Global Refractive Error Expert Consultation,
WHO Headquarters, Geneva, Switzerland

Meeting Report

11-12 May 2023
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Background

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 (1), while more than 800 million people have a near vision impairment (i.e. presbyopia) that could be addressed with a pair of spectacles for near (2). If left uncorrected, refractive error significantly impacts on well-being (3,4) and can contribute to poor academic performance in children (5,6). To confound this problem, the number of people in need of spectacles is expected to increase substantially in the coming decade. This is because presbyopia (2.1 billion in 2030) is part of the ageing process, while life-style related risk factors could drive the projected increases in myopia (3.36 billion by 2030) in the younger population (2).

Reduced vision can be improved and refractive errors can be fully corrected with the use of spectacles or contact lenses, or corrected by laser surgery on reaching adulthood. Spectacles are a non-invasive assistive product and are part of the WHO Priority Assistive Products List (7). Despite the availability of this simple, sight-correcting intervention, there are several challenges to increasing spectacle coverage, particularly in low- middle-income countries (LMICs). Firstly, as with many other health conditions, the burden of uncorrected refractive error tends to be greater in typically underserved populations, such as people living in rural areas, those with low incomes, women, indigenous populations, and ethnic minorities (2). Secondly, most LMICs do not perceive spectacles as health/medical items (but rather as cosmetic products) and refractive and optical services are commonly only available in the private sector (8). This may result in availability, affordability and quality issues. Other key challenges include insufficient availability of qualified human resources to refract and dispense spectacles, limited government oversight and clinical regulation, scarce facilities that are predominantly located in urban areas, and low awareness and acceptance of spectacles among the public.

The 2030 global target on effective coverage of refractive error

In recognition of the large unmet need for care, coupled with the fact an effective low-cost 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. Given the well-established impact of near vision impairment on quality of life and productivity (11), both, spectacle coverage for distance refractive error and near vision impairment due to presbyopia, will be considered in the global monitoring of eREC. This indicator and related target is intended to drive increases in refractive error service coverage in countries while delivering high quality care.
In order to support Member States to achieve the World Health Assembly endorsed 2030 target on eREC, during 2023, WHO is planning to launch WHO SPECS 2030: a global initiative to address the problem of uncorrected refractive errors. The Global Refractive Error Expert Consultation brought together stakeholders from relevant nongovernmental organizations, philanthropic foundations, and academic institutions to obtain preliminary feedback on different elements of the WHO SPECS 2030 initiative.

**Introduction**

**Meeting organisation**

A face-to-face technical consultation took place over two days from 11th-12th of May 2023. The meeting was opened by Professor Jérôme Salomon, Assistant Director-General, Universal Health Coverage/Communicable and Noncommunicable Diseases (NCD), WHO Headquarters. Dr Alarcos Cieza, Unit Head Sensory Functions, Disability and Rehabilitation, NCD, WHO Headquarters, moderated the meeting. A list of participants is available in Annex 1 and the agenda is available in Annex 2. The meeting was conducted in English.

**Meeting objectives**

The objectives of the meeting were:

1. To obtain feedback on the proposed objectives, structure and actions of the WHO SPECS 2030 initiative;
2. To discuss and outline the proposed next steps for the WHO SPECS 2030 initiative.

**Proceedings**

**Day 1**

Dr Alarcos Cieza welcomed participants to the meeting and delivered opening remarks. The agenda and meeting objectives were shared, and each participant was given a chance to introduce themselves.

Dr Stuart Keel introduced the WHO SPECS 2030 Initiative (Initiative) including the rationale, vision and mission, five pillars of the initiative, engagement structure, and a detailed breakdown of country-level ‘desired outcomes’ to aspire to through the actions of the initiative (Annex 3).

Meeting participants were separated into smaller groups to review the draft country-level ‘desired outcomes’ and provide feedback with a particular focus on highlighting
any red flags, possible additions and, areas needing further clarification. The key feedback provided is summarized below.

Key feedback on country-level ‘desired outcomes’ of the Initiative:

General

- Outcome-focused language should be used to describe the ‘desired outcomes’ of the Initiative and, where applicable, the outcomes should be supported by smaller or sub-outcomes with a clear hierarchical structure.

- It was identified that some of the ‘desired outcomes’, including innovation, were cross-cutting and extended beyond a single pillar. It was also suggested that, to address comprehensive needs, cross-cutting themes such as inclusivity, quality, enabling environment for scale, equity, and climate resilience should be integrated within the Initiative.

