International Council of Ophthalmology/
International Federation of Ophthalmological Societies

Strategic Plan, 2007 - 2012

Part 1: Broad Future Directions

This Strategic Plan defines broad future directions for the International Council of Ophthalmology / International Federation of Ophthalmological Societies (ICO/IFOS) as well as six goals and more specific strategies and long range objectives related to each goal. The Plan is intended to be a blueprint for ICO/IFOS’s next five years.

This is Part 1 of the Strategic Plan, which describes broad future directions for ICO/IFOS. It contains:

- a mission statement
- vision for international ophthalmology
- vision for the ICO/IFOS
- primary strategic directions
- six major goals.

Part 2 of the Plan outlines the current and proposed future programs, initiatives and long range objectives that would fall under each of the six goals.

Part 3 lists primary strategies and long range objectives defined for each of the six goals, along with other strategies and ideas suggested at the planning sessions.

Part 4 contains action plans that have been defined for achieving the long range objectives.

Attachment A reports on the analysis of the environment that provided perspective for definition of the Strategic Plan. It covers external trends that will affect international ophthalmology and the ICO/IFOS in the next five to 10 years; the needs of the public, of ophthalmologists and of ophthalmologic societies; and the strengths and weaknesses of international ophthalmology and ICO/IFOS.

Attachment B lists the participants in the planning sessions, summarizes the strategic planning process and reports on plans for follow-up to complete and implement the Strategic Plan.

This Plan was defined mainly at two planning sessions, the first held July 4 - 5, 2006 in Zurich, Switzerland, and the second on November 11, 2006 in Las Vegas, Nevada, USA.

The discussions at the first planning session were stimulated and supported by the responses to questions posed to members of the Council, its Advisory Committee, members of IFOS and other leaders in ophthalmology around the world. The questions
were sent in a series of e-mailings, with answers posted in the ICO/IFOS “Forum on the Future” (www.icoph.org/plan). There were more than 150 comments and suggestions in the Forum, all included in the agenda book for participants in the first planning session.

After the Zurich meeting, a first partial draft of a Strategic Plan was circulated for comment to the Council, Advisory Committee and IFOS members. Based on the responses, the draft Plan was revised and several issues were identified for further discussion. The Council and Advisory Committee were asked for their opinions on those issues in a series of mailings, leading to a further revision of the Plan in November, prior to the follow-up planning session in Las Vegas. This draft incorporates discussions from that planning session. (See Attachment B for more details on the process and plans for follow-up.)

**Mission**

(The mission defines the primary results or outcomes that ICO/IFOS exists to achieve.)

The International Council of Ophthalmology / International Federation of Ophthalmological Societies (ICO/IFOS) works with ophthalmologic societies and others to enhance ophthalmic education and improve access to the highest quality eye care in order to preserve and restore vision for the people of the world.

**Vision for International Ophthalmology, 2017**

(This vision describes international ophthalmology as it will be 10 years from now if the ICO/IFOS is successful. Part of the focus of the ICO/IFOS Strategic Plan is to make this vision a reality.)

In 2017, international ophthalmology has developed an integrated global process for training the ophthalmologists, subspecialists in ophthalmology and allied personnel required to meet the public need for eye care.

There are broadly accepted standards for ophthalmology residency training around the world, and most ophthalmologists are certified as possessing essential knowledge and skills. There is also a global system for continuing professional development of ophthalmologists, much of it accessible through the Internet.

Ophthalmologists practice in close cooperation with other physicians and lead teams of allied personnel focused on meeting the needs of their communities for both eye care and vision care.

There are sustainable eye centers in underserved regions focused both on providing care and training ophthalmologists and other personnel needed within the region.

**Vision for the ICO/IFOS, 2012**
(This describes the organization as it will be in five years, when the Strategic Plan has been implemented.)

In the year 2011, the International Council of Ophthalmology is recognized as a global leader of ophthalmic education and influential advocate for ophthalmology, eye care and vision.

The ICO leads, assists and works closely with national, supranational and subspecialty ophthalmologic societies, in cooperation with WHO, non-governmental development organizations (NGOs) and other entities, to improve access to quality care.

Most ophthalmologic societies are members of the ICO and send delegates to the General Assembly every two years. The ICO helps societies develop and become increasingly effective. In areas where no societies exist, it supports the formation of societies or expansion of nearby societies to represent and serve all ophthalmologists in the world.

The ICO works with member societies to offer educational programs, products and information to help individual ophthalmologists stay current and provide the best possible eye care to the public. The World Ophthalmology Congress, sponsored by ICO, is recognized as one of the best meetings in the world for both ophthalmologists and others who work with them.

The Board and its committees are supported by professional staff, with a substantial budget generated from dues from members, Congresses and courses, sales of products and services and generous support of ophthalmic industry through the ICO Foundation.
Primary Strategic Directions

In order to fulfill its mission and realize its vision for the future, ICO will:

- Focus on ophthalmic education, particularly (but not exclusively) training of ophthalmologists, subspecialists, medical students and allied personnel to serve in developing countries and underserved areas
- Develop consensus on essential, appropriate standards for residency training in ophthalmology and help residency program directors enhance training
- Work with national ophthalmologic societies and others to establish sustainable eye centers to provide care and training in areas of need
- Define evidence-based clinical guidelines and standards related to vision and eye care and provide other resources to help ophthalmologists meet the needs of their communities
- Become an effective advocate for ophthalmology, eye care and preservation of vision and promote operational and clinical research
- Develop stronger relationships with WHO, VISION 2020, non-governmental development organizations (NGOs), governments and other groups involved with eye care and vision
- Assess what ophthalmologic societies want and need and provide courses, information and assistance to help them develop and become increasingly more effective
- Continue to focus on countries with minimal ophthalmic presence and help ophthalmologists in those countries form societies or affiliate with existing societies
- Assume responsibility for management of the World Ophthalmology Congress
- Co-sponsor congresses and courses with member societies and collaborate with them to offer programs, products and services for individual ophthalmologists
- Obtain the financial resources needed to implement this Plan and strengthen the organization by working closely with the ICOFoundation, building closer appropriate relationships with industry and developing other sources of income
- Establish a program to develop leaders for both the ICO and other societies, get more ophthalmologists involved and hire professional staff to support the volunteer leadership
Goals

(Goals define the major areas of activity of the organization and what each is intended to accomplish. They provide a framework for organizing the rest of the Strategic Plan and for the work to be done to implement it.)

**Ophthalmic Education:** to help ophthalmologists, subspecialists, medical students and allied eye care personnel obtain the knowledge, skills and professionalism necessary to provide high quality eye care.

**Ophthalmic Practice:** to define evidence-based clinical guidelines and standards for vision and eye care and provide other resources to help ophthalmologists meet the needs of their communities.

**Research:** to stimulate and support operational and clinical research that will contribute to improving eye care and to preservation and restoration of vision.

**Advocacy:** to work with ophthalmologic societies and other organizations to convince national governments and others to increase support for eye care and the prevention of blindness and visual loss.

**Society Relations and Support:** to develop closer working relationships with national, supranational, subspecialty and other ophthalmologic societies and provide programs, information and assistance to help them become increasingly effective.

**Organizational Development:** to develop the leadership, organizational structure, staff support and financial resources needed to achieve our goals.
Part 2: Programs, Initiatives and Objectives for Each Goal

This Part of the Plan lists the six goals defined in Part 1 with the various existing and proposed programs, initiatives and long range objectives that fall within each one.

**Ophthalmic Education:**

**Training:**
- Ophthalmology Residency Curriculum and Guidelines*
- Ophthalmology Residency Program Directors Courses et. al.
- Allied Eye Care/Mid-Level Personnel*
- Medical Student Education
- Training of Subspecialists

**Continuing Professional Development (including established programs):**
- International Basic and Clinical Science Assessments
- IFOS/ICO Fellowships
- World Ophthalmology Congress*
- Online Atlas of Ophthalmology
- Continuing Medical Education

**Pilot and Developing Projects:**
- Pilot Project in Nigeria
- Regional Eye Training Centers
  - Francophone Sub-Saharan Africa
  - Diabetic Eye Disease Centers
- Countries with Minimal Ophthalmic Presence
- Co-sponsored Congresses and Courses
- Online Education

**Ophthalmic Practice:**
- ICO International Clinical Guidelines
- Standards for Vision and Eye Care
- Assessment of Use of Guidelines and Standards*
- Code of Ethics
- Ophthalmic Equipment
- Other Resources and Support for Ophthalmologists in Practice*

* Long Range Objectives
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Research:

- Seminars and Courses on the Basics of Research Methodology*
- Stimulation of Operational Research and Training in Epidemiology
- Promotion of Basic Research Where Feasible

Advocacy:

- Representation in VISION 2020 and Relations with WHO, IAPB, and NGOs*
- National Advocacy (Helping National Societies Approach Governments)*
- Involvement of Ophthalmologists*

Society Relations and Support:

Targets:
- National Societies
- Supranational Societies
- Subspecialty Societies
- Other (e.g., ARVO)

Functions:
- Society Development*
- Formation of Societies Where None Exists*
- Other Resources and Support for Societies

Organizational Development:

- Governance and Organizational Structure*
- Leadership Development*
- Finances*
- Communications
- Membership Recruitment and Support
Part 3: Primary Strategies and Long Range Objectives for Each Goal

For each of the six major goals defined in Part 1, participants in the planning sessions defined the broad, desired results to be obtained through work on that goal and brainstormed possible strategies and action to be taken to achieve those results. They then agreed which strategies should be assigned highest priority and defined one to three long range objectives for each goal.

This part of the Plan lists the results, primary strategies and long range objectives, plus other strategies and ideas suggested for each goal. (Note that, since the “Other Possible Strategies and Ideas” listed below were the product of brainstorming, they do not necessarily reflect a consensus of the participants.)

Members of the International Council of Ophthalmology have been asked to take responsibility for each of the six goals. Individuals have also been asked to take responsibility for each of the long range objectives and have defined action plans for achieving the objectives (Part 4).

Ophthalmic Education

Broad Desired Results:

* - Increase the quality of eye care worldwide through enhanced training of ophthalmologists, subspecialists, medical students, and allied health personnel
* - Preservation and restoration of vision
  - More effective training programs and training
  - Increase access to care and meet the eye care needs of the public
  - Ophthalmologists acquire the knowledge, skills and professionalism they need
  - Ophthalmologists are kept informed and stay current

Primary Strategies:

- Continue to focus on defining plans and initiatives for education in countries with minimal ophthalmic presence, including identifying candidates for training and finding funding to support training
- Clarify what constitutes ophthalmology and define minimum essential requirements for training (e.g., experience with certain kinds of patients)

* High Priority
- Provide leadership for training of allied and mid-level personnel
- Assume responsibility for ongoing management of the World Ophthalmology Congress to assure continuity and educational quality
- Offer educational resources online, along with opportunities for self-assessment
- Provide curricula, resources and support for training in other languages than just English
- Work with the American Academy of Ophthalmology and others to support distribution of relevant educational materials worldwide
- Enhance continuing medical education of ophthalmologists, particularly by helping ophthalmologic societies improve what they offer
- Work with national ophthalmologic societies and others to promote and support the establishment of self-sustaining eye centers where needed to provide both care and training
- Link training with the infrastructure required, so that those who are trained, including subspecialists, have the equipment and resources needed to practice what they learn
- Organize joint congresses and courses with subspecialty, supranational and national societies

Long Range Objectives:

**Guidelines of Residency Education:** to define and develop consensus on appropriate guidelines for ophthalmology residency training around the world.

