eye health	HMIS SM NC/National Committee for Eye Health M&E		P&S	X	X	X	X	
2. Develop appropriate data collection forms and information flow for integrating eye health indicators in HMIS and NMC	NC NCEH, HMIS M&E	200\$	P&S	X	X	X	X	
3. Orient eye care providers in use of eye health data forms	HMIS Directorate NC	5000\$	P&S	X	X	X	X	
4. Develop and periodically update a data base for the national eye health program?	NCEH HMIS	5000\$	P&S	X	X	X	X	
5. Produce a quarterly and annual progress report on eye health	HMIS		P&S	X	X	X	X	
6. Apply WHO ECSAT, TADDS and RAAB tools to get periodic status of eye care services and epidemiological data on avoidable blindness.	NC	100000\$	P&S	X	X	X	X	

EYE HEALTH FINANCING

Thematic Goal	Improved health financing capacity for eye health services for Afghanistan
Background and Rationale	<p>Primary health services in Afghanistan are generally covered by the government and tertiary care provided by government, NGOs and private sector. At present due to socio-economic situation there is not a health insurance scheme in the country. According to the finding of the National Health Account 2011-2012 total health expenditure is 1.5 billion USD, the total expenditure per capita is USD 56, total Household OOP spending as percentage of Total Health Expenditure is 73%, and total household OOP spending per capita is USD 41.</p> <p>In view of the government's commitment to universal eye health resolved at the World Health Assembly meeting in May 2013, this plan has been developed according to the requirements of the Global Action Plan 2014-2019 and therefore presents a unique opportunity for alleviating needless visual impairment through strengthening of health systems. It also presents an opportunity for incorporating eye care infrastructure and health workforce needs in health development plans.</p>
Outcomes / Objectives	<ol style="list-style-type: none"> 1. National eye health action plan 2018-22 incorporated in the MoPH national health strategic plan. 2. Eye care infrastructure and technology needs to be incorporated in the health development plans. 3. National eye health plan financing integrated under relevant existing budget lines of the health department.
Brief Strategy	<ol style="list-style-type: none"> 1. Meeting with the stakeholders to get orientation on health planning and budgeting processes, procedures and practices in place for financing eye health components; 2. Engage with the planning team in MOPH to streamline and ensure that needs of eye care services (Human resource development, infrastructure and technology for strengthening and development of eye care, and outreach activities) are incorporated in health development and financing plans; 3. Collaborate with WHO, Corporate sector, NGOs, INGOs and other international partners to mobilize resources to bridging the financial gaps for eye health programs.

Indicators			Baseline		Targets			
1. Number of National Eye Health activities incorporated in annual health development and budgeting plans 2. % Increase in financing for eye health			TBD					
Key Actions/Activities	Responsibility and Coordination	Estimated Cost	Activity Timeline in years					
			1	2	3	4	5	6
1. Submit annual eye health proposals (derived from the National Eye Health Plan) in line with health planning and budgeting process	NC/NCEH		P&S	X	X	X	X	
2. Explore ways of expanding finance options by collaborating with other priority health programs; (e.g. nutrition, environmental health, maternal health, Disability Rehabilitation)	NC Community Health Directorate, Preventative Medicine Directorate General		P&S	X	X	X	X	

