SPECS 2030

World Health Organization

Launch of the WHO SPECS 2030 initiative including the inaugural meeting of the Global SPECS Network

Meeting report

World Health Organization headquarters, Geneva, Switzerland
14–15 May 2024

Contents

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Acknowledgements

The launch of the WHO SPECS 2030 initiative and the Global SPECS Network in-person members meeting took place on 14 and 15 May 2024, at the World Health Organization (WHO).

We would like to sincerely thank all those who supported the meeting preparations and logistics, those who presented during the meeting and those who participated in the event. This includes the Global SPECS Network Foundation Committee, Global SPECS Network member organizations, WHO Secretariat at headquarters and colleagues from the six regional offices, and colleagues from sister United Nations (UN) agencies and representatives from the Ministry of Health. Please see Annex 1 for a detailed list of meeting participants.

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Executive summary

The World Health Organization (WHO) officially launched the WHO SPECS 2030 initiative and hosted the first in-person meeting of the Global SPECS Network at its headquarters in Geneva, Switzerland on May 14 and 15, 2024. The event was attended by Global SPECS Network Foundation Committee, representatives of Global SPECS Network member organizations, WHO Secretariat, representatives from sister UN agencies and ministries of health. The meeting involved both plenary and group work, with time allocated for discussions of workplans within the different Global SPECS Network workstreams. Representatives from the WHO Vision and Eye Care Programme provided a background of the situation, the magnitude of problem, existing challenges and barriers, and WHO's latest development on refractive error.

A reception was held on the first day, 14th of May, at the WHO cafeteria to celebrate the launch of the WHO SPECS 2030 initiative and to welcome the member organizations to the Global SPECS Network. A photo exhibition was held on both days in the main building with the aim of raising awareness on the key challenges related to the WHO SPECS 2030 initiative.

Meeting objectives

1. Formally launch the WHO SPECS 2030 initiative and welcome the inaugural members of the Global SPECS Network.

2. Inform participants on WHO's progress with the WHO SPECS 2030 initiative, including an introduction to WHO normative products to support implementation of the initiative.
3. Ensure all members of the Global SPECS Network have a clear understanding of the network's operations, as well as their specific roles and responsibilities.
4. Present the draft two-year workplans of the Global SPECS Network workstreams and gather feedback.
5. Discuss opportunities and prioritize next steps for the Global SPECS Network members, and secretariat.

The meeting began with welcome and opening remarks from the Assistant Director-General of Universal Health Coverage and Life Course. This was followed by a message from the WHO Director-General, emphasizing the comprehensive approach of WHO SPECS 2030 initiative to support Member States in accessing quality and affordable eye care services and spectacles. Subsequently, three individuals from different parts of the world shared their lived experiences, highlighting the importance of universal access to eye care services for those affected by refractive errors (RE).

Representatives from the Ministry of Health were then asked to provide an overview of the current status of RE, progress made in improving coverage, and the key challenges their country faces in integrating RE services into the respective health systems of their countries. Following this, member organizations received information about WHO's operations, funding, and organizational structure at all three levels—presented by representatives from headquarters, regional offices, and country offices. Additionally, there was detailed information about the legal aspects of becoming a member organization within a WHO-hosted network.

During the group work sessions, the three Global SPECS Network workstreams (Service delivery integration and product supply chain, Awareness and demand generation, and Workforce) discussed their workplans, outlining the problem statement, key messages, objectives, activities, and timeline for the coming 2 years. They then discussed the feasibility of priority activities from the workplan and investigated the next steps to implement the selected priorities. The meeting concluded with a message from the Assistant Director-General of Universal Health Coverage/Communicable and Noncommunicable Diseases, emphasizing that this two-day event marked the initial steps toward achieving effective coverage of RE by 2030 under the WHO SPECS 2030 initiative.

The launch of WHO SPECS 2030 initiative represented a significant step towards addressing the global challenge of Uncorrected Refractive Errors (URE). By setting ambitious targets and fostering international collaboration, WHO aims to improve eye health and quality of life for millions worldwide. This initiative underscores the importance of equitable access to eye care and the role of spectacles as a critical, yet often overlooked, medical necessity.

Content of this report

The report contains a summary of key messages and discussions from the meeting. The meeting agenda, list of participants, and associated resources can be found in the annexes.

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Meeting participants in numbers

A total of 81 guests attended the meeting, of which, 61 representatives from the Global SPECS Network member organizations participated in-person, 20 participants were invitees from UN agencies, WHO regional and country offices, and Ministry of Health and missions. One hundred forty-one participants from 20 countries attended the meeting online on day 1 for the launch of the WHO SPECS 2030 initiative which was live streamed on Zoom.

1. Background

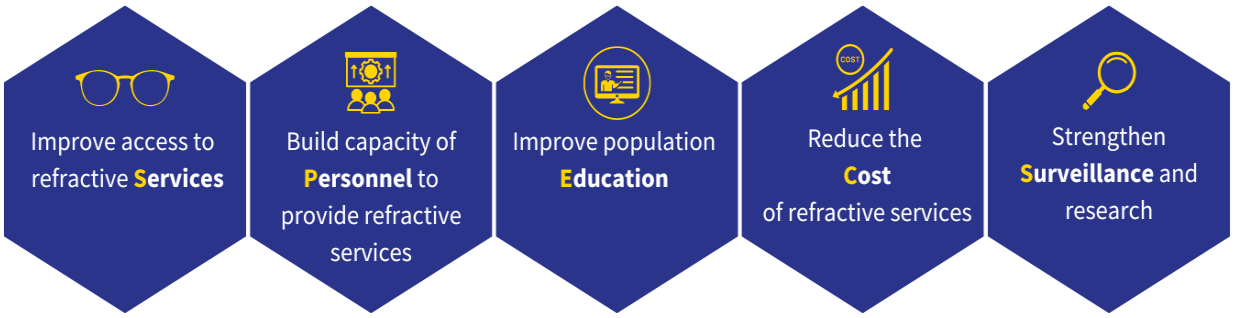
1.1 What is the WHO SPECS 2030 initiative?

Uncorrected refractive error is the leading cause of vision impairment in child and adult populations. Globally, it is estimated that only 36% of people with a distance vision impairment due to refractive error have received access to an appropriate pair of spectacles, while more than 800 million people have a near vision impairment (i.e. presbyopia) that could be addressed with a pair of reading spectacles. If left uncorrected, refractive error significantly impacts on well-being and can contribute to poor academic performance in children. To compound this problem, the number of people in need of spectacles is expected to increase substantially in the coming decade since presbyopia (2.1 billion in 2030) is part of the ageing process, while projected increases in myopia (3.36 billion by 2030) in the younger population could be driven largely by modifiable lifestyle-related risk factors.

In recognition of the large unmet need for care, coupled with the fact a highly cost-effective intervention exists (i.e. spectacles), WHO Member States endorsed the first-ever global target for refractive error at the Seventy-fourth World Health Assembly (2021). Specifically, the global target is a 40-percentage point increase in effective coverage of refractive error (eREC) by 2030. This means, for example, that if the global coverage was 30% in 2020, the aim would be to achieve 70% coverage in 2030. This indicator and related target are intended to drive increases in refractive error coverage in countries while delivering high quality care.

The WHO SPECS 2030 initiative calls for coordinated action amongst all stakeholders (public, private, non-profit and philanthropy) across five pillars, in line with the SPECS acronym (Figure 1). For each pillar, a set of country-level "desired outcomes" have been defined by WHO, with input from the eye care sector, that would facilitate a sustainable increase in refractive error coverage.

Figure 1: Five strategic pillars of the WHO SPECS 2030 initiative.