**Mid-Level Personnel:** to develop a program to enhance the training and continuing education of allied eye care personnel, including education of ophthalmologists about the value of such personnel and how to work with them most effectively.

**World Congress:** to assume responsibility for ongoing management of the World Ophthalmology Congress in order to assure continuity and the quality of the scientific program.

Other Possible Strategies and Ideas:

Define High Priority Targets for Initiatives in Ophthalmic Education (listed in order, starting with the highest priority):

- Residency training of ophthalmologists, particularly to work in underserved areas
- Programs directors and other teachers of ophthalmologists
- Mid-level/allied personnel
- Subspecialty training, particularly for underserved areas
- Medical students
- Ophthalmologists already in practice (continuing professional development/continuing education)

Other Possible Targets for Educational Initiatives:

* High Priority
- Eye care managers
- Optometrists and refractionists
- Orthoptists
- Nurses, social workers, etc.
- Ophthalmic technologists
- Opticians
- Other physicians, either during training or already in practice

Ophthalmology Residency Training:

* - Develop/provide educational materials that will be free for residents (e.g., free copies of journals), either via the Internet, on CD and in other ways
* - Encourage residency programs to use the ICO Assessments and develop other self-assessment mechanisms for residents
- Arrange or offer scholarships for residency training of individuals from developing countries who are qualified and eager to be trained
- Help programs obtain the technology and equipment they need for teaching
- Promote the development and use of simulators for surgery
- Provide more continuity of support after training, so that ophthalmologists can maintain their proficiency and continue to learn
- Encourage residents to learn English
- Facilitate translation of educational materials into other languages, including Chinese
- Encourage companies to support establishment of permanent wet labs for teaching
- Form partnerships to develop educational resources that don’t duplicate what already exists
- Evaluate the American Academy of Ophthalmology’s Clinically Relevant Curriculum (CRC) and suggest how it might be adapted for use in different countries and cultures
- Ask the Academy to discount the CRC for societies in developing countries

Ophthalmology Program Directors:

* - Establish an ICO committee with members from around the world who can help develop and teach courses for program directors from different countries and cultures
* - Extend the courses for residency program directors to more areas
* - Encourage a shift from an apprenticeship model to an apprenticeship/curriculum model of residency training and help program directors to define the curriculum for their programs
* - Establish a forum where each country can report on the status of training and discuss progress
* - Promote and support twinning of residency programs in developed and developing countries, such as between Germany and Africa, covering not just training but equipment, with joint research projects to promote the development of research capability in developing areas

* High Priority
- Encourage training of residents in “soft skills,” including management, team building, etc.
- Make sure there is follow-up with participants in ICO courses for program directors and evaluation to determine if there are improvements in residency training

Ophthalmology Subspecialty Training:

* - Work with subspecialty societies to define curricula for training in subspecialties
* - Stimulate societies to set up training programs for underserved areas
* - Work with subspecialties to offer six-month or longer fellowships
* - Endorse or co-sponsor courses with subspecialty societies similar to the course ICO is co-sponsoring with the International Uveitis Study Group
* - Identify good centers for subspecialty training and develop direct relations with them

Medical Students and MDs:

* - Issue a strong statement from the ICO that societies can use to protect time for ophthalmology in the medical student curriculum
* - Make the time medical students spend on ophthalmology relevant to what they will see in practice and useful to them, not esoteric
  - Promote adoption of a curriculum that defines the basic eye skills and knowledge that every medical graduate should have
  - Have a Medical Student Education Committee develop more resources for medical students and their teachers
  - Offer continuing education related to eye care for other MDs

Mid-Level and other Eye Personnel:

* - Focus on helping ophthalmologists offer services for whole communities, including refractions and glasses
* - Educate ophthalmologists about community needs and the role allied personnel can play in increasing productivity
  - Work with the WHO, VISION 2020 Human Resources Working Group, Joint Commission on Allied Health Personnel in Ophthalmology (JCAHPO) and other groups to develop educational programs
  - Offer materials for allied education online
  - Offer continuing education for community ophthalmic nurses

Continuing Professional Development:

* - Work with supranational and national societies to organize courses at supranational and big national congresses
  - Provide stipends or other support for people from developing countries to participate in the World Ophthalmology Congress or other congresses

* High Priority
Other:

- Work with IFOS members on an initiative to improve training
- Improve evaluation of ICO educational programs

## Ophthalmic Practice

### Broad Desired Results:

* - Define and establish minimum expected behavior for ophthalmology and ophthalmologists
* - Improve the quality and clinical consistency of eye care by defining generalizable standards of care
- Make ophthalmic practice more evidence-based
- Help ophthalmologists practice effectively and efficiently and meet the needs of those in their communities
- Help ophthalmologists in developing areas as well as large countries
- Help ophthalmologists in training learn what’s expected in practice
- Help societies adapt and use the standards
- Help individual ophthalmologists incorporate the use of guidelines and standards in their practice

### Primary Strategies:

- Conduct focus groups or evaluate in other ways how ICO Clinical Guidelines and standards are being used now and what could be done to help societies and practitioners adapt them for use in practice
- Assess what the ICO can do to help ophthalmologists, particularly in developing areas, practice effectively and efficiently
- Provide CDs, videos, courses and other resources to help societies adapt Guidelines and individual ophthalmologists use them (e.g., if a Guideline says something is expected, provide practical resources on how to do it)
- Add to the Guidelines Committee representatives from all supranational societies and regions, who will be responsible for promulgation and use within those regions
- Evaluate and endorse guidelines and standards developed by other societies and organizations and make them accessible through the ICO Web site
- Define new ICO Clinical Guidelines on corneal ulcers and infection and on endophthalmitis
- Define a standard covering low vision, visual function and functional vision

### Long Range Objectives:

**Use of Guidelines and Standards:** to conduct an evaluation of the current use of ICO Clinical Guidelines and standards and define what the ICO should do to help societies adapt them and individual ophthalmologists use them in practice.

* High Priority
**Practice Support:** to assess what other support in non-clinical areas the ICO might provide to help ophthalmologists in practice, particularly those in developing countries and underserved areas.

**Other Possible Strategies and Ideas:**

Guidelines:

* Replicate the model for implementing the Guidelines in China: translate them, hold workshops on defining guidelines, adapt them, introduce them to members, promulgate them to hospitals and institutions, etc.
* Obtain funding for projects to implement the Guidelines in other countries
* Develop partnerships with countries to promulgate the Guidelines and promote and support their use
* Incorporate use of the Guidelines into teaching residents and continuing medical education
* Streamline the Guidelines down to the bare essentials so that they can be read quickly and used in practice
* Beware of efforts to turn the ICO Guidelines into protocols and potential medical liability issues
* Find out what the American Academy of Ophthalmology does to encourage and support use of the Guidelines in practice

Other Possible ICO Clinical Guidelines:

- Vascular anomalies
- HIV/AIDS
- Graves

Standards:

- Define how to promulgate the standards and what can be done to help with their use

Other Possible Standards:

- Applanation tonometry
- Perimetry
- Electrophysiology and Multifocal ERG

Practice Support:

* Provide special recognition for individual ophthalmologists who have passed the Assessments or met other professional development goals
* Provide information and resources related to effective management: how to build a team, increase productivity, etc.

* High Priority
- Develop basic, intermediate and advanced videos on non-clinical subjects related to practice, like maintenance of slit lamps
- Work with other societies to develop specific products and services for individual ophthalmologists, including courses co-sponsored by subspecialties and other societies
- Avoid redundancy with existing products

Research

Broad Desired Results:

* - Raise the standard of care and improve practice
* - Support ophthalmic teaching
  - Support evidence-based ophthalmic practice
  - Development of new knowledge and treatment modalities
  - More targeted operational research that helps define what is most cost effective
  - Support for basic research in ophthalmology (which is a tool to acquire scientific skills and a better understanding of physiology, pathology and treatment possibilities)
  - Give ophthalmologists self-confidence that what they are doing is effective
  - Provide a source of financial support for individual ophthalmologists in developing countries
  - Provide an avenue for ophthalmologists to communicate and interact with other MDs

Primary Strategies:

- Stimulate and encourage operational research in areas where it is most needed to define what is most cost effective and should be done
- Encourage training in epidemiology to facilitate operational research
- Offer ICO seminars and courses on basic methodology for both clinical and operational research at World Ophthalmology Congresses and supranational and other congresses
- Disseminate the results of research relevant to eye care
- Actively promote basic research related to ophthalmology, including building relationships with other scientific disciplines
- Offer IFOS/ICO Fellowships or other extended training and support for individuals to do research, including Fellowships in epidemiology
- Develop consensus on what operational research is most needed
- Build operational measurement into all ICO programs so that their effectiveness can be measured

Long Range Objective:

Courses in Research Methodology: to offer seminars and courses at international congresses and other meetings covering the basics of both clinical

* High Priority
and operational research, targeted particularly to ophthalmologists in developing countries who were not involved with research in residency training.

**Other Possible Strategies and Ideas:**

**Courses:**

- Offer basic courses, such as “Statistics for Practitioners” and “Writing Papers for Publication”
- Get prominent journal editors involved in a course at the World Ophthalmology Congress

**Other:**

- Get more involved with operational research and research on health economics
- Help build the capacity for doing both operational and clinical research into collaborating eye centers and residency training programs in developing countries
- Encourage twinning among residency programs in developed and developing countries with joint research projects
- Seek funding from industry for specific research projects to demonstrate whether certain forms of treatment are effective
- Evaluate in which situations phaco is cost effective and where it is not and compare phaco with other techniques
- Establish an ICO center or someone responsible for measuring whether what we do is cost effective
- Recognize the importance and value of ophthalmic pathologists

**Advocacy**

**Broad Desired Results:**

* Influence national governments to adopt policies and act to support and improve eye care
* ICO is recognized as a leader of and contact point for international ophthalmology and eye care
* Stimulate national governments to develop and implement national eye care/Vision 2020 plans and comply with WHA Resolution 59.25
* Increased funding for eye care, training and research
* Protection of ophthalmologists
* A public informed about ophthalmology and eye and visual problems
* Justification of membership in IFOS
* Ongoing communications and relationships with government, NGOs, societies and others

**Primary Strategies:**

* High Priority
- Work closely with WHO/IABP/NGOs: be part of the VISION 2020 strategy and process, have a continuous physical presence and participate in all decision making
- Form an ICO committee on VISION 2020/prevention of blindness, with respected representatives from different supranational societies and each WHO region who will define strategies and work as advocates within those regions, in cooperation with WHO, IAPB and NGOs
- Spread awareness of VISION 2020 among ophthalmologists and encourage their participation: prevention of blindness should be the goal of every ophthalmologist
- Define specific projects or initiatives that governments will want to allocate funds to support
- Teach national societies how to be effective advocates and influence policies of their governments, not only at the national level but also regional or district levels where appropriate
- Act as an advocate directly to national governments in countries where there is no ophthalmologic society
- Identify an individual from each national society to work with the ICO on advocacy
- Build ongoing relationships with non-governmental development organizations (NGOs), with ARVO and with other groups
- Generate coverage in the news media by scheduling “Eye Summits” and news conferences as part of Congresses
- Define a complementary approach to external advocacy (to those outside of ophthalmology who make the decisions) and internal advocacy (to those within ophthalmology, who can influence decisions)

Long Range Objectives:

**VISION 2020, WHO and NGOs:** to define clearly the role that the ICO wants to play in the VISION 2020 initiative and relationship it wants to have with WHO, IAPB and other NGOs and name respected individuals to represent ICO within each WHO region.