LEADERSHIP AND GOVERNANCE

Thematic Goal	Innovative and improved planning, management, coordination and accountability to improve access, quality and equity for eye health services in Afghanistan
Background and Rationale	<p>The national committee for prevention of blindness has been constituted and duly endorsed by the MoPH delegating leadership flag, but not been put into functions to fulfill actual needs of the country. The new national eye health plan based on WHO framework for health systems strengthening requires an improved governance structure that should be broad based which would provide a strategic direction and oversight on the implementation of the national action plan as per needs identified across the country and doing advocacy for eye health in the country</p> <p>It is imperative that a national governance structure be revitalized in the form of a national eye health working groups / task forces / committees that would be constituted by the NC/NCEH and endorsed by the chair of NCEH. During its regular annual, bi-annual and quarterly meetings, strategic decisions are taken, actions are proposed and implementation processes, outcomes and reports are critically reviewed, that a comprehensive eye care is made available which could be accessible to masses across the country. The strategic plan will contribute to the national strategic plan of MoPH to achieve MDG and SDGs if it is properly funded and implemented in letter and spirit of the national strategic eye health plan 2018-22</p>
Outcomes / Objectives	<ol style="list-style-type: none"> 1. Improved effectiveness of the national eye health committee. 2. Improved planning, implementation, management, monitoring and coordination capability by the national committee 3. Reviewing of the program , monitoring and evaluation (M&E) system operationalized for the national eye health plan 4. Performance review used for developing further strategies, planning and decision making 5. Research and evidence generation and advocacy in eye health

Brief Strategy	<ol style="list-style-type: none">1. It would be highly desirable for a formal National Committee for Eye Health to be notified by the Ministry of Health with clear terms of reference – the Committee should be broad based and would better once or twice per year chair by Director General preventive medicine of MoPH based on the agenda of the meeting, and National Coordinator will be functioning as Vice chair when the committee is being chaired by Director General of Preventive Medicine senior ophthalmologists who represent different regions, representation from eye hospitals , Universities, , CAH Department , Disability Rehabilitation Department ,Health Management Information System, Higher Council for Persons with Disabilities, President of Afghanistan Eye doctors Society, and executive director of OTTP, UN agencies, and national executives of the INGOs and NGO working in eye health sector etc. will be the members of the national eye health committee.2. Regional coordinators(volunteer) for prevention of blindness program may be nominated by NCEH and notified by the MoPH to facilitate implementation, monitoring and evaluation of programs under implementation;3. Certain task forces may be notified by the chair of national committee for eye health to develop certain protocols, guidelines, develop IEC materials or for any assignment of interest.4. NCEH keeps on monitoring and evaluation (M&E) of the system for the national eye health plan implementation, conducts performance reviews of the annual operational plans, develop a national eye health research agenda based on priorities in cooperation with HIS , designs a program of improving the research capacity of eye care professionals, CME(continuous medical education) and CPD(continuous professional development) ; and also develop a national database on eye care services and human resources.		
Indicators	Baseline	Targets	
<ol style="list-style-type: none">1. Number of monitoring visits conducted by NC/NCEH2. Number of of national committee for eye health meetings held per year, minutes of meetings and recommendations forwarded to MoPH3. Guidelines, protocols, IEC materials developed, and workshops conducted4. No of taskforces committee established and their meetings or achievements		At least four meetings of NCEH in a year	

Key Actions/Activities	Responsibility	Estimated Cost/\$	Activity Timeline in years					
			1	2	3	4	5	
1: Revitalize the National Committee for Eye Health (NCEH) considering composition, memberships and functionality with new terms of reference, get endorsement by the MoPH, and that it meets at least twice a year	MOPH NC GDPM/CHD	5000\$	X	X	X	X	X	
2: The Chair of NCEH notifies the memberships of different task forces (cataract program, diabetic retinopathy, refractive and low vision services development, human resource development, trachoma elimination program etc.)	Chairperson, NCEH NC		X	X	X	X	X	
3: Strengthen national coordination office in the MoPH and NCEH	MOH NC, PBL WHO,IAPB	35000\$	X	X	X	X	X	
4: Develop key performance indicators and M&E framework for the National Eye Health Plan and conduct bi-annual performance review meetings, midterm review and end program evaluation	NC NCEH EHIS WHO	10000\$	X	X	X	X	X	