To achieve the country-level desired outcomes, WHO SPECS 2030 initiative will focus on three key strategies of engagement (Figure 2). It is intended that the actions of these areas of engagement will directly support Member States and other stakeholders in the achievement of WHO SPECS 2030 initiative mission.

a. Normative work: building on WHO's existing technical guidance for eye care, WHO, through consultation with international experts, will develop additional resources to support Member

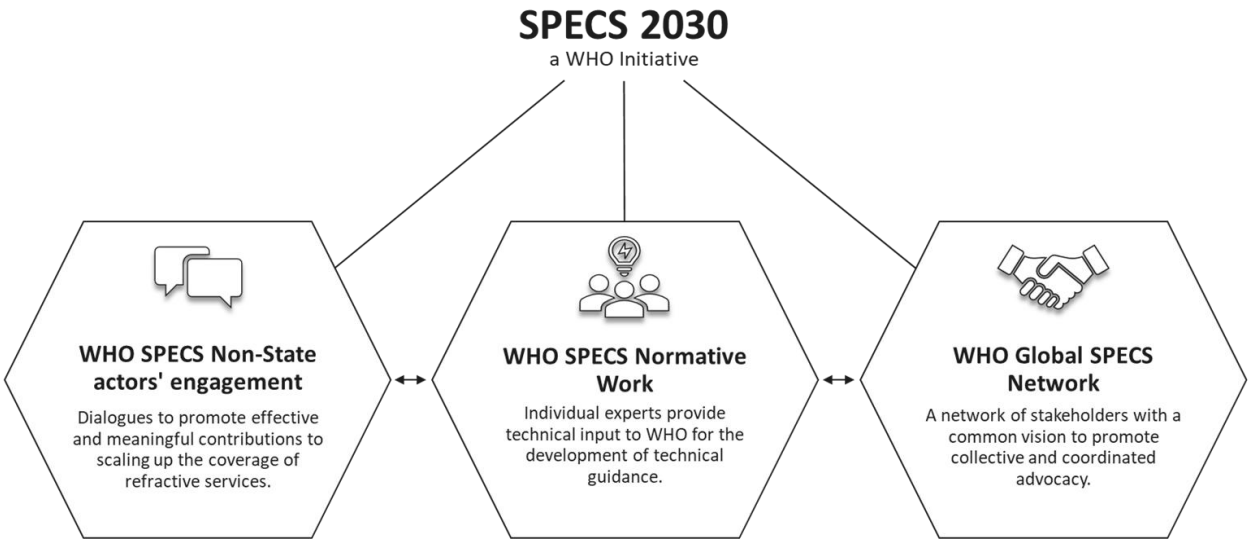
States and other stakeholders with the implementation of the WHO SPECS 2030 initiative desired outcomes.

b. Global SPECS Network: the WHO Global SPECS Network intends to provide a platform for relevant organizations to promote collective and coordinated advocacy and action, share experiences, and expand their professional network. Membership of the Global SPECS Network will consist of representatives from intergovernmental organizations, nongovernmental organizations, academic institutions, private sector, and philanthropic foundations. Three workstreams of focus have also been selected – (i) awareness and demand generation, (ii) workforce, and (iii) service delivery integration and product supply chain – based on inputs from the eye care sector. Members of the Global SPECS Network with similar interests will collectively work together on specific advocacy activities related to these three workstreams.

c. Private sector dialogues: WHO will convene a series of dialogues with relevant private sector actors, including, for example, the optical, pharmaceutical and technology industries, private sector service providers and insurance companies. These dialogues will focus on mobilizing meaningful contributions from these private sector actors that contribute to scaling up refractive error coverage, specifically targeting low and intermediate resource settings.

d. Engagement of regions and countries: This may include a range of activities to accelerate progress and bridge the gap between the global eye care commitments and country implementation, such as WHO-led policy dialogues with governments, country-level workshops, or capacity building and awareness raising activities.

Figure 2: Engagement structure of the WHO SPECS 2030 Initiative.



2. Lived experiences and challenges in global refractive error care

2.1 Lived experiences

In a short video documentary (available here), three individuals from Vietnam, Kenya, and Dominican Republic shared their stories, the challenges they faced due to uncorrected refractive error and the impact of a pair of spectacles in their everyday lives. They provided a firsthand account of the importance of timely eye care services and how it impacts an individual's quality of life, education, and work. Following the video, two of the participants joined a live Q&A session moderated by Dr Cieza.

Jane Waithera shared her journey of growing up in a village in Kenya where refractive error services and access to spectacles were limited. Jane described her background, painting a vivid picture of her childhood in a close-knit, rural community, a remote area where vision care services were scarce. Jane recalled the transformative experience of receiving her first pair of spectacles during a school screening, which significantly improved her ability to participate in educational activities. Her story highlighted the challenges many in her community faced due to the lack of accessible eye care services and the impact it had on their daily lives and opportunities.

Ms Trang, a garment factory worker from Vietnam, recounted the struggles she faced due to poor vision before obtaining spectacles. Without them, she had difficulty focusing on the intricate details required for her job, which affected her work performance and caused significant strain. Ms Trang also spoke about the broader implications of her vision impairment, such as struggling to help her children with their homework and managing everyday tasks. Accessing spectacles was a challenge due to her busy schedule and financial constraints. However, once she obtained the spectacles, her productivity at work increased, and she found joy in simple activities like reading and engaging more actively in her family life. This significant improvement in her quality of life underscored the profound impact of accessible vision care.

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2.2 Experiences from the health sector

The moderated panel discussion with representatives from various ministries of health provided a comprehensive overview of the current status and challenges related to Uncorrected Refractive Error (URE) in different countries, along with efforts to address these issues and opportunities for the WHO SPECS 2030 initiative. The session featured insights from Dr Nor Fariza Ngah from Malaysia, Dr Michael Gichangi from Kenya, and Dr Warapat Wongsawad from Thailand, who shared their expertise and experiences in managing refractive error within their respective countries.

Current status of URE

The panellists began by summarizing the current status of URE in their countries. Dr Nor Fariza Ngah highlighted that in Malaysia, the prevalence of refractive error remains a significant cause of vision impairment, with notable disparities based on geography and age groups. She provided data indicating high rates of myopia among school-age children and increasing presbyopia in the aging population. Similarly, Dr Michael Gichangi discussed the challenges posed by high prevalence rates of refractive error and presbyopia, emphasizing the lack of equitable access to refractive services across different regions and socio-economic groups. Dr Warapat Wongsawad noted the comprehensive data collection efforts which have revealed substantial refractive error coverage gaps, particularly in rural areas, and the critical need to address these inequalities to improve overall eye health outcomes.

Efforts to increase URE services provision

In discussing efforts to enhance URE services, Dr Warapat Wongsawad described Thailand's policy for school-based screening and the provision of spectacles, which has shown promising results in early detection and correction of refractive errors among children. Dr Nor Fariza Ngah highlighted Malaysia's integration of optometrists in public hospitals to provide refraction services, although challenges remain in fully incorporating optical services into the public healthcare system. Dr Michael Gichangi shared Kenya's experience in integrating URE services into the national eye care plan, noting the active engagement of local stakeholders and the Ministry of Health to increase service coverage and accessibility.

Key challenges to integration

Addressing the key challenges to integrating refractive error services into health systems, Dr Michael Gichangi identified legislative and policy-related hurdles, such as the lack of regulations for over-the-counter spectacles and insufficient cross-sectoral collaboration. Dr Warapat Wongsawad pointed out the scarcity of ophthalmic equipment in government facilities and the private sector's control over the spectacle market as significant barriers. Dr Nor Fariza Ngah emphasized the shortage of qualified personnel to provide refractive services and the need for better accreditation and regulation of health professionals in this field. All panelists agreed on the critical importance of addressing these systemic issues to achieve successful integration of URE services into national health systems.