**National Advocacy:** to educate national ophthalmologic societies about what they can do to be effective advocates and establish a network of advocates from each country.

**Involvement of Ophthalmologists:** to increase individual ophthalmologists’ awareness of the importance of VISION 2020 and other prevention of blindness initiatives and what they can do to participate and contribute.

Other Possible Strategies and Ideas:

Highest Priority Target Audiences for External Advocacy (outside of ophthalmology):

1. The World Health Organization (WHO), International Agency for the Prevention of Blindness (IAPB) and non-governmental development organizations (NGOs)

* High Priority
2. National governments, including ministers of health and education and other officials

Other Possible Target Audiences for External Advocacy:

- Regional and district governments within countries
- The news media, and through it the public
- Ophthalmic industry
- Other medical societies and organizations
- Lions, Rotary and other service organizations
- Patient advocate organizations, including those focused on particular diseases
- Universities
- Insurers and payers for health care

Highest Priority Target Audiences for Internal Advocacy:

1. National societies
2. Supranational societies
3. Subspecialty societies
4. Individual ophthalmologists
5. Other ophthalmic research and educational societies, including the Association for Research in Vision and Ophthalmology (ARVO)

WHO/IAPB/VISION 2020:

* - Pick knowledgeable and highly respected people in each WHO region to represent the ICO
* - Identify ophthalmologists who are well-connected with government leaders in their countries and enlist them as advocates to mobilize resources
* - Identify important meetings (e.g., WHO regional meetings) and make sure that ophthalmology is represented
* - Get more involved in the educational aspects of VISION 2020, such as workshops on how to implement it regionally or nationally
* - Focus more on training institutions and the tertiary level of care (surgery, subspecialties, etc.) since NGOs focus more on primary and secondary levels
* - Focus on training of eye care providers to improve eye care worldwide and become the leader for the Human Resources Development thrust of VISION 2020

Other External Advocacy:

* - Focus on establishing self-sustaining eye centers where needed as one way to build the reputation and influence of international ophthalmology
* - Work more closely with Rotary, Lions, etc.
* - Designate a liaison officer to work with philanthropic organizations and form alliances, leading to more formal relationships
* - Continue to focus on defining plans and initiatives for countries with minimal ophthalmic presence

* High Priority
- Follow-up on WHO manpower studies and define clearly where more eye care providers are needed
- Develop partnerships with organizations that are effective advocates, such as disease-oriented consumer advocacy groups
- Encourage NGOs and ophthalmic industry to do more as advocates for eye care
- Hire one or more individuals to work on advocacy

NGOs:

- Develop closer relationships with individual NGOs, with the possibility of a larger role in the organization in the future
- Ask them what they would like to get out of the relationship and find out how they may want to participate
- Organize an annual meeting with them, explore how to cooperate and then build relationships
- Build on the Forum for Non-Profits at the last World Ophthalmology Congress
- Consider adding a representative of an NGO to the Advisory Committee or Board

Internal Advocacy:

* - Develop a leadership development program and courses on advocacy, focused on developing advocates to work at supranational, WHO regional and national levels
  - Make symposia on prevention of blindness at Congresses more clinically oriented in order to attract a wider audience
  - Organize meetings of the leaders from a region at supranational Congresses
  - Develop messages and standardized presentations on advocacy and make them easy for societies to use
  - Get ophthalmologists involved on all national VISION 2020 committees
  - Participate in World Sight Day
  - Help supranational and national societies organize events to generate media coverage
  - (Also see “Communications with Societies” below under “Society Relations and Support”)

**Society Relations and Support**

**Broad Desired Results:**

* - Development of stronger, more effective societies representing and serving all ophthalmologists
  - More effective governance of societies, congresses, education, advocacy and greater access to eye care for the public
  - Development of effective leadership for societies
  - Coordination and cooperation among societies
  - ICO recognized as a leader of ophthalmologic societies

* High Priority
**Primary Strategies:**

- Name an ICO Director for Society Relations and Support
- Assess what societies need and want and what the ICO could do to help them develop and become more successful
- Based on the results of the assessment, offer courses, information and resources on subjects such as management, planning Congresses, education, advocacy, etc.
- Focus on countries where no society exists and either help ophthalmologists form a society or encourage regional societies to represent all ophthalmologists
- Work toward a goal of having every ophthalmologist be a member of a society that is a member of IFOS
- Encourage and facilitate twinning among societies
- Work through supranational societies where appropriate but directly with national societies when needed
- Use strategic planning as a basis to help societies decide what they need to do to become more effective, and provide the support needed for them to take those next steps
- Communicate with and provide information to societies on a continuing basis
- Avoid overlap, duplication and competition with national societies and others

**Long Range Objectives:**

**Society Development:** to assess the needs of national and supranational ophthalmologic societies and the relationship they desire with the ICO and define a plan and program to meet their needs and help them become increasingly effective.

**Societies for All Ophthalmologists:** to stimulate and support development or expansion of societies to cover areas with minimal ophthalmic presence and serve all ophthalmologists, so that every ophthalmologist is a member of a society that is a member of IFOS.

**Other Possible Strategies and Ideas:**

**Countries Where No Society Exists:**

* - If there are enough ophthalmologists, provide information and consultation to help them form a society
* - Where there are too few ophthalmologists, encourage formation or expansion of regional societies (e.g., East Africa) to accept members from several countries
  - Encourage large national societies to open membership to ophthalmologists from small neighboring countries (e.g., Australia and Pacific islands)
  - Contact and work with national medical societies where appropriate

**Society Development, Services and Support:**

* - Seek sponsorship for society leaders to attend supranational or other society meetings to see and learn how others do it

* High Priority
**Primary Strategies:**

- Define alternative models and guidelines that are relevant to societies and provide the resources and support needed for them to adapt and use them
- Develop or obtain the expertise needed to provide resources and support to societies
- Define a stepwise approach to developing societies and provide a checklist or workbook to help the societies understand and do what is most important, including Bylaws, membership, finances, etc.
- Provide societies with guidelines and information on how to organize congresses, courses, meetings and other educational programs
- Provide a calendar of future ophthalmologic Congresses to help societies schedule their meetings and avoid conflicts
- Develop other specific products or services for the ICO to offer to societies
- Develop educational materials for societies to offer to their members
- Make sure that what the ICO offers is relevant and useful to societies

**Organizational Development**

**Broad Desired Results:**

- An effective organization that is appropriate for accomplishing its goals
- Good governance
- The infrastructure needed to support programs
- Financial resources
- A reputation as an effective organization and leader
- Identification and development of leaders to get the work done
- Opportunities for ophthalmologists to participate and take on responsibility
- Continuity

**Communications and Relations with Societies:**

- Ask national societies what relationship they want to have with supranationals
- Offer strategic planning to supranational societies, with the participation of ICO leaders and national societies, so that supranationals can serve as role models for nationals
- Have ICO/IFOS leaders participate in Board meetings of supranational societies
- Develop an e-mail newsletter or other joint publication with supranational societies to send to national societies

**Supranational Societies:**

- Ask national societies what relationship they want to have with supranationals
- Offer strategic planning to supranational societies, with the participation of ICO leaders and national societies, so that supranationals can serve as role models for nationals
- Have ICO/IFOS leaders participate in Board meetings of supranational societies
- Develop an e-mail newsletter or other joint publication with supranational societies to send to national societies

**Primary Strategies:**

- High Priority
- Ask members of the Council to take ongoing responsibility for each of the six major goals (e.g., Advocacy) and identify other individuals to be responsible for the long range objectives and other ICO functions that fall under the goals (see Part 2)
- Provide administrative/staff support to help those who accept responsibility get the work done
- Assume responsibility for management of the World Ophthalmology Congress
- Generate income by organizing joint Congresses or courses with subspecialty, supranational or national societies, particularly in years when there is no World Ophthalmology Congress
- Work with the ICOFoundation to develop stronger appropriate relationships with industry and obtain support from other major Foundations
- Develop consensus on this Strategic Plan and modify the Statutes and Regulations as needed
- Establish a leadership development program for the ICO as well as national and supranational societies
- Agree on one name for the organization

**Long Range Objectives:**

**Organizational Structure:** to define who should be responsible for the goals, objectives and other functions defined in this Plan and develop an effective organizational structure to implement the Plan and do the work of the ICO.

**Financial Resources:** to define a strategy and plan to generate increased income for the ICO, including joint Congresses or courses with IFOS members and working with the ICOFoundation and industry.

**Leadership Development:** to establish a program to identify and develop future leaders for the ICO as well as for national and supranational societies.

**Other Possible Strategies and Ideas:**

**Governance and Organizational Structure:**

* - Expand work beyond the Officers and Program Directors: get more Council and Advisory Committee members involved doing the work, with accountability for what they accomplish
* - Define what the ideal responsibilities and size of the Council/Board should be
* - Define and make it clear what we want the organization to be like two years from now, in 2008 - 2009
* - Rethink the role of the Advisory Committee, whether it should still be composed of representatives of subspecialties and address specific issues that may be controversial (e.g., ethics)
* - Consider adding lay individuals to the Council, possibly someone from industry or an NGO or another health professional
* - Reimburse travel expenses for individuals specifically representing the ICO

* High Priority
- To implement the Strategic Plan, identify the best people to do the work
- Add other effective and respected leaders to the Council who might serve as officers in the future
- Get more women on the Council and make it more representative
- Make the organizational structure clear and simple
- Expand the executive committee to include more than just the four Officers
- Consider having an “Executive Vice President” instead of Secretary General or designating an “Assistant Secretary General”
- Form task forces to handle time-limited specific jobs and committees to take on ongoing, evolving responsibilities

ICOFoundation and Relations with Industry:

* - Maintain a close working relationship with the ICOFoundation, with ICO input into proposals submitted for funding
* - Use IFOS dues to support the ICO infrastructure and administration of the ICOFoundation, with all donations allocated fully to pay for programs
* - Develop long-term partnerships with industry and obtain multi-year commitments for support
* - Consider establishing an advisory council of representatives from industry or ask the ICOFoundation to serve in that capacity
- Designate one individual to serve as a liaison officer to industry
- Research other major foundations, like the Gates Foundation, and define programs that would be within their scope

Other Income and Finances:

* - Develop expertise in areas such as improving residency programs and offer a fee-based consulting service
* - Increase membership in IFOS
* - Emphasize getting materials out to broader audiences more than generating income from sales
- Form relationships with commercial companies, such as airlines, in exchange for a small percentage of fees paid
- Evaluate if the ICO has intellectual property that it can sell

Staffing:

* - Define what skills are needed on staff
* - Develop or obtain expertise in education, management, advocacy, etc. in order to be able to provide resources and support to societies
- Hire one or more individuals to focus on advocacy
- Consider hiring a certified professional meeting manager with international experience and offer Congress management services to other societies
- Have some staff in different countries, so that there is a worldwide perspective and support

Name:

* High Priority
- Decide on a single name for the organization, either “International Council of Ophthalmology” or “World Ophthalmology Council”
- In either case, change the Statutes and Regulations so that societies that are now members of IFOS will be members of the Council, with the current Council becoming the Board

* High Priority
Part 4: Action Plans

This part of the Strategic Plan contains the action plans that have been defined for implementation of the 14 long range objectives contained in Part 3:

Ophthalmic Education

Guidelines of Residency Education:

**Long Range Objective:** to define and develop consensus on appropriate guidelines for ophthalmology residency training around the world.