RESEARCH AND EVIDENCE IN EYE HEALTH

Thematic Goal	Generate reliable evidence based data for eye care for better advocacy and planning
Background and Rationale	<p>There are no population based surveys conducted ever for the estimation of prevalence of blindness & visual impairment in Afghanistan, and prevalence of blindness, visual impairment & causes of blindness have always been estimated, so certain researches & assessments are required to determine access, coverage and impact of services and to provide reliable data needed for policy and decision makers for planning interventions to improve eye health. Currently, there is no eye health research agenda with priorities as well as insufficient data on the current state of eye health facilities and infrastructure.</p> <p>Research is required to determine access, coverage and impact of services and to provide reliable data needed for policy and decision makers for planning interventions to improve eye health outcomes. There is no coordination between different institutions involved in conducting the research, and a very limited dissemination and application of the research findings / results.</p>
Outcomes / Objectives	<ol style="list-style-type: none"> 1. A national eye health research agenda developed with priorities set in. 2. Strengthened research capacity among ophthalmologists through conducting time to time symposia on research methodologies, and active eye health research registry developed, and journal of ophthalmology issued / bi-annually 3. National database on eye health services and human resources developed and updated periodically to improve planning leading to better distribution of services ? 4. Assessments on the current status of eye care services, diabetic retinopathy management systems, and burden of avoidable blindness conducted using WHO tools of ECSAT, TADDS, and RAAB respectively. 5. Identify the gaps & evidence based allocation of resource which could lead to improved planning and better distribution of services.

Brief Strategy	1. Collect all research done during the past 5-10 years on eye health in Afghanistan and develop a registry and a database, explore and mobilize the technical support and financial resources to develop a research cell at Kabul University eye Hospital. 2. Convene a national consultation meeting with ophthalmologists, optometrists, public health professionals, health planners, and researchers etc. to review existing status of research in Afghanistan and develop an eye health research agenda with priorities in alignment with the National Health Research priorities. ? 3. Assess existing clinical services in the hospitals and outreach to determine current practices and identify gaps in quality, and design a training program for the ophthalmologists in the use of the cataract surgical outcome monitoring tool, and in quality and safety care needs for the eye care teams.							
Indicators			Baseline		Targets			
1. Number of eye care personnel trained in research methodology 2. Number of eye health research studies, assessments, surveys conducted and published per year 3. journal of ophthalmology issues / publications per year					80% 02			
Key Actions/Activities	Responsibility	Estimated Cost/\$	Activity Timeline in years					
			1	2	3	4	5	
1. Conduct a situation analysis of eye care services, infrastructure, facilities and human resources, to establish priorities and develop minimum service delivery standards	NC NCEH EHIS	30000\$	P&S	X	X	X	X	
2. Conduct an assessment on diabetic retinopathy and diabetes management systems in Afghanistan.	NC EHIS	25000\$	P&S	X	X	X	X	
3. Hold a national consultation meeting with ANPHI, health planners, public health professionals, nursing professionals, researchers to develop an eye health research agenda and priorities.	NC EHIS	500\$	P&S	X	X	X	X	

4. Meet with stakeholder organizations to know their plans for funding research and their processes – and submit research proposals for funding.	NC		P&S	X	X	X	X	
5. Work with different sectors (Universities, NGOs, INGOs, MoPH, IT, Biostatistics) to develop a capacity building module in research methodology and publishing research	NC NCEH EHIS	5000\$	P&S	X	X	X	X	
6. Strengthen capacity of ophthalmologists in the field of research methodology and publication	NC, NCEH MoPH EHIS	10000\$	P&S	X	X	X	X	
7. Advocacy on eye health to raise awareness amongst health policy makers, planners and decision makers	NC NCEH	15000\$	P&S	X	X	X	X	
8. Hold annual dissemination meetings with policy and decision makers, other stakeholders and service providers to share findings of completed research studies?	NC NCEH	5000\$	P&S	X	X	X	X	