Opportunities for WHO SPECS 2030 initiative

Looking ahead, the panellists identified several key opportunities for the WHO SPECS 2030 initiative. Dr Nor Fariza Ngah highlighted the potential for strengthening refractive error services within primary health care, including school health and occupational health programs. She also emphasized the importance of engaging the private sector to scale up the availability of affordable and quality spectacles. Dr Warapat Wongsawad discussed the benefits of developing public-private partnerships aligned with government plans and leveraging technology to reach underserved populations. Dr Michael Gichangi underscored the role of civil society in supporting government efforts and the need for a multisectoral approach to tackle the complex issues surrounding refractive error services.

Critical considerations for success

In concluding the discussion, Dr Nor Fariza Ngah stressed that inclusive participation from all key stakeholders, both within and outside the health sector, is vital for the success of the WHO SPECS 2030 initiative. She called for the creation of a common vision and coordinated actions to guide the sector's efforts. Additionally, she highlighted the necessity of well-organized private sector engagement to ensure meaningful contributions towards scaling up sustainable refractive error services.

The session provided valuable insights and practical examples, illustrating the diverse challenges and opportunities in managing uncorrected refractive error across different countries. The collective experiences and recommendations of the panellists offer a solid foundation for advancing the goals of the WHO SPECS 2030 initiative.

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3. Launch of the WHO SPECS 2030 Initiative

The WHO SPECS 2030 initiative was introduced by presenting the meeting participants with an overview of the initiative. This included discussing the magnitude of the problem, economic benefits, and positive global developments. The initiative was formally launched through the playing of the WHO SPECS 2030 initiative promotional video (available at WHO page here). The launch marked the beginning of the initiative and called for achieving a 40-percentage point increase in effective coverage of refractive error by 2030.

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4. Secretariat update

4.1 The WHO SPECS 2030 initiative: an overview

Dr Stuart Keel, presented the overview of the WHO SPECS 2030 initiative as a comprehensive global effort aimed at significantly enhancing eye care services, focusing on refractive errors and cataract surgeries. The initiative builds on the WHO's resolution from the 2020 World Health Assembly (WHA), which emphasized the implementation of Integrated People-centered Eye Care (IPEC) as part of achieving universal health coverage. WHO SPECS 2030 initiative envisions a world where everyone in need of spectacles has access to affordable, high-quality, and people-centred refractive error services.

Central to the WHO SPECS 2030 initiative are two ambitious global eye care targets set in 2021: a 40-percentage point increase in effective coverage of refractive errors and a 30-percentage point increase in effective coverage of cataract surgeries by 2030. Achieving these targets is vital, as nearly half of poor outcomes from cataract surgeries are attributed to uncorrected refractive errors. Improving refractive error services will thus enhance the quality of cataract surgeries and vice versa, creating a synergistic effect in elevating overall eye care standards globally.

The initiative addresses numerous challenges in reaching these targets, such as limited governmental provision of refractive services, high out-of-pocket costs, insufficient human resources, and a lack of comprehensive data systems. To overcome these, WHO SPECS 2030 initiative emphasizes a multi-faceted strategy encompassing the development of technical resources, policy support, public health campaigns, and the integration of eye care services into broader health systems.

Five strategic pillars (Fig. 1) guide the initiative: improving access to refractive services, integrating eye health into broader health promotion, strengthening surveillance and research, reducing the cost of refractive services, and enhancing population education. Desired outcomes for each pillar include the adoption of international quality standards, integration of refractive services in primary healthcare, and the establishment of sustainable financing mechanisms. Additionally, the initiative aims to foster cross-sectoral collaboration, leveraging the expertise and resources of various stakeholders, including private sector entities and other UN agencies.

WHO SPECS 2030 initiative is underpinned by a robust engagement structure (Fig. 2), comprising a global network of stakeholders, technical working groups, and strategic advisory committees. This structure is designed to facilitate coordinated action, evidence-based advocacy, and the development and dissemination of norms and standards. The initiative's success hinges on the collaborative efforts of WHO headquarters, regional and country offices, and partner organizations, working collectively to achieve the ambitious 2030 targets and ensure sustainable improvements in global eye health.

4.2 WHO regional work: opportunities for the WHO SPECS 2030 Initiative across the WHO Regions

Mr Tashi Tobgay from the WHO Regional Office for South-East Asia highlighted the collaborative efforts between regional offices and headquarters, sharing examples of effective joint initiatives in eye care. Ms Ariane Laplante-Lévesque from the WHO Regional Office for Europe emphasized the critical role of regional offices in implementing the WHO SPECS 2030 initiative, ensuring that regional contexts and needs are adequately addressed.

Mr Eric Domingo from the Western Pacific Region discussed the high prevalence of refractive errors like myopia and the level of government awareness regarding these conditions. He illustrated WHO's role in raising awareness and implementing preventive measures. Ms Yuka Makino from the African Region identified current challenges, including resource limitations and the need for stronger integration of refractive error services into existing health systems, stressing the importance of support from regional and country offices for the initiative's success.

Ms Zhanna Harutyunyan from the WHO Country Office in Armenia elaborated on the crucial role of National Professional Officers in driving program agendas forward at the country level, highlighting their ability to coordinate effectively with national health ministries and other stakeholders.

The panel discussion concluded with insights into the regional opportunities and potential issues that Global SPECS Network members and partners should be aware of. The discussion underscored the need for robust regional collaboration, adequate resources, and strong advocacy to overcome the challenges and leverage the opportunities presented by the WHO SPECS 2030 initiative.

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4.3 How WHO operates and is funded

The session was designed to provide attendees with a comprehensive understanding of WHO's operational structure and funding mechanisms. Furthermore, it highlighted the diverse eye care activities supported by WHO across different regions, and clarified the unique position WHO holds in ensuring the success of the WHO SPECS 2030 initiative. Additionally, it aimed to outline what member organizations can and cannot do to support the initiative effectively.

Mr Imre Hollo, the Director of Strategic Planning at WHO Headquarters, opened the session by providing an in-depth presentation on how WHO functions across its headquarters, regional, and country offices, explaining the funding mechanisms that support its operations. The session featured insights from WHO regional office colleagues who discussed the operational dynamics and specific needs at the regional and country levels necessary for the initiative's success.

The presentation outlined key challenges facing WHO's funding then moved to explain the funding sources and closed by emphasizing ensuring independence in normative areas and attracting quality talent through stable funding.

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4.4 Overview of WHO hosted networks

In this session, Issa T. Matta provided guidance on the operation and management of WHO-affiliated networks. Key principles highlighted included:

- The networks are made up of organizations or institutions, ensuring a collective approach rather than individual contributions.
- These networks are not independent legal entities. Instead, they are managed by the World Health Organization (WHO), which oversees their operations.
- Since WHO administers these networks, it is accountable for their actions and any political or reputational implications that arise.
- Participation in these networks is not mandatory. Organizations join voluntarily, contributing to the network's goals and activities.
- The main activities of these networks include:
    1. **Advocacy**: Promoting health-related causes and policies;
    2. **Resource mobilization**: Gathering financial and other resources to support health initiatives;
    3. **Information dissemination**: Sharing knowledge and information to improve public health.
- These networks do not create official technical standards or guidelines. Their role is more about support and promotion rather than setting norms.
- All activities and operations of these networks must comply with WHO's established rules, regulations, and constitutional framework.

The establishment and membership of WHO networks follow specific protocols. WHO typically sets up a network in response to requests from Member States, often supported by a World Health Assembly (WHA) resolution urging multi-stakeholder action. Membership is decided by WHO, which can invite relevant stakeholders and terminate memberships if necessary. Members bear their own costs for participation and there is no expectation of funding support for their activities. The secretariat of the network, comprised of WHO staff, provides technical leadership, facilitates, and coordinates activities, but does not serve individual network members. Publications and communications related to network activities are managed by the network secretariat, ensuring consistency and protecting the interests of WHO and network members. Recommendations made by the network are advisory and not binding on WHO or other members, emphasizing the collaborative and consensus-based nature of these networks.