- Inclusion of the specific language in the private sector was identified as an area that requires more attention. Similarly, it was stressed that vision rehabilitation should not be overlooked when communicating the ‘desired outcomes’ of the initiative.

- There was a consensus on the necessity of defining the terms ‘screening’ and ‘refraction’.

- Participants emphasized the need for a more inclusive and transparent process for engaging and consulting with the private sector. They recommended actively involving a broader range of stakeholders, such as patient groups, healthcare professionals, and industry, to ensure diverse perspectives are considered.

Pillar: Improve access to Services

- It was emphasized that the focus should extend beyond primary healthcare integration and ‘minimum’ quality standards should be recommended for services.

- Concerns were raised about the potential negative impact on existing providers if services were expanded to the government sector and the importance of adopting a balanced approach was stressed. Alignment with existing frameworks and priority lists was deemed essential for a cohesive approach.

- Finance was identified as a key consideration and it was proposed to explore demand forecasting and its potential overlap with inventory management.

- Instead of the term ‘legislation’, the use of ‘policy guidance’ was proposed. It was also noted that while legislation changes may be required to enhance access, it is equally important to remove any restrictions imposed by existing legislation.

- The need to include vision screening in spectacles legislation to strengthen community and primary services levels was highlighted.
• Regarding implementation, it was recommended to integrate procurement not only for sourcing and acquiring refractive error products but also for distribution.

**Pillar: Build capacity of Personnel to provide spectacles**

• Clarity was sought regarding the goal of increasing the healthcare workforce with refractive competencies.

• Adequate training was emphasized to ensure that the workforce is equipped with the necessary skills to effectively utilize innovative approaches such as telehealth and the use of autorefractors.

• It was recommended to include the word ‘minimum’ in relation to international standards and expand the regulation of the workforce to incorporate the concept of competency.

• Clarification on the applicability of bottlenecks to presbyopia was suggested in the background section.

• Accreditation was proposed as an integral part of the regulation process. There was a recognized need to support the standardization of all tasks related to eye care. This would help ensure consistency and quality across different aspects of eye care services and enabling patient-safety.

• There is a need to clarify the definition of ‘screening’. Specifically, there was a discussion regarding whether screening referred only to uncorrected refractive errors (URE) or if it should include broader eye health screening. It was emphasized that avoiding confusion in this terminology is essential for effective communication and implementation.

• Additionally, participants stressed the importance of clarifying the term ‘PHC’ (Primary Health Care) to promote a comprehensive and inclusive understanding. This clarification would help foster a whole-of-society approach to eye care, ensuring that all relevant stakeholders are actively involved in delivering primary eye health services. Additionally, the distribution of the workforce was noted as a relevant aspect to consider.

**Pillar: Improve population Education**

• It was suggested to modify the first outcome to explicitly mention myopia and refractive error or focus solely on refractive error.

• Promoting eye care to non-eye care health professionals and involving teachers in school health programs were deemed important.

• Policy changes were recommended during the development of curricula, including eye care components in health curricula for teachers.

• It was suggested to initiate promotion efforts at the pre-school level highlighting the benefits of outdoor time in delaying the onset of myopia, while linking the
positive impacts in areas such as childhood obesity and other non-communicable diseases.

- It was proposed to integrate highly targeted demand generation or marketing into information about service availability.
- Additionally, examining the built environment was recommended in the context of myopia prevention and policies.

Pillar: Reduce the Cost of spectacles

- In it was suggested to include information on national manufacturing and supply capabilities, which could contribute to cost reduction, improved quality, and shorter delivery times.
- The cost barrier to accessing services should be addressed, and innovative financing models should be explored to ensure sustainable funding. Thus, establishing a sustainable financing mechanism should be included as a desired outcome. The activities may include exploring cross-subsidization within the public sector.
- It was noted that the current cost estimation only includes the cost of spectacles and should be expanded to encompass the overall cost of services.
- Engaging with the World Trade Organization (WTO) to establish an assistive product list was recommended. Reducing trade barriers on essential equipment and priority low-vision devices.
- The need for consumer protection and transparency on costs, particularly in light of routine upselling and large mark-ups by certain providers, was highlighted.
- There was a suggestion to incorporate specific myopia management lenses as part of available spectacles were proposed.