**Responsibility:** Andrew G. Lee, MD

**Deadline:** September 2008

**Steps:**

1. Receive names of individuals to be responsible for developing goals, objectives for guidelines.

   **Responsibility:** Dr. Lee and ICO Officers
   **Schedule:** 1/8/07 – 3/07

2. Obtain commitment from nominated individuals to serve on the International Training Guidelines Task Force and to take responsibility for goals and objectives.

   **Responsibility:** Dr. Lee
   **Schedule:** 3/07 – 6/07

3. Evaluate existing residency guidelines, review existing literature, glean best practices, collate and summarize in a single document.

   **Responsibility:** Dr. Lee
   **Schedule:** 1/08 – 4/08

4. Submit initial draft and circulate for comments if appropriate to the ICO membership or designates

   **Responsibility:** Dr. Lee
   **Schedule:** 1/08 – 4/08

5. Subsequent iterations revised by Task Force

   **Responsibility:** Dr. Lee
   **Schedule:** 4/08 – 6/08

6. Review final document

   **Responsibility:** Dr. Lee
   **Schedule:** 6/08

7. Approval of final document

   **Responsibility:** ICO
   **Schedule:** Discretion of ICO
Resources Required:

Costs: None
Income: None

Mid-Level Personnel:

Long Range Objective: to develop a program to enhance the training and continuing education of allied eye care personnel, including education of ophthalmologists about the value of such personnel and how to work with them most effectively.

Responsibility: William Astle, MD

Deadline: September 1, 2008

Steps:

1. Ask individuals to serve on an International Task Force on Para-ophthalmic Vision Specialist Education
   Responsibility: Dr. Astle
   Schedule: February – May 2007

2. Review the current Principles and Guidelines of a Curriculum for Para-ophthalmic Vision Specialist Education, update it as necessary and disseminate a revised document
   Responsibility: Dr. Astle & Committee

3. Conduct a “think-tank” planning meeting of global leaders on the training and continuing education of allied eye care personnel prior to the 2008 World Ophthalmology Congress and publish a report
   Responsibility: Dr. Astle & Committee

4. Present a half- or full-day scientific symposium on enhancing the training and continuing education of allied eye care personnel on a global basis at the 2008 World Ophthalmology Congress in Hong Kong
   Responsibility: Dr. Astle & Committee

5. Establish a worldwide network and database of organizations involved with ophthalmic allied health to facilitate awareness and communications
   Responsibility: Dr. Astle & Committee
6. Facilitate awareness and use of the ICO Curriculum for allied health education worldwide and encourage the development of educational programs using the curriculum.

Dr. Astle & Committee May 2007 - ongoing

7. Evaluate the level of interest and need for an international assessment of para-ophthalmic vision specialists

Dr. Astle & Committee Spring 2007 - December 2010

8. Evaluate the effectiveness of efforts to enhance training and continuing education of allied personnel and define new plans as needed.

Dr. Astle & Committee July – October 2009

Resources Required:

Costs: $5,000 for 2007

Income: None anticipated

World Congress:

Long Range Objective: to assume responsibility for ongoing management of the World Ophthalmology Congress in order to assure continuity and the quality of the scientific program.

Responsibility: Rubens Belfort, MD / Bruce Spivey, MD Deadline: September 1, 2008

Steps: Responsibility: Schedule:

1. List the various functions involved in managing a World Congress and evaluate which functions the ICO might take responsibility for in 2010, 2012, 2014 and beyond

Mr. Felch/Dr. Belfort/ Dr. Spivey January 2, 2007 – March 23, 2007

2. Decide whether the ICO should co-sponsor major Congresses with supranational or national societies in years where there is no WOC (e.g., 2009, 2011, 2013), and, if so, what financial agreement the ICO will seek and which functions it might take responsibility for

Dr. Spivey/ Dr. Belfort/ Officers/ Council January 2, 2007 – March 23, 2007
3. Decide what financial agreement the ICO will seek for World Congresses after 2012 (e.g., two-thirds of profit for the ICO) and what responsibilities for management it may want to take on

Dr. Belfort/ Dr. Spivey/ Officers/ Council
March 21 – March 23, 2007

4. Discuss and decide on relative responsibilities for the various functions with organizers of 2010 World Congress

Dr. Belfort/Dr. Spivey/Mr. Felch
March 22 – March 25, 2007

5. Decide on host for 2014 WOC

Dr. Spivey/Council
March 23, 2007

6. Discuss and decide on relative responsibilities for various functions with the host for the 2014 WOC

Dr. Belfort/ Dr. Spivey/Mr. Felch
March 24 – July 2, 2008

7. If appropriate, negotiate and reach agreement with supranational and national societies on co-sponsorship of congresses in 2009, 2011 and beyond, including dividing income and responsibilities

Dr. Spivey/Officers
April 2007 - ongoing

8. Draft revised ICO policies and regulations for future World Congresses, for approval in June 2008

Dr. Spivey/Dr. Belfort
April 2007 – March 2008

9. Inform supranationals, IFOS members and potential hosts of future Congresses of plans for division of income and management in the future

Dr. Spivey/Mr. Felch
April 2007 – ongoing

10. Approve revised policies and regulations for the WOC

Dr. Spivey/Council
June 26, 2008

11. Decide on host for 2016 WOC

Dr. Spivey/Council
June 26, 2008

12. Discuss and decide on relative responsibilities with hosts for 2012 and 2016 WOC

Dr. Spivey/Mr. Felch
June 16 – December 2008

13. Hire the staff or vendors needed to take on responsibilities for management of Congresses as defined

Dr. Spivey/Mr. Felch
July 2, 2008 - ongoing

14. Evaluate progress on the ICO taking responsibility for managing congresses

Dr. Belfort/Dr. Spivey
January – March 2010
and modify policies and plans as needed

**Resources Required:**

**Costs:** Depending on the responsibilities that the ICO takes on, it may be necessary to hire vendors and/or staff.

**Income:** Significant increased income from Congresses anticipated.

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**Ophthalmic Practice**

**Use of Guidelines and Standards:**

**Long Range Objective:** to conduct an evaluation of the current use of ICO Clinical Guidelines and standards and define what the ICO should do to help societies adapt them and individual ophthalmologists use them in practice.

**Responsibility:** Rich Abbott, MD  
**Deadline:** March 16, 2008

**Steps:**

1. Clarify/restate the results that the ICO is trying to achieve by producing the Guidelines and standards  
   **Responsibility:** Dr. Abbott/Dr. Kivelä  
   **Schedule:** 2/1 – 3/23/07

2. Develop a questionnaire to assess the use of the Guidelines and standards by societies and by individual ophthalmologists  
   **Responsibility:** Dr. Abbott/Dr. Kivelä  
   **Schedule:** 2/1 - 3/23/07

3. Ask participants in ICO leadership workshops and other society leaders at supranational Congresses how they use the Guidelines and standards and what could make them more useful  
   **Responsibility:** Mr. Felch  
   **Schedule:** 2/25 - 6/25/07

4. Ask similar questions to participants in symposia on the Guidelines at the SOE and PAAO Congresses  
   **Responsibility:** Dr. Abbott  
   **Schedule:** 5/31 - 6/12/07

5. Based on the feedback received, decide if the questionnaire should be modified and/or distributed to ophthalmologic societies  
   **Responsibility:** Dr. Abbott  
   **Schedule:** 6/15 - 7/1/07

6. If it appears that it will be helpful, send the  
   **Responsibility:** Dr. Abbott/Mr.  
   **Schedule:** 7/1 –
questionnaire to ophthalmologic societies and compile the results

7. Define possible changes in how the ICO develops Guidelines and standards and ways that it could facilitate their adaptation and use

Dr. Abbott/Dr. Kivelä/Mr. Felch

7/1 - 9/1/07

Felch

8/15/07

8. Obtain feedback on proposed changes in the process and ways that the ICO could facilitate adaptation and use

Dr. Abbott/Mr. Felch

9/2 – 10/1/07

Felch

9/2 – 10/1/07

9. If appropriate, conduct pilot projects on new methods for facilitating adaptation and use

Dr. Abbott/Mr. Felch

10/2/07 – 2/1/08

Felch

10/2/07 – 2/1/08

10. Define a plan for future development and dissemination of Guidelines and standards and support for adaptation and use

Dr. Abbott

2/2 – 2/28/08

11. Obtain approval of plan from ICO Officers

Dr. Abbott

3/1 – 3/15/08

12. Implement the plan, including announcements and meetings at the World Ophthalmology Congress in Hong Kong

Dr. Abbott

3/16/08 - ongoing

13. Re-evaluate use of the Guidelines and standards against desired results

Dr. Abbott

3/1 – 7/1/2009

Resources Required:

Costs: None anticipated, other than the time of the Director and staff

Income: None anticipated.

Practice Support:

Long Range Objective: to assess what other support in non-clinical areas the ICO might provide to help ophthalmologists in practice, particularly those in developing countries and underserved areas.

Responsibility: Daniel Etya’ale, MD / Bill Felch

Deadline: November 1, 2007

Steps: Responsibility: Schedule:
1. Gather information on printed materials, courses and other resources available to help ophthalmologists in non-clinical areas of practice (e.g., productivity, team building)  
Mr. Felch/ Dr. Etya’ale  
2/1 – 6/1/07

2. Include questions on non-clinical needs of ophthalmologists and the resources available in ICO leadership roundtables in Lahore, Dubai and other supranational Congresses  
Mr. Felch  
2/1 – 6/25/07

3. Ask about the non-clinical needs of ophthalmologists and resources available in ICO leadership roundtables in Lahore, Dubai and other supranational Congresses  
Mr. Felch  
2/1 – 6/25/07

4. Write up assessment of the needs of ophthalmologists and the existing resources available to meet those needs  
Mr. Felch  
6/2 - 7/1/07

5. Define a plan/proposal for the ICO to help meet the non-clinical needs, including who should take ongoing responsibility, and obtain feedback on the plan  
Dr. Etya’ale/Mr. Felch  
7/1 – 10/1/07

6. Develop a basic package of existing materials and resources covering the “soft skills” of ophthalmic practice and addressing non-clinical needs  
Dr. Etya’ale/Mr. Felch  
7/1 – 10/1/07

7. Announce the basic package of non-clinical materials and seek funding to make that package widely accessible, particularly in developing countries  
Dr. Etya’ale/Mr. Felch  
10/2/07 – 3/1/08

8. Obtain approval of the plan on practice support (#5 above) from Officers  
Dr. Etya’ale  
10/2 – 11/15/07

9. Implement plan  
Individual responsible  
11/16 – ongoing

10. Evaluate efforts to help meet non-clinical needs of ophthalmologists  
Individual responsible  
1/1 – 3/1/2009

**Resources Required:**

**Costs:** None anticipated beyond what is already budgeted.
May seek outside financial support for dissemination of basic package of materials.