5. Opportunities for collaboration

5.1 United Nations agencies: introductions and opportunities

During the "United Nations Agencies: Introductions and Opportunities" session, representatives from various UN agencies outlined their roles and potential contributions to the WHO SPECS 2030 initiative. Mr Joaquim Nunes Pintado from the International Labour Organization (ILO) highlighted the critical intersection between vision impairment and employment. With 30 million people experiencing vision impairment due to workplace conditions and a 30% lower employment rate among the vision-impaired, the ILO's previous work with the International Agency for the Prevention of Blindness (IAPB) emphasizes prevention and protection as key strategies. Mr Joaquim Nunes Pintado stressed the importance of integrating vision care into workplace health and safety programs to reduce the incidence of vision-related work impairments and improve employment prospects for those affected.

Mr Dennis C. Søndergård from UNICEF introduced the organization's new focus on assistive technology, emphasizing UNICEF's global procurement capabilities. By leveraging these capabilities, UNICEF aims to support the WHO SPECS 2030 initiative with the procurement of four key vision care products. The next step involves generating demand for these products, working in collaboration with WHO to ensure widespread access and utilization. Mr Anil Kashyap from UNOPS initiative on assistive technology (ATscale), a UNOPS initiative, shared the ambitious goal of providing 500 million people with access to assistive technology by 2030, with current programs already screening school children in 20 countries. Ms Susan Alexander from the Universal Postal Union (UPU) discussed how post offices, as government service points, could play a pivotal role in health initiatives. During the pandemic, the UPU established a post-for-health facility and is now in discussions with governments to further integrate postal services into national health strategies, including vision care.

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5.2 Overview of WHO normative work

In this session, Dr Stuart Keel and Dr Andreas Muller provided a detailed description of existing and in-progress normative works in WHO related to eye care. The summary of the presentation is as follows.

The WHO's normative work under the WHO SPECS 2030 initiative aims to establish standardized guidance and tools to support countries in achieving improved eye care outcomes. The initiative is structured around five strategic pillars, each designed to address critical aspects of eye care service delivery and quality improvement (Figure 3).

One key component of this normative work is the development and dissemination of technical resources to enhance policy implementation and service provision. This includes integrating procurement and inventory management systems for spectacles, adopting minimum quality standards for spectacles, and integrating refractive error services into primary healthcare (PHC) settings. The WHO has developed an eye care situation analysis tool to help countries comprehensively assess their eye care services, identifying strengths, weaknesses, and priority areas for strategic planning. This tool is particularly aimed at national health policymakers and planners, providing a snapshot of the eye care sector at the national or sub-national level.

In addition to tools for policy and service improvement, WHO SPECS 2030 initiative emphasizes capacity building and education. The Vision and eye screening implementation handbook, launched in January 2024, provides step-by-step guidance for conducting vision and eye screenings across different age groups in community and primary care settings. This resource is targeted at public health planners, managers, NGOs, and primary care personnel. Moreover, the initiative includes the development of a training platform for primary healthcare workers to identify and refer patients, as well as to provide simple assistive products.

Another significant aspect of the normative work is the creation of supportive legislation and quality standards. For instance, WHO plans to release a guidance paper on legislation for spectacle provision in the public sector by 2025, aiming to improve access and affordability of refractive error care through legislative changes. Additionally, a summary paper detailing international minimum quality standards for spectacles, including frames and prescription lenses, is expected in 2024.

The initiative also includes innovative tools like the WHOeyes app, which allows individuals to check their visual acuity and receive educational messages about eye care. This app, available in multiple languages, aims to increase public awareness and encourage regular eye examinations. Furthermore, the MyopiaEd program targets myopia prevention and management through behaviour change communication, with evidence-based messages and resources to improve health literacy regarding myopia.

Lastly, WHO is developing various tools to aid in the systematic collection and analysis of eye care data. These include the eye care costing tool, which estimates the resource requirements for scaling up eye care coverage, and the Sensory impairment interventions survey (SENSIIS), which generates reliable estimates of eye and ear care indicators. These efforts are essential for monitoring progress towards the 2030 targets and ensuring that the normative work effectively supports countries in improving their eye care services.

Figure 3: Representative diagram of the normative work according to each SPECS pillar.

6. Global SPECS Network

6.1 Overview of the Global SPECS Network

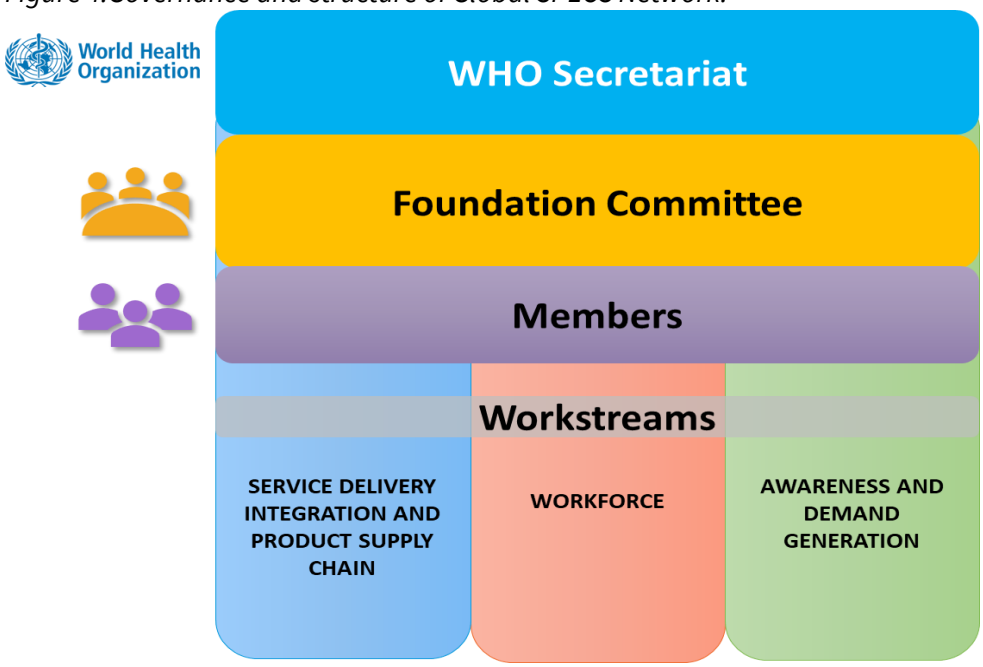
Ms Mitasha Yu's presentation outlined the mission, objectives, and structure of the Global SPECS Network. The presentation emphasized key principles and the mission to enhance global eye care services through collaboration and resource sharing among its members. The Network aims to improve workforce capabilities, integrate service delivery with product supply chains, and generate awareness and demand for eye care services. It operates with a governance structure that includes the WHO Secretariat and various committees and workstreams, each with specific roles and responsibilities.

The Network, while not a separate legal entity, operates under the administration of WHO, adhering to its rules, regulations, and constitution. Its primary focus is on advocacy, resource mobilization, and information dissemination rather than the development of technical guidelines or normative products.

The mission of the WHO Global SPECS Network is to support the implementation of the WHO SPECS 2030 initiative through coordinated advocacy efforts and collaborative actions among stakeholders. The objectives are to unify stakeholders around a common vision for achieving the 2030 global target for refractive error, conduct evidence-based advocacy to support WHO's public health objectives, and strengthen networking and knowledge sharing among members.

The Network's governance structure includes the WHO Secretariat, which oversees daily operations and coordinates discussions among stakeholders (Figure 4). The Foundation Committee, consisting of eight appointed members, provides strategic direction and monitors the development and implementation of work plans. These work plans are developed through a collaborative process, involving needs analysis, stakeholder mapping, and regular review and adjustment based on feedback from Network members.

Figure 4:Governance and structure of Global SPECS Network.



Membership in the Global SPECS Network comprises representatives from various sectors, including non-governmental organizations, intergovernmental organizations, philanthropic foundations, and academic institutions. Each member organization can nominate representatives to participate in different workstreams.