Pillar: Strengthen research and Surveillance

- Participants emphasized the inclusion of indicators in other levels of the results chains such as inputs and processes (in addition to the outputs and outcomes).
- Incorporating a focus on learning from data to identify gaps in eye care services was suggested.
- Quality assurance measures should be specified, ensuring the quality of both products and services.
- Capturing and reporting change should be outlined as a systematic process.
- Keeping the data gathering exercise within government capacity is essential and trying to access private market data if possible.
- It was proposed to include qualitative data collection and reporting, particularly in assessing the impact on quality of life.
• Compliance monitoring and effectiveness assessments within quality programs were also recommended to ensure optimal surveillance.

Day 1 concluded with Dr Bente Mikkelsen, Director General of NCD, WHO Headquarters with closing remarks, followed by Dr Alarcos Cieza recapping the key messages from the day. Dr Bente Mekkelsen highlighted the urgent need to improve global eye care access. The current statistics indicate that only one-third of people requiring spectacles for vision impairment have access to them, with significant inequities existing between low-income and high-income countries and gender disparities. The need for comprehensive approaches and interventions along the continuum of care was emphasized, including health promotion, prevention, and screening interventions. Strengthening national monitoring and evaluation frameworks for eye care, as well as fostering multisectoral collaboration, were identified as crucial steps. The WHO SPECS 2030 initiative was introduced as a means to support Member States in achieving the 2030 targets, with a focus on developing technical products, promoting united action, and engaging the private sector. The consultation served as an opportunity to align stakeholders and foster partnerships to integrate refractive error services into health systems.

Day 2
On the second day, Dr Alarcos Cieza provided a review of day 1 and an overview of the agenda for day 2.

WHO SPECS Private Sector Dialogues
In most countries, refractive error services are predominantly provided by the private sector. Considering the magnitude of refractive errors, corrective services cannot be addressed as part of universal health coverage without a major contribution of the private sector. WHO intends to convene a series of dialogues with the objective to mobilize meaningful and effective collaboration from the private sector to significantly scale up refractive error service coverage, specifically targeting low and intermediate resource settings.

Dr Bashier Ennoos, Technical Officer, NCD, WHO Headquarters and Dr Bianca Hemmingsen, Technical Officer, NCD, WHO Headquarters presented in the morning session a comprehensive overview of previous private sector dialogues that have been carried out by the WHO NCD department on increasing access to insulin. The topics covered included (1) the process for engagement and consultation; and (2) development of requests (‘asks’) for the private sector; and (3) examples of the commitments from private sector. Key points raised by meeting participants included:

• Development of ‘Asks’: Participants highlighted the importance of crafting clear and actionable ‘asks’ presented to the private sector during the dialogues.
Participants stressed the need for specific, measurable, and realistic requests, allowing for meaningful and measurable progress. In addition, there was strong sentiment that key stakeholders in the eye care sector be engaged and consulted in the development process of the ‘asks’.  

- **Commitments from the Private Sector**: Participants suggested for substantial and impactful commitments that go beyond pledges, ensuring tangible improvements in accessibility, affordability, and availability of refractive error services and spectacles for populations in need.  

- **Collaborative Approaches**: Feedback emphasized the significance of fostering strong partnerships between the public and private sectors. Participants stressed the importance of collaborative approaches that promote shared goals, trust, and accountability. They recommended leveraging the expertise and resources of both sectors to drive sustainable and scalable solutions.  

**WHO SPECS Normative Work**

In the context of one of WHO's core functions—development of norms and standards—WHO, through consultation with international experts, will develop a series of technical resources to support Member States and other stakeholders in the implementation of the WHO SPECS 2030 desired outcomes. Dr Stuart Keel provided an overview of the proposed normative work to support each SPECS 2030 pillar (Annex 3). Following this, participants were asked to discuss if there were (1) any obvious omissions/areas of work that have been overlooked; and (2) which of the areas of work presented they see as the highest priority. The key feedback received from meeting participants included:

- It was suggested that a step-wise approach should be taken to ensure a systematic and progressive development of normative work based on which areas of work could contribute to the achievement of the highest priority country-level ‘desired outcomes’.

- Participants recommended that the following areas of normative work should be prioritized:
  
a. Guidance paper on legislative interventions that can impact on increasing coverage of refractive error services;  
b. Models for competency-based teams approach for refractive error;  
c. Technical brief on evidence-based innovations for refractive error and specifically on myopia management;  
d. Health systems and policy research agenda for eye care.

- In the context of the proposed ‘International quality standards summary guide’, it was suggested to include low vision devices (LVDs), equipment, and specify
"minimum" standards, while also considering standards beyond ISO, such as those from Canada and Australia, and different cultural and practice contexts.