IMPROVING ACCESS, QUALITY AND SAFETY OF EYE CARE

Thematic Goal	Access & quality of eye health services of health system improved
Background and Rationale	<p>WHO has identified quality as one of the components in the WHO framework for action for health system strengthening? Anecdotal data and findings from the Rapid Assessment of Avoidable Blindness (RAAB) survey, and assessment done on the status of eye care services in Afghanistan suggest that both the quantity and quality of cataract surgery in Afghanistan need to be improved.</p> <p>The new National Eye Health Plan has identified strengthening of primary, secondary and tertiary eye care services as fundamental to achieving universal access for eye health. These initiatives need to meet certain quality benchmarks. Currently, there is a lack of systematic review of practices and standards in eye care service delivery across all health care levels.</p> <p>The practicing ophthalmologists need capacity building sessions in the latest ophthalmological updates as part of their CME training and improvement in overall quality. The management and the associated staff members of the ophthalmic team also need capacity building and orientation sessions on public health issues, health education and promotion, public relations and customary services, participatory management techniques, and total quality management.</p>
Outcomes / Objectives	<ol style="list-style-type: none"> 1. Periodic clinical audits of eye care services undertaken at tertiary and secondary hospitals 2. Improve access to Eye care services 3. Clinical best practice management guidelines and protocols for eye care being used at secondary/tertiary eye care centers
Brief Strategy	<ul style="list-style-type: none"> ❖ A review of existing clinical eye care practices done in the hospitals to determine current practices and identify gaps in quality care; ❖ Standardization of eye care procedures and use of good practice guidelines and protocols. ❖ Full integration of eye care within BPHS & EPHS

Indicators			Baseline		Targets			
1: % Cataract surgical outcome with post-operative presenting visual acuity of better than 6/18 2: % of primary, secondary and tertiary eye care facilities adopting, following and implementing best practice guidelines, processes and protocols on minimum service delivery standards and quality checks in eye care delivery and management.			No accurate data available		>85% 100%			
Key Actions/Activities	Responsibility	Estimated Cost	Activity Timeline in years					
			1	2	3	4	5	6
1. Orient ophthalmologists and eye care teams in adoption of best practice guidelines and protocols on safety and quality in eye care	NC NCEH Ophthalmological Society, Afghanistan	10000\$	P&S	X	X	X	X	
2. Conduct training and capacity building sessions on ophthalmic updates and skills for the ophthalmologists working at regional and provincial level.	NC/NCEH Schedules at University Hospitals	25000\$	P&S	X	X	X	X	
3. Introduce use of cataract surgical outcome monitoring tool as part of routine practice	NC NCEH		P&S	X	X	X	X	
4. Conduct periodic patient satisfaction surveys, and disseminate findings in NCEH meetings	NC NCEH/MoPH	10000\$	P&S	X	X	X	X	
5. Periodic clinical audits are conducted; gaps in visual outcome and quality eye care	NC,	10000\$	P&S	X	X	X	X	

identified, reported as per administrative protocols and made part of hospital management records.	NCEH MoPH							
6. Deployment of eye care team in provincial hospitals and providing PEC through BPHS centers.	NC, PBL NCEH MoPH	600000\$	P&S	X	X	X	X	

ACTION PLAN FOR ONE YEAR

Key Actions / Activities	Responsibility	Q1, 2018	Q2, 2018	Q3, 2018	Q4, 2018
1: National eye health action plan submitted to MoPH	NC	Meetings held with GDPP MoPH, got endorsement by the competent authority, and to get approval and advocate for integration of NAP into NHP	Follow-up sustains	Follow-up sustains	Follow-up sustains
2: Revitalization of National Committee for Eye Health, and meetings held	NC	Proposal submitted for the restructuring of its memberships, got approval and notified.	Meeting of national committee for eye health convened on the implementation of NAP.		Meeting of national committee for eye health convened on the implementation of NAP.
3: Integration of Primary eye care into the BPHS service	NC	Standardized training package prepared, , and TOT schedule got approved. With GCMU	Training of doctors and paramedics of BPHS centers in PEC	Training of doctors and paramedics of BPHS centers in PEC	Training of doctors and paramedics in PEC
4: Development of comprehensive eye care services at Provincial hospitals (secondary level of eye care) Integration of eye care services to EPHS	NC	<p>Secondary eye care development plan submitted to NCEH, and provincial hospitals prioritized as per need.</p> <p>Proposal submitted to MoPH for the development of comprehensive eye care services at strategically prioritized provincial hospital year wise.</p>	Follow-up sustains	Follow-up sustains	Follow-up sustains