The Network consists of 31 inaugural members organized into workstreams focusing on different areas, including awareness and demand generation, workforce development, and service delivery integration (Figure 5). Communication among members is facilitated through biennial in-person meetings, virtual meetings every 4-6 weeks, and ongoing email exchanges. The use of SharePoint for document storage and Viva Engage for informal member engagement helps in maintaining active communication and knowledge sharing. The goal is to foster a collaborative environment where members can share resources, discuss challenges, and implement activities that promote global eye health.

Figure 5:31 inaugural members of the Global SPECS Network.

The session concludes with an outline of next steps, including the scheduling of virtual meetings, distribution of invitations to collaboration platforms, and ongoing communication among workstream representatives. The WHO Secretariat remains the central point of contact for further information and coordination.

6.2 Global SPECS Network communications overview

Ms Hayatee Hasan provided the general rules of communication for the member organizations and Kimberly Midelton presented more specific rules for the Network as it was described in the Global SPECS Network Social guide. The Global SPECS Network social guide emphasizes the importance of leveraging social media to raise awareness about the WHO SPECS 2030 initiative. The guide notes that personal and organizational social media profiles play a crucial role in influencing public opinion and encourages members to actively share news, key messages, and engaging content related to WHO SPECS 2030 initiative, especially during the official launch and throughout 2024. The document outlines strategies to maximize engagement, such as using relevant hashtags, tagging WHO and other organizations, and integrating SPECS-related content into regular social media activities.

The guide also provides practical tips for live posting from events, such as capturing and sharing relevant quotes, statistics, and insights, and engaging with others discussing the event online. It advises on maintaining accessibility in all posts, using text for images, and employing captioning tools for videos to ensure inclusivity. Members are encouraged to network online by connecting with key individuals and organizations, and to regularly interact with others to build authentic engagement, thereby amplifying the reach and impact of the WHO SPECS 2030 initiative.

6.3 A focus on advocacy

The foundation committee members, Mr Brandon Ah Tong and Jessica Thompson, highlighted the importance of advocacy in helping the achievement of the WHO SPECS 2030 initiative vision and mission. They elaborated on the meaning of advocacy in the context of Global SPECS Network hosted by WHO. They invited all the members to use this opportunity and think about their role in a collective role advocacy effort to push the aims of the WHO SPECS 2030 initiative.

7. Workstreams update

Workstreams are areas of work based on key thematic areas in the WHO SPECS 2030 initiative. The three workstream areas were decided through consultation with internal and external stakeholders.

Each Global SPECS Network member nominated two representatives to be part of two out of the three workstreams. The member organizations currently participate across three of the Global SPECS Network workstreams as follows:

- Awareness and Demand Generation: 19 member organizations
- Workforce: 19 members organizations
- Service Delivery Integration and Product Supply Chain: 18 member organizations

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7.1 Workstreams of Global SPECS Network and their workplans

7.1.1 Service Delivery Integration and Product Supply Chain workstream

- Co-chairs: *Amanda Davis and Thulasiraj Ravilla*

The Global SPECS Network's workstream on Service Delivery Integration and Product Supply Chain, presented by Ms Amanda Davis, focuses on enhancing the integration of refractive error services and improving the supply chain for spectacles. This initiative aims to recognize spectacles as essential health items and effectively integrate them into health systems, thereby improving global access and the quality of eye care services. It seeks to transform the landscape of refractive error services. By addressing key challenges, leveraging strategic pillars, and engaging a broad target audience, the initiative strives to ensure that spectacles are recognized and provided as essential health items globally.

Challenges

The workstream addresses significant challenges such as the poor integration of spectacles as medical items, the urban bias in service availability, and regulatory barriers that hinder equitable access. Additionally, the lack of regulation in service provision often leads to sub-standard eye health services. Spectacles are included in the WHO List of Priority Assistive Products and Priority Medical Devices, yet they are not prioritized in many health systems.

Strategic pillars and objectives

The workstream operates across three main pillars: Services, Cost, and Surveillance. The key objectives include integrating refractive error indicators into health information systems, reducing the cost of refractive services, improving access, and strengthening surveillance and research. Desired outcomes encompass better access through primary healthcare integration, quality assurance for spectacles, policy support for including spectacles in health service packages and insurance, and improved supply chain management.

Target audience and activities

The workplan targets member states, particularly ministries managing health, education, trade, finance, policy planning, disability services, and youth services, alongside eye care programs and service providers. Key activities involve promoting policy and legislative changes, advocating for quality standards, assessing and supporting supply and distribution systems, integrating RE services into primary healthcare, summarizing myopia prevention and treatment evidence, conducting needs and cost assessments, advocating for spectacles in health packages and insurance, facilitating data collection, and fostering innovation and technology implementation.

Key messages and strategic actions

The key messages emphasize leveraging technology and innovative approaches to ensure access to RE services, integrating these services into public health systems, and establishing a regulated environment that promotes quality and accessible services from the private sector. National policies should support robust supply and distribution systems, minimize trade barriers, and focus on myopia prevention and affordable treatment. By concentrating on these strategic actions, the workstream aims to enhance RE service integration and improve the supply chain for spectacles, leading to better global eye health outcomes.

7.1.2 Workforce workstream

- Co-chairs: *Tuwani Rasengane and Yazan Gammoh*

Dr Tuwani Rasengane began the Global SPECS Network's workforce workstream session by detailing its aim to build a robust and competent workforce to meet global eye care needs, focusing on refractive errors and cataract services. This workstream strives to create a strategic framework that ensures eye health professionals are well-trained, equipped, and evenly distributed to address the varying demands of different populations.

Training and education

One of the primary objectives is the training and education of eye care professionals. This includes developing standardized curricula and certification programs to ensure consistency and quality in training. Additionally, promoting continuous professional development is essential to keep practitioners updated with the latest advancements and best practices in eye care.

Capacity building

Capacity-building activities are crucial to enhance the skills of existing eye care professionals. The workstream supports the establishment and strengthening of training institutions, ensuring they are well-equipped to provide high-quality education and training. These efforts are aimed at expanding the overall capacity to deliver eye care services globally.

Equitable workforce distribution

Addressing the disparities in workforce distribution is another key focus. Policies and incentives are being developed to attract eye care professionals to underserved and rural areas. This involves creating an environment that supports and sustains the presence of qualified professionals where they are most needed.

Policy and advocacy

The workstream is actively involved in policy and advocacy work to integrate eye care workforce development into national health policies and plans. Collaborations with governments, educational institutions, and international organizations are essential to secure the necessary funding and resources. These efforts are geared towards ensuring that workforce development is recognized and prioritized at the national level.

Monitoring and evaluation

Effective monitoring and evaluation mechanisms are being established to assess the impact of training programs and workforce deployment strategies. By collecting and analyzing data, the workstream can inform policy decisions and make necessary adjustments to improve outcomes continuously. This ensures that the strategies implemented are effective and aligned with the overall goals.