- Participants suggested the importance of developing education materials for teachers and health workers as part of the normative work.
- Lastly, a suggestion was made for the network, along with the private sector, to collaborate and develop a guide for inventory management to ensure efficient supply chain practices.

**WHO Global SPECS Network**

Recognizing that equitably expanding global refractive coverage requires a multisectoral approach, the WHO Global SPECS Network intends to provide a platform for stakeholders to promote collective and coordinated advocacy and action towards the achievement of 2030 global target for refractive error, share experiences and to expand their professional network.

Dr Stuart Keel provided an overview on the proposed WHO Global SPECS network, including the objectives, membership eligibility criteria and process for applications, and proposed operations of the network. Following this, Dr Shelly Chadha, Technical Officer, Sensory Functions, Disability and Rehabilitation, NCD, WHO Headquarters, provided an overview of the World Hearing Forum, including the workstreams that have been established, to provide participants with an example of the types of outputs that may be produced by the network.

Meeting participants were then separated into working groups to develop a shortlist of what they thought should be the topics of the top three workstreams using SWOT analysis, noting that final decisions on the workstreams would not be made in the meeting, but rather the feedback will be used as a guide for WHO’s decision on the final workstreams.

The following thematic workstreams were provided as feedback (a breakdown of suggestions from each group can be found in Annex 4):

**Topic Area 1: Workforce and Service Delivery**

- This topic area focuses on building a competent workforce and ensuring effective service delivery by addressing issues related to workforce training, skills, and competencies, as well as enhancing service providers for delivering good quality spectacle provision.

**Topic Area 2: Demand Generation and Awareness**

- This topic area aims to generate demand for refractive services and raise awareness about the importance of maintaining and restoring good vision.
- It involves strategies to create public awareness, engage stakeholders, and implement campaigns to promote the uptake of refraction services.
Topic Area 3: Legislation, Enabling Environment, and Cross-Sector Engagement

- This topic area emphasizes the need for supportive legislative frameworks and an enabling environment that facilitates the scale-up of refraction care services.
- It also highlights the importance of cross-sector engagement, particularly through a lens aligned with the Sustainable Development Goals (SDGs), to foster collaboration and maximize impact.

Topic Area 4: Innovations, Resources, and Standards

- This topic area encompasses various aspects of advancing refraction care through innovations, resource mobilization, and the establishment of standards.
- It involves promoting the adoption and dissemination of existing proven innovations, fostering research and development for new innovations, unlocking resources for eye care initiatives, and maintaining high-quality standards throughout the product, service delivery, supply chain, and monitoring processes.

Dr Stuart Keel concluded with several next steps identified for follow-up. These include the following key actions:

Key actions

1. Consolidating the feedback received during the meeting and preparing a comprehensive meeting report.

   Status: In progress

2. Revision of WHO SPECS 2030 based on feedback, inc. (i) desired outcomes; (ii) normative work; (iii) Network workstreams.

   Status: In progress

3. Preparation for private sector dialogues

   Status: Work to commence Q3 2023

4. Pre-launch of the WHO SPECS 2030 Initiative (Q3 2023). This action will involve building awareness and laying the groundwork through tools such as a website, in preparation for the official launch of the initiative.

   Status: In progress

5. Open call for membership for the WHO Global SPECS Network (Q3 2023): During the same period, an open call will be announced to invite interested parties to join the WHO Global SPECS Network. This call will allow individuals and organizations to apply for membership, fostering a diverse and collaborative network.

   Status: Work to commence Q3 2023
6. Launch of WHO SPECS 2030 to coincide with WHO Global SPECS Network first meeting (Q1 2024). This simultaneous launch will signify a significant milestone in driving forward the vision, goals, and collaborative efforts of the initiative and the network.

Status: Work to commence in Q4 2023

Closing
In her closing remarks, Dr Alarcos Cieza expressed her appreciation for the active participation and valuable insights shared during the meeting. She emphasized the importance of collaboration, highlighting the need for inclusive and transparent processes that involve diverse stakeholders. Dr. Cieza also emphasized the significance of prioritizing clear and actionable ‘asks’ to the private sector, aiming for substantial commitments that result in tangible improvements in access to refractive error services and spectacles. She concluded by highlighting the importance of the WHO SPECS network and the development of workstreams to drive sustainable and scalable solutions for refractive services in integrated people-centered eye care.
References