Income: None anticipated.

Research

Research Courses:

Long Range Objective: to offer seminars and courses at international congresses and other meetings covering the basics of clinical and operational research, targeted particularly to ophthalmologists in developing and developed countries who were not involved with research in residency training and areas especially pertinent to eye and vision research.

The main role of the ICO is to train teachers at supranational congress level and provide material for organizing courses on the regional and national level.

Responsibility: Tero Kivelä, MD

Deadline: September 1, 2008

Steps:

1. Form a subcommittee to formulate the demands and requirements for research courses
   Responsibility: Dr. Kivelä
   Schedule: 2/1 – 6/1/07

2. Develop pages on the ICO Web site to support and supplement the course
   Responsibility: Dr. Kivelä/Subcommittee members/Mr. Felch
   Schedule: 7/1 – 9/1/07

3. Offer introductory half-day courses on research methodology to train teachers at one or more supranational Congresses
   Responsibility: Dr. Kivelä/Subcommittee members
   Schedule: 9/1 – 12/1/07

4. Evaluate the effectiveness of the half-day courses
   Responsibility: Dr. Kivelä/Subcommittee members
   Schedule: 9/1 – 12/1/07

5. Offer the half-day courses at national society congresses and evaluate their effectiveness
   Responsibility: Dr. Kivelä/Subcommittee members
   Schedule: 1/1 – 6/1/08

6. Evaluate the need and develop additional module(s) on different research approaches and techniques that could supplement the half-day courses
   Responsibility: Dr. Kivelä/Subcommittee members
   Schedule: 1/2 – 7/2/08
7. Consider offering the course with or without additional module(s) at the World Ophthalmology Congress in Hong Kong

   Dr. Kivelä/Subcommittee members

   1/2 – 7/2/08

8. Evaluate the effectiveness and value of courses and modules and decide what to offer in the future

   Dr. Kivelä/ Subcommittee members

   7/3 – 9/1/2008

**Resources Required:**

**Costs:** None anticipated. Courses would be organized at Congresses that faculty would already be planning to attend.

**Income:** None anticipated.

**Advocacy**

**Vision 2020 WHO and NGOs:**

**Long Range Objective:** to define clearly the role that the ICO wants to play in the VISION 2020 initiative and relationship it wants to have with WHO, IAPB and other NGOs and name respected individuals to represent ICO within each WHO region.

**Responsibility:** Bruce Spivey, MD

**Deadline:** December 1, 2008

**Steps:**

<table>
<thead>
<tr>
<th>Steps</th>
<th>Responsibility</th>
<th>Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Define the critical issues that will impact ophthalmology and eye care over the next five to 10 years, and which the ICO should focus on</td>
<td>Dr. Spivey/Mr. Felch</td>
<td>2/1 – 3/23/07</td>
</tr>
<tr>
<td>2. Define the goals of our involvement with WHO/VISION 2020/IAPB and the role we would like to play at the international, regional and possibly national levels</td>
<td>Dr. Spivey/Dr. Taylor/Mr. Felch</td>
<td>2/1 – 3/23/07</td>
</tr>
<tr>
<td>3. Define a plan and set up a system to assure that the ICO or international ophthalmology is represented at the international and WHO regional levels</td>
<td>Dr. Spivey/Mr. Felch</td>
<td>3/24 – 5/1/07</td>
</tr>
</tbody>
</table>
4. Name respected and knowledgeable individuals to represent ICO in each region and set up a system for two-way communications with those representatives

   Dr. Spivey 5/2 - 7/1/07

5. Name an individual to focus on and coordinate ICO relationships with NGOs beyond participation in VISION 2020

   Dr. Spivey/Dr. Taylor 5/2 - 7/1/07

6. Define specifically how we want to relate to NGOs and service organizations (e.g., Rotary, Lions, etc.,) and define a plan to establish those relationships

   Individual Responsible for Relationships with NGOs/Dr. Spivey/Mr. Felch 7/2 - 10/1/07

7. Implement the plan for relationships with NGOs and service organizations

   Individual Responsible 10/2 - ongoing

8. Evaluate whether the ICO is achieving its goals and playing the role it desires in VISION 2020 and the effectiveness of its relationships with WHO, IAPB, NGOs, etc., and make changes as needed

   Dr. Spivey/Mr. Felch 8/1 – 12/1/08

Resources Required:

Costs: $10,000 per year for travel expenses related to participation in VISION 2020, IAPB and related meetings.

Income: None

National Advocacy:

Long Range Objective: to educate national ophthalmologic societies about what they can do to be effective advocates and establish a network of advocates from each country.

Responsibility: Adbulaziz AlRajhi, MD Deadline: July 17, 2008

Steps:

1. Include presentations on effective national advocacy at ICO workshops for leaders at supranational society congresses

   Responsibility: Schedule:
   Dr. Spivey/Mr. Felch 1/1 – 6/1/07
2. Define clear goals for involvement of national societies in advocacy (e.g., increase funding for eye care, lead national implementation of Vision 2020)  
Dr. AlRajhi/Dr. Taylor/Dr. Spivey  2/1 – 3/23/07

3. Define top priority specific issues for national focus in 2007 through May 2008 (e.g., follow-up on WHO resolutions)  
Dr. AlRajhi/Dr. Taylor/Dr. Spivey  2/1 – 3/23/07

4. Integrate national advocacy with work on VISION 2020 and efforts to encourage individual advocacy by ophthalmologists, including presentations at national Congresses (see separate action plan)  
Dr. AlRajhi/Dr. Taylor/Dr. Spivey  2/1 – 3/23/07

5. Communicate with national societies about those goals and issues, and ask each society to designate an individual to work with the ICO, reporting to the ICO Regional Advocacy Coordinator  
Dr. AlRajhi/Mr. Felch  4/1 – 7/1/07

6. Collect data and other resources on the top issues for use by national advocates, add them to the ICO Web site and develop slide presentations  
Mr. Felch/Dr. AlRajhi  4/1 – 7/1/07

7. Ask national advocates to take specific action on one or more key issues and establish a system for reporting progress to ICO Regional Advocacy Coordinators  
Dr. AlRajhi/Mr. Felch  7/2 – 10/1/08

8. Report on positive examples of national advocacy and send regular communications to national advocates  
Mr. Felch  7/2/07 - ongoing

9. Evaluate effectiveness of national advocacy efforts, make changes as needed and define issues/priorities for the rest of 2008 and 2009  
Dr. AlRajhi/Dr. Taylor/Mr. Felch  2/1 - 4/1/08

10. Symposium, courses and/or workshops on advocacy at World Ophthalmology Congress in Hong Kong focusing on new priorities  
Dr. Taylor/Dr. AlRajhi/Mr. Felch  6/28 - 7/2/08

11. Follow-up with national advocates  
Mr. Felch/ ICO Regional Advocacy Coordinators  7/16/08 - ongoing
12. Evaluate national advocacy and make changes as needed  

Dr. AlRajhi/Mr. Felch  
7/1 – 9/1/09

**Resources Required:**

**Costs:** None anticipated beyond the cost of communications with societies and advocates and adding material to the ICO Web site.

**Income:** None

**Involvement of Ophthalmologists:**

**Long Range Objective:** to increase individual ophthalmologists’ awareness of the importance of VISION 2020 and other prevention of blindness initiatives and what they can do to participate and contribute.

**Responsibility:** Hugh Taylor, MD  
**Deadline:** July 2, 2008

**Steps:**

1. Define clear goals for ophthalmologists’ involvement in VISION 2020 and advocacy, i.e., what we would like them to do and achieve  
Dr. Taylor  
2/1 – 3/23/07

2. Repeat and follow up on ICO requests to IFOS Representatives to speak at their Congresses on enhancing training and the ICO  
Mr. Felch  
2/1 - 12/31/07

3. Identify other major Congresses where there should be ICO presentations at opening ceremonies and arrange them  
Mr. Felch/Ms. Washburn  
2/1/07 - 7/2/08

4. Identify specific messages and materials (e.g., on the cost benefit of eye care) that ophthalmologists can use in advocacy  
Mr. Felch/Ms. Washburn  
2/1 – 9/1/07

5. Include presentations on advocacy, VISION 2020 and what societies and individual ophthalmologists can do at ICO Roundtables on Leadership at supranational Congresses in 2007  
Mr. Felch  
2/15 - 6/25/07

6. Report on the presentations on advocacy at the ICO Roundtables in the ICO Leader Letter,  
Mr. Felch  
3/1 - 8/1/07
IFOS Notes and on the ICO Web site

7. Revise/develop a section of the ICO Web site focused on what societies and individual ophthalmologists can do, with supporting materials available for download
   Mr. Felch / Ms. Washburn 4/1 - 9/1/07

8. Report on and recognize advocacy efforts of individual ophthalmologists and ophthalmologic societies
   Mr. Felch 4/1 - ongoing

9. Organize a symposium, course or forum on effective advocacy at the World Ophthalmology congress in Hong Kong
   Dr. Taylor / Mr. Felch 3/23/07 – 7/2/08

10. Evaluate effectiveness of ICO efforts to increase awareness and participation of individual ophthalmologists
    Dr. Taylor / Mr. Felch 6/1 – 7/2/08

11. Define other methods, media and priorities for communicating with individual ophthalmologists about advocacy
    Mr. Felch / Dr. Taylor 6/1 – 7/2/08

12. Pursue the new methods and evaluate their effectiveness
    Mr. Felch / Dr. Taylor 7/3/08 - ongoing

Resources Required:

Costs: $3500 for 200 USB drives to send to speakers and give to individual society leaders and other ophthalmologists with resource materials on advocacy

Income: None anticipated.

Society Relations and Support

Society Development

Long Range Objective: to assess the needs of national and supranational ophthalmologic societies and the relationship they desire with the ICO and define a plan and program to meet their needs and help them become increasingly effective.