Strategic actions

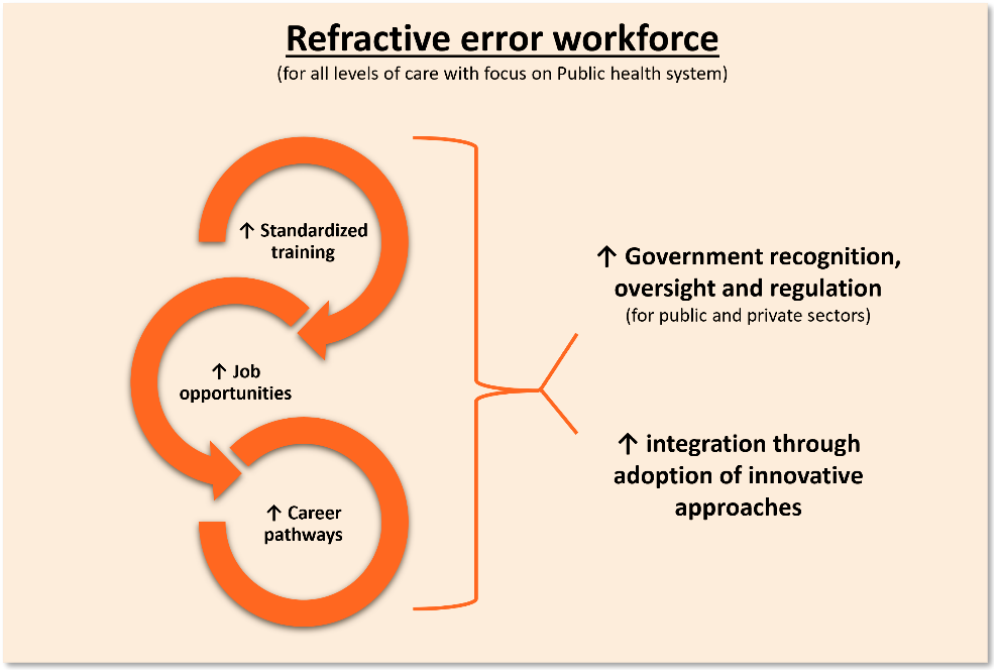
Strategic actions include developing comprehensive training materials, setting professional standards, building collaborative networks, and encouraging research and innovation in eye care practices. These actions are designed to create a sustainable and effective workforce that can adapt to evolving eye care needs.

Expected outcomes

The expected outcomes of the workstream are a well-trained and evenly distributed eye care workforce capable of addressing the global burdens of refractive errors and cataracts. Enhanced capacity to provide high-quality services, increased access to eye care, especially in underserved areas, and a reduction in vision impairment and blindness are among the anticipated results. By focusing on these goals, the workforce workstream aims to establish a sustainable eye care workforce for current and future global needs.

This structured approach ensures that all critical aspects of workforce development are addressed comprehensively, leading to improved global eye health outcomes (Figure 6).

Figure 6: Refractive error workforce.



7.1.3 Awareness and Demand Generation workstream

- Co-chairs: *Pelin Munis and Xiangui He*

During the presentation session, Dr Pelin Munis provided an in-depth overview of the Global SPECS Network's workstream on Awareness and Demand Generation. This workstream is dedicated to enhancing global, regional, and national awareness about the importance of correcting refractive errors and promoting the uptake of related services. It aims to implement targeted strategies for different populations, specifically children with a focus on myopia and adults with a focus on presbyopia, by June 2026.

Key objectives

The primary objectives of the Awareness and Demand Generation workstream include advocating for policy implementation to support refractive error management and integrating refractive error awareness into broader health campaigns. The workstream also aims to develop comprehensive plans to ensure effective functioning, establish guiding principles, and communicate and collaborate with other workstreams to avoid duplication of efforts.

Raising awareness

One of the main goals of this workstream is to raise awareness about the significant impact of refractive errors on health, education, and overall well-being. Key messages emphasize the importance of early

detection and regular eye examinations. Preventive measures, such as increasing outdoor time to reduce the incidence of myopia among children, are also highlighted. Additionally, the workstream focuses on promoting the use of spectacles as a safe and effective means of vision correction.

Supportive actions

To support these efforts, the workstream plans to develop advocacy materials that are tailored to various audiences and leverage innovative approaches and technology. Conducting impact assessments is crucial for better implementation and adaptive management of the strategies. These actions are designed to ensure that the advocacy efforts are effective and achieve the desired outcomes.

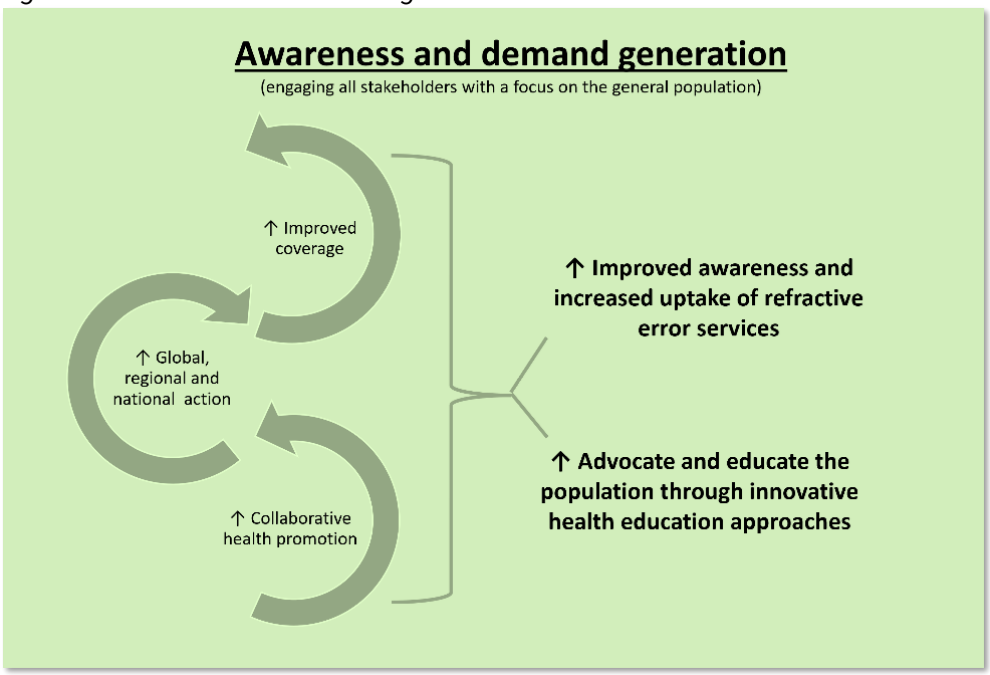
Advocacy and integration

The workstream emphasizes the need for advocating the integration of refractive error services into organizational strategies and broader health campaigns. By doing so, it aims to increase the uptake of these services and improve overall vision health globally. Collaboration with governments, educational institutions, and health organizations is essential to secure the necessary support and resources.

Expected outcome

Through targeted strategies and comprehensive advocacy efforts, the Awareness and Demand Generation workstream aims to significantly improve awareness and the uptake of refractive error services (Figure 7). By focusing on key objectives such as policy advocacy, integration into health campaigns, and effective communication, the workstream strives to enhance global vision health outcomes by June 2026.

Figure 7: Awareness and demand generation.



7.2 Workstream group work sessions to develop workplans

The workstream groupwork session was allocated to an in-depth discussion with member organization over the draft workplans. A workstream's workplan outlines their problem statement, workstream description, target audience, key messages, objectives, activities, methodology, output, outcome, indicators, and timelines for the next 2 years. The workplans were sent to the member organizations a week before the event so that the representatives would have the opportunity to study them in detail and provide more deliberate feedback.

Each workstream was parted into two working groups that worked simultaneously on the same 4 questions about working plans. 4 groups were given separate meeting rooms in the main building while 2 remained in the auditorium. The groups had about 30 minutes for each question to discuss and provide feedback. A foundation committee member facilitated their groupwork while one person volunteered to collect the feedback and report back. The questions were:

1. Refine and agree on problem statement.
2. Identify potential concerns, missing elements, and suggestions for improvements.
3. Identify potential member engagement activities and explore collaborative opportunities.
4. Determine the prioritization and timeline of activities (look at the combination of existing network activities, and which activities will accelerate progress toward the mission).

Following the groupwork session, members returned to the auditorium for the feedback session.

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7.3 Workstream group work feedback on the workplans

During the group feedback session, each working group's notetaker presented their key points. Following these presentations, all participants were invited to provide feedback, regardless of their workstream. The service delivery workstream groups 1 and 2 were presented by Jacqueline Grove and Doris Macharia, the workforce workstream groups 3 and 4 were presented by Rohit Khana and Ella Gudwin, and the awareness workstream groups 5 and 6 were presented by Megan Colins and Gabriel Ogunyemi.