Annexes

Annex 1. List of participants

<table>
<thead>
<tr>
<th>REPRESENTATIVE</th>
<th>INSTITUTE / ORGANIZATION</th>
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<td>Thulasiraj Ravilla</td>
<td>Aravind Eye Hospital</td>
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<td>Babar Qureshi</td>
<td>Christian Blind Mission (CBM)</td>
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<td>Liz Smith</td>
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<td>Vinod Daniel</td>
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<td>Ivo Kocur</td>
<td>International Council of Ophthalmology</td>
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<td>Peter Holland</td>
<td>International Agency for the Prevention of Blindness</td>
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<td>Lynn Anderson</td>
<td>International Joint Commission on Allied Health Personnel in Ophthalmology</td>
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<td>Kovin Naidoo</td>
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<td>Pelin Munis</td>
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<td>The Fred Hollows Foundation</td>
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<td>Andrew Cooper</td>
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<td>Sheri-Nuoane</td>
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<td>Barbara Goedde</td>
<td>ATscale Partnership</td>
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<td><strong>World Health Organization</strong></td>
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<td>Prof Jérôme Salomon</td>
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<td>Bente Mikkelsen</td>
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<td>Alarcos Cieza</td>
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<td>Stuart Keel</td>
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<td>Silvio Paolo Mariotti</td>
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<td>Andreas Mueller</td>
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<td>Vera Carneiro</td>
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<td>Shelly Chadha</td>
<td>Technical Officer, Sensory Functions, Disability and Rehabilitation</td>
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<td>Bashier Enoos</td>
<td>Technical Officer, Integrated Service Delivery</td>
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<td>Bianca Hemmingsen</td>
<td>Medical Officer, NCD Management</td>
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## Annex 2. Meeting agenda

### Day 1 – Thursday 11th May

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<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>09:00 – 9:30</td>
<td><strong>Opening remarks</strong>&lt;br&gt;<strong>Professor Jérôme Salomon</strong>, Assistant Director-General,&lt;br&gt;Universal Health Coverage/Communicable and Noncommunicable Diseases</td>
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<td>09:30 – 10:15</td>
<td><strong>Welcome, introductions and meeting objectives</strong>&lt;br&gt;<strong>Dr Alarco Cieza</strong>, Unit Head,&lt;br&gt;Noncommunicable Diseases Department/HQ</td>
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<td>10:15 – 11:00</td>
<td><strong>Introducing the WHO SPECS 2030 Initiative</strong>&lt;br&gt;<strong>Dr Stuart Keel</strong>, Technical Officer,&lt;br&gt;Vision and Eye Care Programme/HQ</td>
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<td>11:00 – 11:30</td>
<td><strong>Break for morning tea</strong></td>
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<td>11:30 – 13:00</td>
<td><strong>WHO SPECS 2030: desired outcomes, Session I</strong>&lt;br&gt;<strong>Dr Stuart Keel</strong>, Technical Officer,&lt;br&gt;Vision and Eye Care Programme/HQ</td>
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<td>13:00 – 14:00</td>
<td><strong>Break for lunch</strong></td>
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<tr>
<td>14:00 – 15:30</td>
<td><strong>WHO SPECS 2030: desired outcomes, Session II</strong></td>
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<td>15:30 – 15:45</td>
<td><strong>Break for afternoon tea</strong></td>
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<td>15:45 – 16:30</td>
<td><strong>Feedback: desired outcomes</strong></td>
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<td>16:30 – 17:00</td>
<td><strong>Recap and closing</strong>&lt;br&gt;<strong>Dr Bente Mikkelsen</strong>, Director,&lt;br&gt;Noncommunicable Diseases Department/HQ</td>
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18:30  *Contributory dinner* (Restaurant: La Vie des Champs)

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**Day 2 – Friday 12th May**

09:00 – 9:15  *Welcome and overview of Day 2*

   **Dr Alarcos Cieza**, Unit Head, Noncommunicable Diseases Department/HQ

9:15 – 10:30  *WHO SPECS private sector dialogues*

   **Dr Bashier Enoos**, Technical Officer, Noncommunicable Diseases Department/HQ

   **Dr Bianca Hemmingsen**, Technical Officer, Noncommunicable Diseases Department/HQ

10:30 – 11:00  *Break for morning tea*

11:00 – 12:30  *WHO normative work*

   **Dr Stuart Keel**, Technical Officer, Vision and Eye Care Programme/HQ

12:30 – 13:30  *Break for lunch*

13:30 – 15:00  *WHO SPECS Network*

   **Dr. Stuart Keel**, Technical Officer, Vision and Eye Care Programme/HQ

15:00 – 16:00  *Feedback: workstreams*

16:00 – 16:45  *WHO SPECS Network: workstreams (including coffee break)*
16:45 – 17:00  Recap, next steps and closing
Annex 3. Key components of the WHO SPECS 2030 Initiative

Vision

WHO SPECS 2030 envisions a world in which everyone who needs spectacles has access to quality, affordable and people-centred refractive error services.

