

### EVALUATION OF VISUAL IMPAIRMENT ACTIVITIES IN PACIFIC ISLAND COUNTRIES

#### BACKGROUND

A range of visual impairment services are delivered and funded in the Pacific: by Pacific governments and by MFAT and other donors and development partners. This evaluation focuses on support provided by MFAT over 2006 to 2015. It also considers support provided by those other donors and development partners, as well as visual impairment activities led by Pacific governments.

The evaluation focused on the Pacific Regional Blindness Prevention Programme (PRBPP) and a Regional Eye Centre (REC) alongside the New Zealand Medical Treatment Scheme (MTS) which includes a small amount of ophthalmological care.

The evaluation provides information to inform decision making around future New Zealand Aid Programme support for visual impairment activities in the Pacific. It analysed the relevance, impact and sustainability of these activities, and made recommendations to inform future directions.

#### WHAT WORKED WELL?

Though not a major contributor to the burden of disease in the Pacific, there is nevertheless a high need for visual impairment services in the Pacific. An aging population and the growing prevalence and incidence of diabetes means that this demand is likely to remain high for some time. The focus of MFAT investment in visual impairment is relevant in terms of its strategic investment priorities and meeting the ongoing need for services and in building workforce capacity and capability.

According to the evaluation, the result of MFAT investments and partnerships is a multi-faceted response to lifting standards, capacity and performance of eye health services across multiple countries. These achievements extend across workforce training, service delivery, workforce support, provision of supplies and consumables, and leadership.

MFAT, in partnership with the Fred Hollows Foundation New Zealand (FHFNZ) has been investing in visual impairment activities in the Pacific for some time with considerable progress and success. The achievements are a result of a long term investment and relationships, and the experience of FHFNZ, the implementation partner. The partnership has built many parts of the eye system, in particular workforce training and network building across the region. Activity monitoring data on workforce training and service delivery show that there has been a benefit in building local capacity and capability by training more than 200 eye health professionals. There were also around 35,000 eye consultations completed every year.

The evaluation notes that perhaps the real difference made was an effective system functioning including a supportive network of relationships, supervisions, supplies, training, quality systems and collegiality. The wider system impact, according to evaluators, shows that the Aid Programme can clearly justify addressing visual impairment as a priority.

## **WHAT IMPROVEMENTS COULD BE MADE?**

The growing incidence and prevalence of conditions such as diabetes will require an approach that is more integrated with other parts of the health system. According to the evaluation, the challenge is to extend the successful investment in eye health to other parts of the system.

The evaluation found that MFAT's support is not always well aligned with aid effectiveness principles, in particular recipient country systems (such as financial and reporting). To date the system response to this need has been largely led and coordinated outside each country creating a level of dependency on external partners. Activities are also not formally endorsed by these governments in national plans or strategies; are rarely 'on budget' in terms of costed in country budget frameworks; or 'on report' in terms of captured within the national health indicators. This means activities risk long term sustainability without the support of these partners.

The evaluation concludes that the benefits can be sustained. This will require a well-managed transition to each government over a period of time. The transition will need to be tailored to each individual country.

Investment in these activities have not had the same impact everywhere. Progress has been made in countries where there is sustained and strong leadership in eye health and where governments have taken greater ownership.

## **RECOMMENDATIONS**

The report recommended MFAT continuing to support activities with some key changes. These include focusing on ensuring the transition of Activities to governments and local systems, extending the reach of MFAT support in a number of areas and continuing to focus on strengthening provision of comprehensive eye care services.

Specific country focused recommendations included encouraging and supporting the government of Fiji to strengthen leadership and coordination for eye care, grow the REC in the Solomon Islands into a truly regional facility.

## **OUR RESPONSE**

MFAT acknowledges the importance of eye health care, and considers we need to prioritise funding according to strategic priorities and health needs as identified by our partner governments.

## **DETAILS ABOUT THE EVALUATION**

**Completed by: Ned Hardie-Boys, Kate Primrose and Don Matheson for the Ministry of Foreign Affairs and Trade**

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