7.3.1 Summary of feedback

Workforce development in eye care: competency-based frameworks: member organizations emphasized the importance of competency-based frameworks and early guidance for workforce development. They stressed the need to balance quality and access to ensure effective eye care delivery.

Collaboration and advocacy: The discussions highlighted the crucial role of collaboration and advocacy in addressing challenges in eye health. Participants noted the necessity of documenting successful Public-Private Partnerships (PPPs) to advocate for inclusive eye care services. Leveraging government incentives was suggested as a way to encourage private sector involvement in rural areas.

Decoupling diagnostic and product-related issues: There was a strong emphasis on the need to decouple diagnostic and product-related issues from regulatory standpoints to streamline processes and improve service delivery.

Cost-effectiveness and standards: Strategies to improve eye care services in Sub-Saharan Africa focused on balancing quality and standards with cost-effectiveness. Participants discussed setting up optometry schools in cooperating countries and emphasized the importance of focusing on the community and primary levels of the workforce.

Communication and coordination: Speakers cautioned against driving effective services without adequate communication and coordination. They highlighted the need to pool resources and leverage existing relationships to conduct baseline surveys and measure success.

7.3.2 Recommendations and future directions

1. Integrate innovation and technology: Decide whether it should be a standalone objective or integrated into other objectives.
2. Clarify medical device classification: Clarify the classification of medical devices related to refractive error to engage member states and regional organizations effectively.
3. Advocate for refractive error in global frameworks: Advocate for the inclusion of refractive error within existing global frameworks, such as primary healthcare.
4. Leverage WHO regional offices: Identify countries where WHO regional offices can help accelerate action.
5. Government incentives for private sector: Create incentives for the private sector to provide care in rural areas.

6. Decouple diagnostic and product issues: Separate diagnostic and product-related issues from a regulatory standpoint.
7. Include technology experts: Identify and involve technology experts early in the process to enhance technological aspects of the work plan.
8. Ensure equity and inclusivity: Ensure all objectives have a lens of equity and inclusivity.
9. Engage New Sectors and Stakeholders: Measure success by engaging new sectors and stakeholders.
10. Conduct landscape analysis: Pool resources and relationships to conduct a landscape analysis of member partners.
11. Streamline priorities with workstreams: Ensure priorities are aligned and streamlined with other workstreams.
12. Address over-awareness and customer journey: Move beyond awareness to ensure engagement and fulfilment in providing spectacles.
13. National-level communication strategies: Develop communication strategies that cater to national contexts.
14. Utilize existing workforce: Use school-teachers and other non-refractive error workforces for screening and referral.
15. Standardize training curriculum: Develop and promote a standardized training curriculum and career path for vision testing professionals.
16. Demonstrate low-hanging fruit countries: Identify and use countries with low-hanging fruit as case studies for broader implementation.
17. Generate evidence for advocacy: Prioritize generating evidence for advocacy and engage ministries effectively.
18. Involve private sector and influencers: Engage private sector and national influencers for advocacy and implementation.

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8. Next steps and closing of the event

The next steps for the WHO SPECS 2030 initiative include several key actions aimed at ensuring strategic direction, member diversity, and effective resource mobilization:

Strategic and technical advisory group formation: Within one month, the advisory group will be established to provide high-level strategic guidance.

Revising workplans: By June 5th, the Secretariat and Foundation Committee will revise and ensure cohesiveness among the Global SPECS Network workplans.

Attracting diverse members: Efforts will be made to attract new Global SPECS Network members, focusing on diversity and engagement from various sectors.

Industry foundations engagement: A governance mechanism will be developed to engage industry foundations within the network.

Coordination across engagement areas: Coordination efforts will span across the three engagement areas—Normative, Global SPECS Network, and private sector dialogues.

Collaboration with UN agencies: Formalizing collaborations with sister UN agencies will be an ongoing effort throughout 2024.

Resource mobilization: Essential for supporting network activities, resource mobilization will also focus on regional and WHO country office capacity building, including employing National Program Officers (NPOs) to advance work at the country level.

These steps aim to ensure cohesive workplans, diverse membership, effective industry engagement, and robust resource mobilization to support the initiative's success and capacity building at various levels.

As the Global SPECS Network meeting concluded, a message from Dr Jérôme Salomon, Assistant Director-General, Universal Health Coverage, Communicable and Noncommunicable Diseases was played. The video was a thank you message to all the attendees of the event and a reminder of the need for collaborative effort to reach the 2030 targets on effective refractive error coverage. Subsequently, Dr Alarcos Cieza expressed gratitude to both in-person and virtual participants for their valuable contributions in identifying the next steps for the WHO SPECS 2030 initiative and Global SPECS Network workstreams.

Dr Cieza also outlined the upcoming steps for the Global SPECS Network, urging all members to advocate for the WHO SPECS 2030 initiative by promoting it on social media and encouraging other organizations to participate in the next round of applications for the Global SPECS Network.

Annex 1: List of participants

Member States

Brunei Darussalam	Nur Hidayatul Fitri Pengiran DP Haji Othman *(to be confirmed)* Medical Officer, Hospital Raja Isteri Pengiran Anak Saleha, Ministry of Health
Brunei Darussalam	Josephine Poh Optometrist, Hospital Raja Isteri Pengiran Anak Saleha, Ministry of Health
Kenya	Michael Gichangi (virtually participated) Head of the Ophthalmic Services Unit at the Directorate of Health Care Services, Ministry of Health
Malaysia	Nor Fariza Ngah Deputy Director General of Health (Research & Technical Support), Ministry of Health
Thailand	Warapat Wongsawad, National Eye Care Service Plan Development Committee, Ministry of Public Health

United Nations and related organizations representatives

Susan Alexander
Universal Postal Union

Barbara Goedde
ATscale (UNOPS)

James Hale
Universal Postal Union

Anil Kashyap
ATscale (UNOPS)

Satish Mishra
ATscale (UNOPS)

Francisco Santos-O'Connor
International Labour Organization

Joaquim Nunes Pintado
International Labour Organization

Dennis C. Søndergård
United Nations International Children's Emergency Fund

Member organization participants

Martin Aufmuth
EinDollarBrille (One Dollar Glasses)

Shawn Baker
Helen Keller International

Andrew Bastawrous
Peek Vision

Sandra Block
World Council of Optometry

Antje Christ
EinDollarBrille (One Dollar Glasses)

Megan Collins
Wilmer Eye Institute - Dana Center

Andrew Cooper
The Vision Catalyst Fund

Vinod Daniel
India Vision Institute

Amanda Davis
The Fred Hollows Foundation

Jacqueline Grove
20/20 Quest

Ella Gudwin
VisionSpring

Neeru Gupta
International Council of Ophthalmology

Doris Macharia
Orbis International

Selina Madeleine
Brien Holden Vision Institute Foundation

Kimberley Middleton
Royal Commonwealth Society for the Blind - Sightsavers

Kate Moynihan
Seva Foundation

Pelin Munis
Restoring Vision

Kovin Naidoo
OneSight EssilorLuxottica Foundation

Céline Noguès
Organisation pour la Prévention de la Cécité

Gabriel Ogunyemi
VisionSpring

Ramachandran Parthasarathy
Aurolab

Babar Qureshi
Christian Blind Mission (CBM)

Tuwani Rasengane
WCO / University of the Free State

Sriram Ravilla
Aurolab

Prof. Xiaotong Han
Zhongshan Ophthalmic Center

Anurag Hans
OneSight EssilorLuxottica Foundation

Xiangui He
Center of Shanghai Eye Disease

Peter Holland
International Agency for the Prevention of Blindness

Lauren Jesudason
Seva Foundation

Imran Khan
Royal Commonwealth Society for the Blind - Sightsavers

Rohit Khanna
L V Prasad Eye Institute

Joyce Koech
Christian Blind Mission (CBM)