Mission

To support the achievement of the World Health Assembly endorsed 2030 target on effective refractive error coverage.

Five pillars

WHO SPECS 2030 calls for coordinated global action amongst all stakeholders across five strategic pillars, in line with the SPECS acronym (Figure 1).

Figure 1. Five strategic pillars of WHO SPECS 2030

Desired outcomes

For each pillar, a set of country-level 'desired outcomes' have been defined that would facilitate an increase refractive error coverage (Figure 2).
Engagement structure of WHO SPECS 2030

Achieving the desired outcomes of WHO SPECS 2030 will require a multisectoral approach, involving Member States, WHO, multi-lateral institutions, non-governmental organizations, academia, the private sector and the public. Under the leadership of WHO, WHO SPECS 2030 will focus on three key strategies of engagement (see Figure 3, and briefly described below). 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 mission and the desired outcomes.
Annex 4. Details of each group’s feedback on the workstream topics

Group 1
- Competency based workforce
- Demand generation
- Service delivery and access points

Group 2
- Demand generation and awareness
- Legislation to create an enabling environment for scale
- Innovations for scale (With two streams: One focused on the uptake and dissemination of existing/proven innovations; One focused on an R&D pipeline of needed innovations)
- Cross sector engagement (SDG lens)

Group 3
- Legislative and regulatory framework
- Unlocking resources
- Cross sector engagement
- People (workforce and health promotion)

Group 4
- Awareness and uptake
- Legal framework and standards
- Product, service delivery, supply chain and monitoring
Annex 5. Additional written feedback received from participants on workstream topics

Group 2: Work Streams based on Cross-Cutting Themes – rough notes

1) Legislative agenda to create an enabling environment for scale
   a. If addressed would create a supportive environment for myriad models and supportive activities to scale
   b. This agenda could get long. Would benefit from a prioritized or purposely sequenced list.
   c. Would likely entail the development of evidence or cases for support, as well as advocacy tool kits.
   d. Would activate all of the members at the country level to engage in advocacy efforts
   e. Would involve people with backgrounds in gov’t, legal, academia, private sector, NGOs, etc

2) Cross-Sector Engagement through an SDG lens
   a. 1+8 = Livelihoods, Economic Growth and Financial Inclusion
   b. 3.6 = Road Safety
   c. 4 = Education
   d. SPECS is multi-stakeholder by design and founded in the resolution that ties eyeglasses to the SDGs.
   e. Would leverage WHO’s unique positions to engage bi-laterals and other UN agencies, as we all as bring in other NGOs, and private sector stakeholders and associations
   f. Would be constructive from both demand and supply perspectives

3) Innovations for scale
   a. This is a large category. Would need to prioritize a short set of innovations or outcomes to start or the agenda will get too diffuse
   b. Would likely need two streams:
      i. One focused on the uptake and dissemination of existing/proven innovations,
      ii. One focused on an R&D pipeline of needed innovations
   c. Would allow for disruptive thinking with people new and outside of our space
i. For example: supply chain and quality for example might include participants from the blockchain world

4) Demand Generation and Awareness

a. Two dimensions

i. Institutional awareness raising – issue level among government reps, international development orgs, employers/business and other intermediaries, each engaged with thousands of potential eye glasses wearers. Create a movement. This might best leverage the WHO’s unique position to bring new actors to the issue

ii. End consumer demand creation - Aspiration for and uptake of vision screening and eyeglasses. Address intrinsic motivators – this might best be done outside of WHO

1. Unified approach for demand generation across the continuum of care and deliver by gov’t, private and NGOs

2. Expertise includes: Advocacy, behavior change communication, marketing, campaigning, behavioral economics

Group 4: Feedback on workstream topics
Areas of expertise required within each workstream

- Awareness and uptake (demand generation)
  - Advocacy
  - Communication
  - Programmes
  - Govt relations
  - Community interaction
  - Academic
  - Marketing

- Legal framework & standards
  - Technical
  - Legal
  - Govt. relations
  - Academic

- Product, service delivery, supply chain, and monitoring
  - Business
  - Programmes
  - Supply chain
  - M&E
  - Marketing
  - Academic
  - Technology