Responsibility: Rubens Belfort, MD / Bill Felch  
Deadline: March 2009
<table>
<thead>
<tr>
<th>Steps:</th>
<th>Responsibility:</th>
<th>Schedule:</th>
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</thead>
<tbody>
<tr>
<td>1. Define possible models for how the ICO, supranational and national</td>
<td>Dr. Belfort/Dr.</td>
<td>2/1 - 3/24/07</td>
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<tr>
<td>societies might relate to each other and work together to meet the</td>
<td>Spivey/Mr. Felch</td>
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<td>needs of ophthalmologists and the public</td>
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<tr>
<td>2. Define clear goals and possible options for representation of</td>
<td>Dr. Etya’ale/Mr.</td>
<td>2/1 - 3/24/07</td>
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<tr>
<td>ophthalmologists in areas with minimal ophthalmologic presence</td>
<td>Felch</td>
<td></td>
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<tr>
<td>(see related action plan)</td>
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<tr>
<td>3. Include presentations on society development and questions on</td>
<td>Dr. Spivey/Mr.</td>
<td>2/1 – 6/12/07</td>
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<td>the needs of ophthalmologic societies in ICO Roundtables on</td>
<td>Felch</td>
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<td>Leadership in Lahore, Dubai and other supranational congresses</td>
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<tr>
<td>4. Ask about the needs of ophthalmologic societies and how the ICO</td>
<td>Mr. Felch</td>
<td>2/24 – 6/25/07</td>
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<tr>
<td>might help in interviews with individual society leaders of at</td>
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<td>supranational congresses</td>
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<td>5. Collect models, information and resources (e.g., sample Bylaws</td>
<td>Mr. Felch</td>
<td>2/24 – ongoing</td>
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<td>and Regulations, membership recruitment materials) that may be</td>
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<td>helpful to society leaders and make them available through the</td>
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<tr>
<td>ICO Leader Letter and Web site</td>
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<tr>
<td>6. Write up an assessment of the needs of ophthalmologic societies</td>
<td>Mr. Felch</td>
<td>7/1 – 7/31/07</td>
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<td>from the workshops and interviews at supranational congresses and</td>
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<tr>
<td>possible options for the ICO</td>
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<tr>
<td>7. Develop and send a letter and questionnaire to all societies</td>
<td>Dr. Belfort/Mr.</td>
<td>8/1 – 9/30/07</td>
</tr>
<tr>
<td>asking them about their needs and how the ICO could help (other</td>
<td>Felch</td>
<td></td>
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<tr>
<td>than by providing funding, equipment or books)</td>
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<tr>
<td>8. Define a plan/proposal for the ICO to help societies develop,</td>
<td>Dr. Belfort/Mr.</td>
<td>10/1 – 10/31/07</td>
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<tr>
<td>and obtain feedback on the plan</td>
<td>Felch</td>
<td></td>
</tr>
<tr>
<td>9. Obtain approval of the society development plan from Officers</td>
<td>Dr. Belfort/Mr.</td>
<td>11/1 – 11/15/07</td>
</tr>
<tr>
<td>10. Implement the plan</td>
<td>Dr. Belfort/Mr.</td>
<td>11/16 –</td>
</tr>
</tbody>
</table>
### Resources Required:

**Costs:** None anticipated for needs assessment and defining the plan. There may be costs associated with implementing the plan and helping societies.

**Income:** None anticipated, with the possible exception of the services the ICO might provide to societies for a fee, such as facilitation of strategic planning or congress management.

### Societies for All Ophthalmologists:

**Long Range Objective:** to stimulate and support development or expansion of societies to cover areas with minimal ophthalmic presence and serve all ophthalmologists, so that every ophthalmologist is a member of a society that is a member of IFOS.

**Responsibility:** Daniel Ety’a’le, MD  
**Deadline:** March 2009

#### Steps:

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Felch/Dr. Pe’er/Dr. Ety’a’le</td>
<td>12/18/06 - 2/15/07</td>
</tr>
<tr>
<td>Dr. Ety’a’le/Mr. Felch</td>
<td>12/18/06 - 2/15/07</td>
</tr>
</tbody>
</table>

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1. **If appropriate, develop a section of the ICO Web site with models, information and resources on society development**  
   - Mr. Felch  
   - 11/16 - ongoing

2. **Organize a symposium, workshop and/or courses on society development at World Ophthalmology Congress in Hong Kong**  
   - Dr. Belfort/Mr. Felch  
   - 2/1 – 7/2/08

3. **Organize workshops and/or courses for future supranational and major national society congresses.**  
   - Dr. Belfort/Mr. Felch  
   - 7/3/08 – ongoing

4. **Evaluate efforts to help societies develop and modify the plan/program as needed**  
   - Dr. Belfort/Mr. Felch  
   - 3/1 – 6/1/09

---
3. Propose to the ICO and MEACO a **pilot project in Sub-Saharan Africa** (see steps 4 to 15), including formation of an ICO Advisory Leadership Group for that area

   **Dr. Etya’ale/Mr. Felch**

   12/18/06 - 2/15/07

4. Obtain financial support for the pilot project and ICO workshop at the MEACO Congress in Dubai

   **Dr. Etya’ale/Dr. Straatsma/Dr. El Maghraby**

   1/25 - 2/15/07

5. Define a proposed basic package of materials (videos, etc.) covering the essentials of ophthalmology

   **Dr. Etya’ale**

   9/1/06 - 4/15/07

6. Identify potential future leaders in the region who could be members of ICO Advisory Leadership Group (ALG)

   **Dr. Etya’ale**

   1/25 - 2/15/07

7. Ask individuals to participate in ALG, including a workshop in Dubai on March 28

   **Dr. Etya’ale / Mr. Felch**

   2/1 – 2/15/07

8. Circulate a first questionnaire on needs of ophthalmologists and options for representation to ALG and compile responses

   **Mr. Felch**

   2/15 - 3/8/07

9. Half-day meeting of ALG at MEACO Congress in Dubai, with briefing on ICO and interactive needs assessment and definition of plans for developing representation

   **Dr. Etya’ale / Mr. Felch**

   3/29/07

10. Review by members of ALG at MEACO of proposed package of educational materials

    **Dr. Etya’ale**

    3/29 – 4/1/07

11. If appropriate, contact Ophthalmological Society of East Africa and / or West Africa about ICO participation and meeting of ALG at their next Congress

    **Dr. Etya’ale**

    4/1 – 4/15/07

12. Prepare and distribute report on ALG meeting in Dubai, with proposed approach for developing representation

    **Mr. Felch**

    4/1 – 4/15/07

13. Define specific plans for enhancing representation of ophthalmologists in Sub-Saharan Africa, including responsibilities of ALG members for implementing the plans

    **Dr. Etya’ale / Mr. Felch**

    4/15 – 5/15/07
14. Implement plans, with an initial report on progress due July 15
   Individuals Responsible  5/15/07 – ongoing

15. ICO participation in East Africa and West Africa Congresses if appropriate
   Dr. Etya’ale/Mr. Felch when scheduled

16. Based on the pilot project, define proposal for development of representation of ophthalmologists in other parts of the world
   Dr. Etya’ale/Mr. Felch  9/1 – 10/1/07

17. Follow-up meeting of ALG at next MEACO meeting with assessment of progress and revision of plans as needed
   Dr. Etya’ale/Mr. Felch  March 2009

Resources Required:

**Costs:** $US 30,000 in 2007 to support travel and expenses for participation in Advisory/Leadership Group for Sub-Saharan Africa

**Income:** $30,000 to support the project, possibly to be raised through the ICOFoundation

## Organizational Development

### Organizational Structure:

**Long Range Objective:** to define who should be responsible for the goals, objectives and other functions defined in this Plan and develop an effective organizational structure to implement the Plan and do the work of the ICO.

**Responsibility:** Bruce Spivey, MD  **Deadline:** June 7, 2010

<table>
<thead>
<tr>
<th>Steps</th>
<th>Responsibility</th>
<th>Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Propose individuals to be responsible for goals, objectives and other functions</td>
<td>Dr. Spivey/Officers</td>
<td>8/1/06 - 1/2/07</td>
</tr>
<tr>
<td>2. Obtain commitment from individuals to take responsibility for goals and objectives</td>
<td>Dr. Spivey</td>
<td>12/18/06 – 2/1/07</td>
</tr>
<tr>
<td>3. Evaluate current organizational structure and function in light of draft Strategic Plan, and propose changes as appropriate</td>
<td>Dr. Spivey/Officers</td>
<td>12/18/06 - 1/2/07</td>
</tr>
<tr>
<td>4. Draft changes in Statues and Regulations</td>
<td>Dr. Spivey/Dr. De</td>
<td>1/2 -</td>
</tr>
</tbody>
</table>
and circulate for comment if appropriate

5. Draft policies and procedures as needed and circulate for comment
   Laey 1/15/07
   Dr. Spivey/ Dr. De Laey/Mr. Felch 1/2 - 2/10/07

6. Provide required notice and distribute proposed changes in Statutes and Regulations to Council as required (at least two months before Council meeting)
   Dr. De Laey 1/2 - 1/20/07

7. Obtain Council approval of changes in Regulations and policies and procedures, and proposed changes in Statutes
   Dr. Spivey 3/23/07

8. Implement changes in Regulations and policy and operate according to new procedures
   Dr. Spivey/ Dr. De Laey/ Mr. Felch 3/25/07 - ongoing

9. Provide notice to IFOS of proposed changes in Statutes (three months before General Assembly) and send the changes as required (two months before)
   Dr. De Laey 3/1/08 – 4/20/08

10. Obtain IFOS approval of changes in Statutes
    Dr. Spivey 6/29/08

11. Evaluate organizational structure to determine if further changes are needed and define proposed changes in Statutes, Regulations, policies and procedures as appropriate
    Dr. Spivey/ Dr. De Laey 6/1 – 9/1/09

12. Obtain Council approval of changes in Regulations and policies and IFOS approval of changes in Statutes
    Dr. Spivey 10/23/09 – 6/7/10

**Resources Required:**

**Costs:** $US 3,000 in 2007 and in 2009 for legal advice relative to changing Statutes, Regulations and Policies

**Income:** None

**Financial Resources:**
Long Range Objective: to define a strategy and plan to generate increased income for the ICO, including joint Congresses or courses with IFOS members and working with the ICOFoundation and industry.

Responsibility: Yasuo Tano, MD / Bradley R. Straatsma, MD, JD

Deadline: October 10, 2007

Steps: |
| Responsibility: |
| Schedule: |

1. Define and evaluate various short and long-term options for increasing income for the ICO
   | Dr. Tano/Mr. Felch |
   | 1/1 – 3/23/07 |

2. Revise the draft ICO budget to include projected expenses from 2007 to 2010
   | Mr. Felch/Dr. Tano/Dr. Spivey |
   | 1/1 – 3/23/07 |

3. Continue to develop the ICOFoundation and relationships with industry, foundations and other entities in order to generate financial support for ICO programs and new initiatives
   | Dr. Straatsma |
   | Ongoing |

4. Define options for ICO co-sponsorship of Congresses with supranational and large national societies in years when there is no World Ophthalmology Congress (WOC)
   | Dr. Tano/Mr. Felch |
   | 1/1 – 1/30/07 |

5. Evaluate the various functions involved in managing a Congress and determine those for which the ICO may want to take responsibility in a co-sponsorship arrangement
   | Mr. Felch/Dr. Tano |
   | 1/1 – 1/30/07 |

6. Decide on whether to pursue co-sponsorship and whether the ICO should solicit bids for co-sponsored Congresses, as with the WOC, or just make an arrangement with a specific society in a non-competitive process
   | Dr. Tano/Dr. Spivey/Officers/Council |
   | 1/20 – 3/23/07 |

7. Announce that the ICO seeks to co-sponsor Congresses and request expressions of interest (or bids) for 2009, 2011 and 2013
   | Dr. Spivey/Mr. Felch |
   | 4/1 – 6/1/07 |

8. Negotiate co-sponsorship agreements for future Congresses
   | Dr. Spivey/Dr. Tano/Dr. De Laey |
   | 4/15 – ongoing |

9. Assess the needs of IFOS Member
   | Dr. Tano/Mr. Felch |
   | 6/1 – |
subspecialty societies and related groups and their interest in co-sponsoring courses or other events with the ICO

10. Define priorities among other possible ways to increase income and a strategy and plan for increasing financial resources
   Dr. Tano/Mr. Felch 8/2 – 11/1/07

11. Obtain approval of plan to increase financial resources from ICO Officers
   Dr. Tano 11/2 – 11/13/07

12. Implement the plan
   Dr. Tano/Mr. Felch 10/2/07 - ongoing

13. Evaluate efforts to increase resources and revise strategy and plan as needed
   Dr. Tano/Mr. Felch 1/1 – 3/1/2009

**Resources Required:**

**Costs:** None anticipated, other than operating expenses for the ICOFoundation.

If the ICO were to take on significant responsibilities related to co-sponsoring Congresses (e.g., for promotion), that could require hiring contractors or additional staff. But those costs would be more than covered by the income to the ICO from those Congresses. So there would be no net costs.