Ivo Kokur
International Council of Ophthalmology

Fiona Lawless
Royal Commonwealth Society for the Blind - Sightsavers

Dr Ruiyang Li
Zhongshan Ophthalmic Center

Prof. Lingyi Liang
Zhongshan Ophthalmic Center

Thulasiraj Ravilla
Aravind Eye Care System

Serge Resnikoff
Organisation pour la Prévention de la Cécité

James Riggs
Vision Action

Khalid Saifullah
Brien Holden Vision Institute Foundation

Héctor Santiago
VOSH/international

Frederic Seghers
Clinton Health Access Initiative

Liz Smith
EYElliance

Anna Tan
Singapore National Eye Centre

Jessica Thompson
International Agency for the Prevention of Blindness

Brandon Ah Tong
The Fred Hollows Foundation

Geoffrey Wabulembo
Light for the World

Fang (Danny) Wang
Delos Foundation International

Prof. Haotian Lin
Zhongshan Ophthalmic Center

Mark Lorey
Restoring Vision

Helen Yan
Delos Foundation International

Sumrana Yasmin
Royal Commonwealth Society for the Blind - Sightsavers

Global SPECS Network Foundation Committee

Ms Amanda Davis

Mr Brandon Ah Tong

Ms Jessica Thompson

Dr Pelin Munis

Mr Thulasiraj D. Ravilla (not present at the first day)

Dr Tuwani A. Rasengane

Dr Xiangui He (Hedy)

Dr Yazan Gammoh (not present at the meeting)

World Health Organization regional and country Office representatives

Enrique Rolando Domingo
WHO Regional Office for the Western Pacific

Zhanna Harutyunyan
National Professional Officer Armenia

Ariane Laplante-Lévesque
WHO Regional Office for Europe

Yuka Makino
WHO Regional Office for Africa

Tashi Tobgay
WHO Regional Office for South-East Asia

World Health Organization headquarters

Raymond Bruce J. Aylward
Assistant Director-General, Universal Health Coverage Life Course

Carolina Belinchon
Consultant, Department of Noncommunicable Diseases, Rehabilitation and Disability

Vera Carneiro
Consultant, Department of Noncommunicable Diseases, Rehabilitation and Disability

Alarcos Cieza
Unit head, Department of Noncommunicable Diseases, Rehabilitation and Disability

Chadi Fayad
Office Assistant, Department of Noncommunicable Diseases, Rehabilitation and Disability

Rosa Haghshenaslakani
Consultant, Department of Noncommunicable Diseases, Rehabilitation and Disability

Hayatee Hasan
Communications Officer, Health Information and Advocacy

Imre Hollo
Director of Strategic Planning

Stuart Keel
Technical Officer, Department of Noncommunicable Diseases, Rehabilitation and Disability

Mayya Khin
Department of Noncommunicable Diseases, Rehabilitation and Disability

Issa T. Matta
Senior Legal Officer

Silvio Paolo Mariotti
Medical Officer, Department of Noncommunicable Diseases, Rehabilitation and Disability

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Kylie Shae
Team Lead, Access to Assistive Technology

Emma Tebbutt
Technical Officer, Access to Assistive Technology

Mitasha Yu
Consultant, Department of Noncommunicable Diseases, Rehabilitation and Disability

Annex 2: Agenda

Launch of the WHO SPECS 2030 Initiative, including the inaugural meeting of the Global SPECS Network

14 May 2024,
Auditorium Z1/2, WHO headquarters main building Geneva, Switzerland

TIME	TOPIC	SPEAKER
09:00	**Welcome, opening remarks and video message from the WHO Director-General**	**Bruce Aylward,** Assistant Director-General, Universal Health Coverage, Life Course, WHO
09:10	**Lived experiences session**	**Moderator: Bruce Aylward,** Assistant Director-General, Universal Health Coverage, Life Course, WHO
09:45	**Background and meeting objectives**	**Alarcos Cieza** Unit Head Department of Noncommunicable Diseases, Rehabilitation and Disability, WHO **Stuart Keel** Technical Officer, Department of Noncommunicable Diseases, Rehabilitation and Disability, WHO
10:15	**Break for morning tea**	
10:45	**Moderated panel discussion with country representatives**	**Nor Fariza Ngah** Deputy Director General of Health (Research & Technical Support), Ministry of Health Malaysia **Micheal Gichangi** Head of Ophthalmic Services Unit, Ministry of Health Kenya **Warapat Wongsawad** National Eye Care Service Plan Development Committee, Ministry of Public Health Thailand **Moderator: Vinayak Mohan Prasad** Unit Head Tobacco Free Initiative, WHO
11:40	**The WHO SPECS 2030 initiative: an overview**	**Stuart Keel** Technical Officer, Department of Noncommunicable Diseases, Rehabilitation and Disability, WHO
12:00	**Q&A**	
12:20	**Group photo**	

12:30	**Break for lunch**	
13:45	**United Nations agencies: introductions and opportunities**	United Nations International Children's Emergency Fund (UNICEF), International Labour Organization (ILO), ATscale Global Partnership, Universal Postal Union (UPU)
14:15	**Ceremony for inaugural Global SPECS Network members**	
15:30	**Break for afternoon tea**	
16:00	**How WHO operates and is funded**	**Imre Hollo** Director Strategic Planning
16:15	**Opportunities for the WHO SPECS 2030 Initiative in the WHO regions**	WHO Regional Office representatives **Moderator: Imre Hollo** Director Strategic Planning
16:45	**Do's and don'ts for Global SPECS Network member organizations**	**Issa T. Matta** Senior Legal Officer
17:00	**Q&A**	
17:30-19:30	**Reception**	

15 May 2024, 09:00-17:30, CEST

TIME	TOPIC	SPEAKER
09:00	**Summary of day I**	**Alarcos Cieza** Unit Head Department of Noncommunicable Diseases, Rehabilitation and Disability, WHO
09:15	**Overview of WHO normative work**	**Vision and Eye Care Programme** WHO
10:00	**WHO SPECS 2030 initiative Communications overview**	**Hayatee Hasan** Communications Officer, Health Information and Advocacy, WHO **Kimberly Middleton** Communications Manager, Sightsavers
10:10	**Q&A**	
10:30	**Break for morning tea**	

11:00	**Overview of the Global SPECS Network**	**Mitasha Yu** Consultant, Department of Noncommunicable Diseases, Rehabilitation and Disability, WHO
11:10	**A focus on advocacy**	**Brandon Ah Tong and Jessica Thompson** Global SPECS Network Foundation Committee
11:20	**Presentations on the three Global SPECS Network workplans**	**Global SPECS Network Foundation Committee**
12:00	**Break for lunch**	
13:15	**Working groups** • Workstream 1: Awareness and demand generation • Workstream 2: Workforce • Workstream 3: Service delivery integration and product supply chain	
15:30	**Break for afternoon tea**	
16:00	**Group feedback: Global SPECS Network workplans**	
17:00	**Next steps**	**Alarcos Cieza** Unit Head Department of Noncommunicable Diseases, Rehabilitation and Disability, WHO
17:15	**Closing remarks**	**Jérôme Solomon** Assistant Director-General, Universal Health Coverage/Communicable and Noncommunicable Diseases

Annex 3: Important links and related resources

Global SPECS Network webpage
https://www.who.int/initiatives/specs-2030/global-specs-network

WHO Eye care, vision impairment and blindness webpage
https://www.who.int/health-topics/blindness-and-vision-loss#tab=tab_1

WHA 74.12 Integrated people-centred eye care, including preventable vision impairment and blindness
https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74(12)-en.pdf

WHO SPECS 2030 initiative webpage
https://www.who.int/initiatives/specs-2030

Launch of the WHO SPECS 2030 initiative - 14 July 2024
https://www.who.int/news-room/events/detail/2024/05/14/default-calendar/launch-of-the-who-specs-2030-initiative--including-the-inaugural-meeting-of-the-global-specs-network