5: Human resource development in eye cadres of ophthalmic technicians and ophthalmic nurses at paramedical training institute / school and GIHS	NC ,IAM	Meeting with GIHS Place and faculty identified, curricula developed, submitted to concerned authorities to get approvals. Advertisement for the admission of students, and training started.	Training started, follow-up sustains,	Follow-up sustains,	Follow-up sustains,
6: Development of sub-specialties of pediatric ophthalmology, vitreous retina, glaucoma clinics, and low vision resource and rehabilitation center	NC, WHO, INGO,NGO	1: Plenary meetings held, stakeholders sensitized, and proposal submitted 2: Regional training institutions identified and negotiated with for getting training slots for the identified trainees, 2- personnel from each discipline got notified by MoPH authorities.	Nominees are sent to different training institutions, and follow up sustains	Follow-up sustains	Follow-up sustains
7: Execution of cataract outreach surgical camps in remote area of Afghanistan	NC MoPH	Proposal submitted to MoPH with the schedule of outreach surgical eye camps and calendar communicated to the concerned health facilities.	Eye camps execution started as per schedule	Eye camps conducted as per schedule	Eye camps conducted as per schedule
8. Preparation of standardized lists of essential medicines and ophthalmic equipment for primary, secondary and tertiary levels of eye care	NC	Standardized lists of medicines and ophthalmic equipment are prepared in the meeting of NCEH, and submitted to the MoPH for approval and implementation.	Follow-up sustains	Follow-up sustains	Follow-up sustains
9: Screening of Diabetic Retinopathy at strategically prioritized places	NC MoPH	Regional and Provincial Eye units are prioritized in the NCEH meeting. Proposal submitted to MoPH	Follow-up sustains	Follow-up sustains	Follow-up sustains

		for the provision of fundus camera and allied equipment to start screening for diabetic retinopathy			
10: Identification and incorporation of eye health indicators in the regular list of indicators being reported in the national HMIS and NMC	NC, HMIS M&E Directorate	Planning meetings are held amongst national eye health committee, national health management information system and M&E directorate, and to identify eye health. Eye health indicators developed in consensus with HMIS, and NHMIS agreed to incorporate them in the list of HMIS and NMC indicators for regular reporting.	Follow-up sustains	Follow-up sustains	Follow-up sustains
11: Eye health care Observatory developed to collect, collate, synthesize data and disseminate eye health information	NC, HMIS Directorate	Stakeholders meeting held, and eye data observatory developed	Follow-up sustains	Follow-up sustains	Follow-up sustains
12: Strengthened research capacity among ophthalmologists through conducting time to time symposia on research methodologies, and active eye health research registry developed, and journal of ophthalmology issued quarterly / bi-annually	NC, Research Cell	National symposium held on research methodologies Getting registration from accreditation body for the issuance of Journal of Ophthalmology	Follow-up sustains	Follow-up sustains	National symposium held on research methodologies

13: Implementation of surgical outcome monitoring tool across the country	NC, MoPH	Orientation session organized for ophthalmologists, and ophthalmic record keeping personnel, Surgical outcome monitoring tool implemented through a notification by the MoPH	Follow-up sustains	Follow-up sustains	Follow-up sustains
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EXPECTED RESULT

No	Objectives	Result	Source of information	Baseline	2017	2018	2019	2020	2021	Remarks
1	A. To integrate Eye Care in BPHS B. improve access to Eye Care	All BPHS centers provide ECS	NMC & HMIS	10%	15%	25%	50%	70%	80%	
2	To integrate Eye Care in EPHS to improve access in Eye Care	All EPHS centers provide ECS	NMC & HMIS	10%			40%		80%	
3	To improve quality and safety in Eye Care	High safety & quality level demonstrated in each HC	Standard relevant tools(Quality Improvement)	TBD	10	20	40	60	80	
4	To improve Capacity building and Trainings	Availability of skilled eye care teams across the country	Human Resource Data Base	10	12?	15	20	30	50	
5	To coordinate and Strengthen the referral System	Patients receive timely access to special services	HC NMC & HMIS	TBD			50%		70%	
6	To strengthen Eye Data flow by using the proper forms for collecting the relevant information from HFs for HMIS	Accessibility of effective eye care data	HMIS/M&E	TBD			50%		70%	

