



HUMAN RESOURCES FOR EYE HEALTH WORK GROUP

Background

Human resource development is one of the six building blocks of health system development and is emphasized in Resolution WHA66.4 “Universal Eye Health; global action plan 2014-2019”.

The human resource development component encompasses providing equitable, affordable and high quality comprehensive eye care to communities world-wide through a well trained and equipped team of eye health professionals. The range of the team includes ophthalmologists, optometrists and allied ophthalmic personnel.

Evolution of Human Resources for Eye Health (HReH) work group

The need for a work group dedicated to focus on HR globally was endorsed at the Joint Meeting of WHO PBD and the Task Force for VISION 2020 of IAPB held in Hyderabad in September 2003. Subsequently it was converted to a programme committee of IAPB, a status that was reaffirmed in the 2010 review of IAPB programme committees and discussion groups.

Recently a recommendation of the IAPB Membership & Governance review in 2013/14, adopted by the Board at its Paris 2014 meeting, reaffirmed the importance of work groups as a means to both encourage Member participation and collaboration and contribute to eye health system development.

These new Terms of Reference for the HReH work group are presented to the Board for approval at its Dubai 2015 meeting and reflect areas of human resource development where it is believed an IAPB HReH work group can most add value.

Terms of Reference for the HReH work group

The HReH work group will carry out the following activities over the next three years:

1. Develop and circulate key parameters for data collection, with a focus on metrics required for the evaluation of resolution WHA66.4.
2. To stimulate and support WHO, partner organizations, and regional HR entities to collect data.
3. Develop and recommend a template and framework for achieving the Human Resource Development goals within the context of resolution WHA66.4 for regions to take as a template for development of national plans integrated into their national action plans for Eye Health and for health workforce development. Issues of team building, access, availability, and quality of resulting services will be the broader framework.

4. Advocate for regional and national workshops on HRD as a regional responsibility.
5. Encourage dissemination of basic minimum standards for ophthalmology and residency training developed by ICO and for optometry training and continuing education developed by WCO.
6. Encourage dissemination of minimum standards for training of allied ophthalmic personnel by IJCHAPO, ASORN, and other professional groups.
7. Respond to specific requests made by the WHO and/or the IAPB Board of Trustees that fall within the mandate of the HReH.
8. Report at periodic intervals at the meetings of IAPB.
9. Mobilize resources to fulfill its mission.
10. Liaise with regional HReH work groups consisting of Regional Chairs, Regional Coordinators, Representatives of work groups and other members as appointed.
11. Support regions, partners, and eye health professional societies in advocating for health system policies that ensure that trained professionals are provided the facilities and policy support required to apply their training.

Structure and workings of the HReH work group

The Chair will be nominated by the Board. The Chair's Role is to i) chair the Work Group meetings; ii) represent the Work Group at internal and external meetings; iii) oversee the work of the Work Group and ensure the work of the group is carried out.

Membership of the group will be drawn from representatives of the three professional bodies ICO, WCO, IJCAPO, the regional HReH work groups and, where required, experts in curriculum development and training of specialists. All work group members are expected to actively contribute their particular expertise and knowledge to ensure the group meets its stated objectives.

The Work Group will meet either face to face or by teleconference at least twice a year. Opportunities for face-to-face meetings will be sought around other events that may already see the attendance of the work group members.

Decisions at a meeting of the Work Group must be determined by a resolution passed by a majority of votes of those present and voting. The quorum for a meeting shall be not less than 1/3 of members. The Chair will not have a casting vote. Responsibility for minute-taking will be on rotation.



The Work Group will regularly report on its activities to the IAPB Board of Trustees. The Work Group, through its Chair, will seek the approval of the IAPB Board for any new position statement it wishes to be formally approved as an IAPB position. The Board will periodically review the activities of the work group and make any relevant decision on its focus and continuity.

Date Terms of Reference created: March 2015.
Date for next review: March 2018