**Income:** Significant income anticipated

**Leadership Development:**

**Long Range Objective:** to establish a program to identify and develop future leaders for the ICO as well as for national and supranational societies.

**Responsibility:** Bruce Spivey, MD **Deadline:** June, 2008

**Steps:**

<table>
<thead>
<tr>
<th>Steps</th>
<th>Responsibility</th>
<th>Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Evaluate existing leadership programs for ophthalmologists</td>
<td>Mr. Felch</td>
<td>11/16 - 12/23/06</td>
</tr>
<tr>
<td>2. Draft proposed ICO program, circulate for comment and revise as needed</td>
<td>Dr. Spivey/Mr. Felch</td>
<td>12/15/06 – 1/5/07</td>
</tr>
<tr>
<td>3. Request participation of supranational societies and form ICO Leadership</td>
<td>Dr. Spivey</td>
<td>1/5 – 2/15/07</td>
</tr>
</tbody>
</table>
Development Committee

<table>
<thead>
<tr>
<th>Development Committee</th>
<th>Responsible</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Announce program and invite participants for initial Roundtables in Lahore in February and Dubai in March</td>
<td>Dr. Spivey/Mr. Felch</td>
<td>1/12 - 2/15/07</td>
</tr>
<tr>
<td>5. Half-day Roundtable on Leadership at the Asia Pacific region at the APAO Congress in Lahore</td>
<td>Dr. Spivey/Mr. Felch/Dr. Tano</td>
<td>2/25/07</td>
</tr>
<tr>
<td>6. Follow-up with Lahore participants, evaluate workshop and report to Council on the program</td>
<td>Dr. Spivey/Mr. Felch</td>
<td>2/26 – 3/23/07</td>
</tr>
<tr>
<td>7. Half-day Roundtable on Leadership for potential leaders from Sub-Saharan Africa in Dubai</td>
<td>Dr. Etya’ale/Mr. Felch</td>
<td>3/28/07</td>
</tr>
<tr>
<td>8. Follow-up with Dubai participants, evaluate workshop and define leadership development priorities</td>
<td>Dr. Spivey/Mr. Felch</td>
<td>4/1 – 4/15/07</td>
</tr>
<tr>
<td>9. Develop initial questionnaire and online forum and discussion group</td>
<td>Mr. Felch</td>
<td>4/16 - 5/1/07</td>
</tr>
<tr>
<td>10. Invite all leaders to participate in leadership program, including possible Roundtable at the SOE meeting in Vienna in June, and ask them to complete questionnaire</td>
<td>Dr. Spivey/Mr. Felch</td>
<td>5/1 - 5/30/07</td>
</tr>
<tr>
<td>12. Identify and develop resources for leaders and promote them in the ICO Leader Letter and online forum</td>
<td>Mr. Felch</td>
<td>6/10 – ongoing</td>
</tr>
<tr>
<td>13. Obtain feedback, evaluate the program and define plans for Roundtables in 2008</td>
<td>Dr. Spivey/Mr. Felch</td>
<td>11/1/07 – 12/1/07</td>
</tr>
<tr>
<td>14. Roundtable on Leadership at World Ophthalmology Congress in Hong Kong</td>
<td>Dr. Spivey/Mr. Felch</td>
<td>6/29/08</td>
</tr>
</tbody>
</table>

**Resources Required:**

**Costs:** $US 15,000 per year*

- $5,000 for expenses related to workshops and seminars, including audiovisual support and lunches or receptions.
- $10,000 to offer small grants to support projects proposed by Advisory Leadership Group members.

**Income:** Possible sponsorship from ophthalmic industry if this program is determined by the ICOFoundation to be a priority for funding.

* Costs to support participation of members of the ALG from Sub-Saharan Africa in the workshop in Dubai are covered in a separate action plan on development of ophthalmologic societies where none exist.
Attachment A: Environmental Analysis

This part of the planning process was devoted to developing a clear understanding of where the International Council of Ophthalmology / International Federation of Ophthalmologic Societies (ICO/IFOS) is now and what's happening both outside and within it that will affect its future.

The first planning session in Zurich began with several brief presentations designed to provide additional perspective on the environment, some of them based on responses to a series of questions in the ICO/IFOS Forum on the Future (see Page 1 of Part 1):

- History of the ICO/IFOS (Dr. Spivey)
- Critical trends that will affect ophthalmology and eye care in the next 10 years (Dr. El Maghraby)
- Needs of the public for eye care, 2006 to 2020 (Dr. Straatsma)
- Needs of ophthalmologists in developing countries (Dr. Etya’ale)
- Needs of ophthalmologic societies (Dr. Tano)
- Strengths of international ophthalmology and ICO/IFOS (Dr. De Laey)
- Weaknesses of international ophthalmology and ICO/IFOS (Dr. Belfort)

Participants in the Zurich planning session were then asked for their perceptions about the external and internal environment. They listed trends that would affect international ophthalmology and ICO/IFOS over the next five to 10 years and the needs of the public, individual ophthalmologists and ophthalmologic societies over the same period of time. The group also outlined the strengths and weaknesses of international ophthalmology and the ICO/IFOS.

This environmental analysis provided perspective for definition of the broad future directions for ICO/IFOS described in Part 1 and the strategies and objectives in Part 2.

These perceptions should be verified and monitored for continuing validity over time to assure that the foundation for the Plan is sound.
External Environment

Critical Trends:

- Emerging technology, including the use of the Internet and cell phones, which increases our ability to make eye care accessible and affordable in poor and developing countries
- Demographic factors, including population aging
- Shortage of funds directed toward eye care, especially in poor and developing countries due to new infectious diseases straining already limited health care funds
- Scientific advances in diagnosis and treatment, such as genomics, that will have a profound impact on care in the future
- A huge disparity in the capability to provide eye care, with sophisticated care in some countries and others unable to provide the basics
- Governments and others taking more control over medical care due to economics, with doctors having less control

Other Trends:

General:

- Globalization
- Changing economics, with a growing economy in many parts of the world
- The percentage of poor people and disparity between rich and poor increasing
- Political struggles and conflict between countries and faiths

Medical and Eye Care:

- Eye care not assigned high priority in most countries despite the high economic costs of blindness and visual loss and great potential for prevention and cure
- Emerging global standards of education and professionalism in eye care
- A recent international focus on integrating eye care with primary care
- High expectations of patients
- National and subspecialty ophthalmologic societies interested in doing more internationally and wanting to help
- Lack of focus on training of eye care providers by Non-Governmental Development Organizations (NGOs)
- Optometry seeking to expand its role both politically and in practice, particularly related to low vision
- Treatment of eye problems becoming a political issue, for example with Cuba and Venezuela offering eye care to people from other countries
- Banks and other financial institutions see the potential to invest in some aspects of eye care to make a profit, for example by making loans for small scale projects
- Ophthalmology being eliminated from the curriculum in some medical schools
- More organizations like the World Bank and UNESCO getting involved in eye care, some without significant previous experience
Critical Needs of the Public:

- Access to care, including for availability and affordability
- Knowledge of eye conditions
- Coordination of care, e.g., for diabetics
- Care that is oriented to meeting the needs of the community, not just individuals

Other Needs of the Public:

- Quality care
- Vision care and optical services, not just prescriptions but actual glasses
- Different treatment of populations with different needs

Critical Needs of Ophthalmologists:

- Access to the latest information
- Knowledge and skills/continuing education
- Income and financial and job security

Other Needs of Ophthalmologists:

- Career satisfaction
- Basic training
- Access to technology and equipment
- Maintenance of the equipment, spare parts, bulbs, etc.
- A way to demonstrate their competence
- Differentiation from other providers
- Understanding of the needs of their communities
- Allied eye care personnel to work with them
- Other trained ophthalmologists in their communities
- Patients
- Public understanding of eye care
- A clearly defined role in vision care, for example in screening
- International basic standards for ophthalmic education
- Someone to advocate for them/protection from liability claims, from government, from competition
- Ways to acquire new skills
- Guidelines and educational materials that are relevant to them and in their language
- Understanding of how to apply and use guidelines
- Local training centers where they can update their skills

Critical Needs of Ophthalmologic Societies:

- A clearly defined role for the society
- Management skills and knowledge of how to build their organization
- Effective ways to communicate with their members
- Funding to support the work of the societies
- Capability to be an effective political advocate
- Specific and relevant guidelines and models to follow
- Access to the Internet and other technology and the knowledge to use it effectively

Other Needs of Ophthalmologic Societies:

- Membership involvement
- A system or process for selecting the best individuals to be leaders
- Understanding of the need for a strong society and the desire to develop into one
- A strategic plan, with clear targets and plans to achieve financial stability
- Recognition as a contact point for the public, for the rest of medicine and for government
- Skills needed to manage programs
- Someone to be responsible for international relations and connections with other organizations

Needs of Subspecialty Societies:

- A clear picture of the role they can play internationally
- Coordination with national societies to eliminate redundancies and too many meetings

Needs of Supranational Societies:

- A clear sense of what’s expected of them and image of their role
- A close functional relationship with the ICO
- Cooperation among national societies

Internal Environment

Critical Strengths of International Ophthalmology and the ICO/IFOS:

- A group of committed international leaders
- Global perspective
- Effective programs, including the Assessments, Fellowships, World Ophthalmology Congress, Web site and newsletters
- Status as a major player, the only recognized international organization representing all of ophthalmology
- Commitment to work in Africa specifically in addition to other parts of the world
- Commitment to education

Other Strengths of International Ophthalmology and the ICO/IFOS:
- A good brand name
- A good system for communications
- ICO is not based in the United States
- Ability to seek and obtain resources, both human and financial
- Coordination with WHO, IAPB, VISION 2020
- Guidelines and curricula for education
- Relationship with supranational societies
- Awards some of the most important medals in ophthalmology
- Relationship with the American Academy of Ophthalmology
- Relationships with other strong national societies