7	To establish proper Eye health care information System	Accessibility of effective eye care data	HMIS/M&E	10%					80%	
8	To provide standardized Eye health medicine & technology	standardized Eye health medicine & technology	HC inventory	TBD					70%	
9	To include Eye strategic plan and main intervention in the Health sector plan	Inclusion of EHP in National Health Plan-policy	National Health policy and strategy	TBD					100%	
10	To mobilize resources for Eye care	Sufficient resources for Eye Care		TBD					70%	
11	To strengthen governance for effective and efficient Eye care	Meeting targets		TBD						
12	To do research & create evidence in Eye care	Availability of evidence based information		TBD					50%	

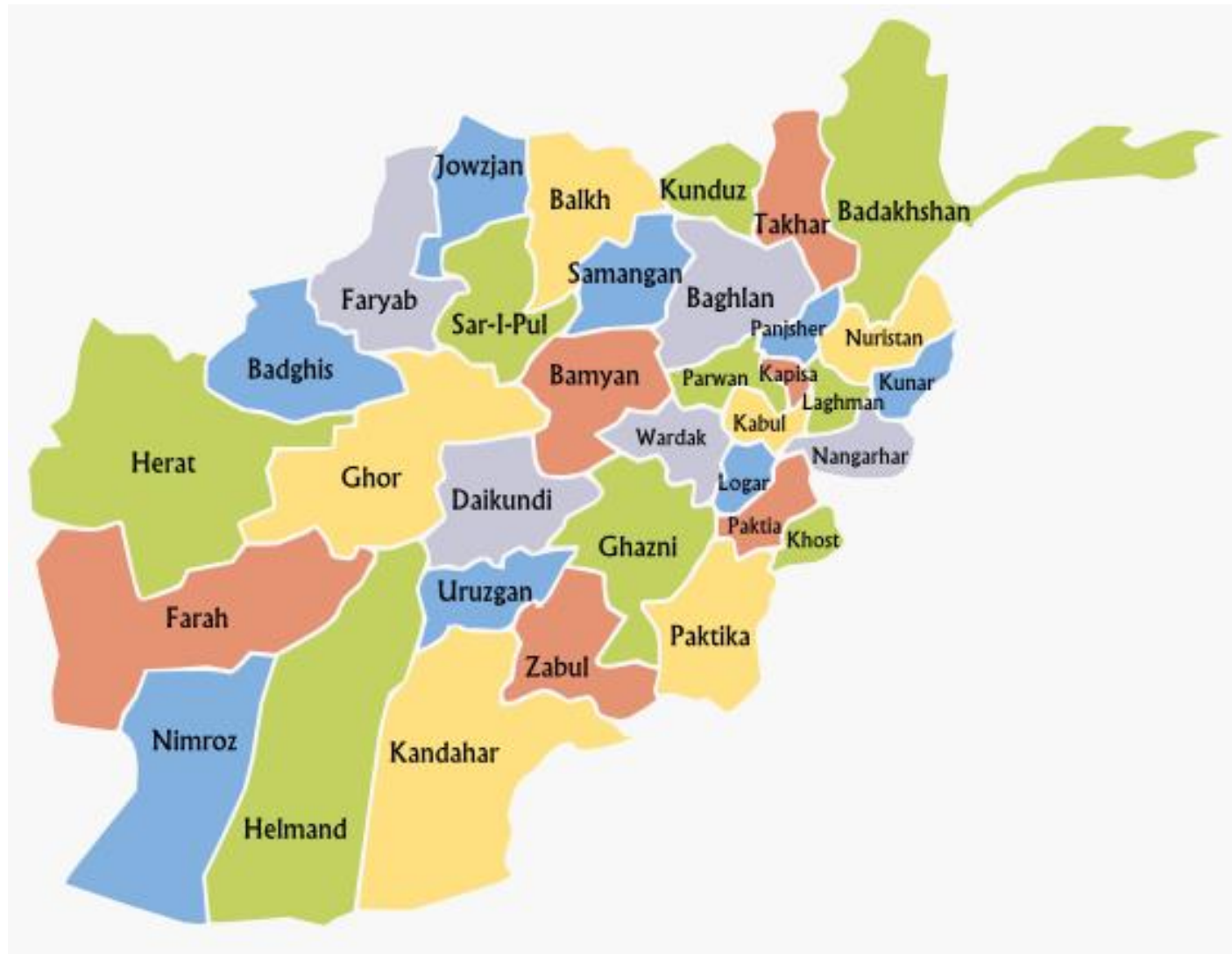
ANNEXES

LIST OF PARTICIPANTS

SN	Name	Organization
1	Dr. Maryam	Ophthalmologist - FMIC
2	Dr. Ahmad Shah Salam	National Eye Care Coordinator- MoPH
3	Dr. Rafiqullah Qayumi	National Eye Care Coordination-MoPH
4	Dr .Asadullah Esmat	Kabul Noor hospital- MoPH
5	Dr.Murtaza Farahmand	Mazer Province
6	Dr Mirwais Saleh	Afghan Eye Doctor Society
7	Dr Shir Mohammad Amirzada	UEH - MoHE
8	Dr Roya Hussainzada	Community Health Dept.MOPH
9	Mr.Mohammad Hasan Malikzad	MoPH -HRGD
10	Dr. Naseer Durrani	SERVE