Critical Weaknesses of International Ophthalmology and the ICO/IFOS:

- Unclear identity, with two names for one organization
- Lack of communication with individual ophthalmologists, who don’t know what the ICO/IFOS is or does
- Lack of an effective organizational structure
- Lack of infrastructure (staff and central office) to support getting things done
- Limited funds to support aggressive, targeted action
- Lack of good products to sell
- Lack of direct communication with national societies
- Lack of effective political communication and telling ophthalmologists what to do
- Not yet effective as an advocate
- Lack of focus
- Lack of understanding of ophthalmology by the public and how it relates to optometry

Other Weaknesses of International Ophthalmology and the ICO/IFOS:

- Lack of effective programs and activities
- Lack of an international title for ophthalmologists, such as “Fellow”
- Perception as being weak, not powerful
- Too many international organizations and too many names: ICO, IFOS, IAPB, etc.
- Lack of understanding by ophthalmologic societies
- Dependence on the American Academy of Ophthalmology for funding and other support
- Name “International” is weak and overused
- Unclear relationship with supranational societies, not coordinated and interactive
- Need new Bylaws and structure with executive officers
- Spread out geographically
- Could improve selection process for members of the Council
- Operate and communicate only in English, which is not well understood in some countries
- Do not provide leadership and a vision for other societies
- Lack of money, people and time
- Lack of professional marketing and management
- Perception that the Council gives each other medals
- Allowing optometry to expand its influence and role
- Tendency to focus on competition rather than on meeting public needs, e.g., the need of people in many areas of the world for glasses, including school children
- A wide variety and disparity of needs to be met in different geographic areas
- Lack of a consistent definition of what an ophthalmologist is and does around the world
- More effective at the global and supranational levels than at the national level
- Weak implementation
International Council of Ophthalmology / International Federation of Ophthalmologic Societies

Strategic Plan, 2007 - 2012

Attachment B: Participants, the Process and Plans for Follow-up

Participants in July 4 - 5, 2006 Planning Session in Zurich

Bruce E. Spivey, MD, President
Akef El Maghraby, MD, Vice President
Yasuo Tano, MD, Treasurer
Jean-Jacques De Laey, MD, Secretary General
Rubens Belfort, Jr., MD
Daniel Etya’ale, MD
Bradley R. Straatsma, MD, JD

William Felch, Facilitator

Participants in November 11, 2006 Session in Las Vegas

Bruce E. Spivey, MD, President
Akef El Maghraby, MD, Vice President
Yasuo Tano, MD, Treasurer
Jean-Jacques De Laey, MD, Secretary General
Richard Abbott, MD
Abdulaziz AlRajhi, MD
Rubens Belfort, Jr., MD
Daniel Etya’ale, MD
Enrique Graue, MD
Tero Kivelä, MD
Dennis Lam, MD
Gerhard Lang, MD
Koby Pe’er, MD
Al Sommer, MD (afternoon only)
Bradley R. Straatsma, MD, JD
Hugh Taylor, MD
Mark Tsö, MD
Peter Watson, FRCS, FRCOphth
(Joined at 3 p.m. by many other members of the Council and Advisory Committee)

William Felch, Facilitator
The Process

This section describes the strategic planning process and defines its various components.

The facilitator, Mr. Felch, defined strategic planning as a process that answers the following questions:

Where are we?

Where do we want to go?

How do we get there?

He outlined the following steps in the strategic planning process:

- Environmental Analysis
  - External: Trends/Needs of the Public, Ophthalmologists and Societies
  - Internal: Strengths and Weaknesses
- Mission
- Vision
- Primary Strategic Directions
- Goals
  (For each goal:)
  - Strategies
  - Long Range Objectives
  - Action Plans

--- Strategic Plan

Implementation

Monitoring

Evaluation/Revision

The first planning session in Zurich began with **environmental analysis**, which involves looking both outside the organization and within, to determine where it stands in relationship to its environment (see Attachment A). This answers the question "Where are we?" and provides perspective for deciding where the organization should go.

The participants first defined *external trends* that will affect international ophthalmology and the ICO/IFOS in the next five to 10 years. The group then listed and evaluated the *needs of the public* related to eye care, the *needs of ophthalmologists* and the *needs of ophthalmologic societies*.

The planning group also listed perceived *strengths and weaknesses* of international ophthalmology and the ICO/IFOS. Strengths suggest areas that the organization should
build on in the future. Weaknesses indicate organizational needs, the most important of which should be addressed in the Strategic Plan.

The participants then turned to the question "Where do we want to go?" They defined a mission, vision for international ophthalmology, vision for ICO/IFOS, primary strategic directions, and six major goals for ICO/IFOS (Part 1).

The **mission** is a concise statement of why the organization exists. It defines the primary results it is working to achieve, against which all strategies and plans can be measured.

The **vision** for international ophthalmology is a description of international ophthalmology as it will be in 10 years if ICO/IFOS is successful. The **vision** for ICO/IFOS describes what the organization will be upon successful completion of its Strategic Plan.

The **primary strategic directions** are broad directions and approaches ICO/IFOS will pursue in the next five years to fulfill the vision and accomplish the mission.

The planning group next defined six major **goals** for ICO/IFOS. Goals are the major functions or activities it will be involved in (e.g., ophthalmic education, advocacy) and what they are intended to accomplish. The statement of goals provides a basis for organizing work on the Plan and for defining more specific strategies and long range objectives and plans that relate to each goal.

The rest of the first planning session focused on the question "How do we get there?" For each of the goals, the group listed the broad, continuing **results** that ICO/IFOS should work to obtain and possible **strategies** and other action for accomplishing those results. Participants assigned high priority to some of the strategies (see Part 2).

**Follow-up on the Zurich Planning Session**

At the end of the planning session in Zurich, Mr. Felch described the following key ingredients for successful completion and implementation of a Strategic Plan:

- Consensus
- Definition of a few specific long range objectives for each goal
- Clear responsibility and commitment for goals and objectives
- Definition of action plans to achieve the objectives
- The resources needed to carry them out
- A system for reporting on progress and accountability

A report on the planning session (also a partial draft Strategic Plan) was circulated to participants, the Council, its Advisory Committee and IFOS members for comment and modified as needed to reflect broad **consensus**.

Three major issues were identified that warranted further discussion:
1. What Should Be the Relationship Between the ICO and National, Supranational, Subspecialty Societies and Others?

2. Should There Be Membership of Individual Ophthalmologists?

3. What Should the Name Be?

For each of these issues, various options and their pros and cons were outlined in a mailing to the Council and Advisory Committee requesting comments. Based on the comments received, the draft Plan was revised again in November, prior to the planning session in Las Vegas.

Las Vegas Planning Session

At the follow-up planning session on November 11, 2006, participants were asked if they agreed with the **environmental analysis** (Attachment A), and some changes were suggested.

The group also suggested modifications to the draft **Mission, Visions, Primary Strategic Directions** and **Goals**, all of which are reflected in Part 1 of this report.

Most of the Las Vegas meeting focused on the six goals. For each, the participants reviewed the broad desired results that had been defined and brainstormed other **strategies** for achieving those results. They then decided which of the strategies proposed at that meeting and the previous one should be assigned highest priority. With that perspective, the group agreed on one to three areas under each goal for which more specific **long range objectives** should be defined. Long range objectives define specific, ideally measurable, results that must be achieved by a defined date in order to accomplish a goal. They provide a focus for action on each goal.

Follow-up on the Las Vegas Planning Session

Individual Council members were asked to take ongoing responsibility for each of the six goals. Then individuals were asked to take responsibility for each objective and to define an **action plan** to achieve it. Action plans describe the steps that will be taken, who is responsible for each step and the schedule to be followed to achieve the objective and resources required (see the next page for an example of an action plan).

This **Strategic Plan** is a blueprint for the future of the ICO/IFOS. The goal chairs and individuals responsible for the objectives will coordinate **implementation**, with periodic reports on progress.

The organization will establish a Strategic Planning Committee) for **monitoring** progress on the Plan and revising it as needed, with **evaluation** once a year to assure
that the directions suggested are still appropriate and assess the results that have been achieved.

Following is the plan for follow-up, which is an example of an action plan:

**Action Plan for Follow-up on Strategic Plan**

**Long Range Objective:** to define and implement a Strategic Plan that will guide the achievement of the ICO long range goals and objectives.

**Responsibility:** Dr. Spivey  
**Deadline:** July 2011

**Steps:**

1. Prepare report on planning session/draft partial strategic plan  
   **Responsibility:** Mr. Felch  
   **Schedule:** 11/12 - 11/27/06

2. Send Plan for comment to Council and Advisory Committee and revise as needed  
   **Responsibility:** Dr. Spivey  
   **Schedule:** 11/28 - 12/11/06

3. Ask individuals to take responsibility for goals and for long range objectives  
   **Responsibility:** Dr. Spivey  
   **Schedule:** 11/28 - 12/11/06

4. Circulate the Plan for comment to IFOS members and revise as needed  
   **Responsibility:** Dr. Spivey  
   **Schedule:** 12/12 - 12/29/06

5. Define action plans for each long range objective and submit to goal chairs  
   **Responsibility:** Individuals responsible for each objective  
   **Schedule:** 12/12/06 - 1/20/07

6. Provide feedback on action plans  
   **Responsibility:** Goal Chairs, Dr. Spivey  
   **Schedule:** 1/20 - 2/1/07

7. Revise action plans as needed and re-submit to Goal Chairs  
   **Responsibility:** Individuals responsible  
   **Schedule:** 1/20 – 2/7/07

8. Submit action plans and budgets  
   **Responsibility:** Goal Chairs  
   **Schedule:** 1/20 - 2/7/07

9. Draft full Strategic Plan for approval by Council and integrate into proposed budget for 2007 and beyond  
   **Responsibility:** Dr. Spivey / Mr. Felch  
   **Schedule:** 1/21 - 2/7/07

10. Council approves Strategic Plan  
    **Responsibility:** Dr. Spivey  
    **Schedule:** 3/23/07

11. Implement action plans  
    **Responsibility:** Individuals Responsible  
    **Schedule:** 4/1/07 - ongoing
12. Report progress on action plans to Goal Chairs
   Responsible: Individuals
   Frequency: Twice a year

13. Provide feedback on action plans and submit revised plans and progress reports to Strategic Plan Committee
   Responsible: Goal Chairs
   Frequency: Twice a year

14. Review progress and provide feedback and report to Council
   Responsible: Dr. Spivey, Strategic Planning Committee
   Frequency: Twice a year

15. IFOS approves changes in Statutes and Council approves changes in regulations
   Responsible: Dr. Spivey
   Date: June 2008

16. Council reviews progress and provides feedback
   Responsible: Dr. Spivey
   Frequency: Twice a year

17. Evaluate Strategic Plan and the results are being obtained
   Responsible: Dr. Spivey
   Frequency: At each Council that meeting

18. Develop new Strategic Plan
   Responsible: Chair, Strategic Planning Committee
   Date: July 2009

**Resources Required:** No significant additional expenses, other than those that will be proposed to implement the Plan.