11	Dr Mustafa Ahmadzai	SERVE
12	Dr Aemal Zaki	Community Ophthalmologist -Private
13	Dr .Mohamad Yusuf Baraki	Kabul Noor Eye Hospital- MoPH
14	Dr.Ajabgul Amiri	Kabul Noor Eye Hospital- MoPH
15	Dr .Mohammad Gul amiri	Kabul Noor Eye Hospital- MoPH
16	Dr.Abdulsami Yusufi	Kabul Noor Eye Hospital- MoPH
17	Dr shahwali	Kabul Noor Eye Hospital- MoPH
18	Dr.Abdulwodood	IAM NOOR Eye Hospital
19	Mr.Popal	IAM Dushte Barchi Eye Clinic
20	Mr.Poul	IAM
21	Dr.Mohammad Nahim Hameid	MoHE UEH
22	Dr. Mohammad Reshad Sediyyar	MoHE UEH
23	Mr.Murtaza	IAM NOOR
24	Mr.Abdul Rahim Majeed	IAM NOOR
25	Dr . Malalay Nejabi	WHO-Kabul
26	Mr.Massoud Muhibi	AMAN Eye Hospital
27	Dr .Waisuddin Qureshi	MoIA Police Hospital
28	Mr.Abdul Kabir	MoE Blind School
29	Dr .Mehruddin Shams	MoPH M&E
30	Dr. Mohammad Najeeb Roshan	Kabul Noor Eye Hospital- MoPH
31	Dr M..Jamalnaser Akhondzada	MoPH Herat Eye Hospital
32	Dr. Mohammad Safdar	Comm.Opht Nangarhar -Private

33	Dr. Sayed Shahpoor Sadat	Kabul Noor Eye Hospital- MoPH
34	Dr.Abdul Qahar	MOPH Policy & planning GD
35	Dr. Miajan	MOPH Kandahar Eye Dept
36	Mr.Shahin	Blind school-MoE
37	Liz Green	IAM NOOR
38	Miss. Aziza Habib	WHO Kabul
39	Dr.Esmatullah Choudhury	WHO EMRO

MAP OF AFGHANIS



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