2011 – 2015 STRATEGIC PLAN

SITUATIONAL ANALYSIS
SITUATION STATEMENT

A concise explanation of the problem or issue ICO wants to impact.

There are an insufficient number and an uneven distribution of well-trained ophthalmologists and allied professionals qualified to meet the need for eye care services, which will only increase as the population grows and ages and developments in science accelerate and demand new knowledge and skills.

Because eye care is not well integrated into the larger health care delivery system, the importance of ophthalmology within health care and the contributions it can make to community health are not fully recognized. Consequently, sufficient resources are not allocated to eye care – financial resources; political resources; physical resources, infrastructure and technology; and human resources. This lack of resources combined with the absence of a cohesive, comprehensive system for providing eye care means that all people do not have access to the eye care they need.

While the problem of prevention of blindness and preservation of sight extends beyond ophthalmology, failure to address it means that many of 285 million people who are visually impaired worldwide, 40 million of whom are blind, and without hope of effective and timely prevention or treatment. This is especially true for the 87 percent of the world's visually impaired who live in low- and middle-income countries. Without sustainable, equitable, comprehensive eye care systems that are an integral part of health care systems and appropriately trained eye care professionals – ophthalmologists, optometrists, ophthalmic nurses, orthoptists, ophthalmic and dispensing opticians and mid-level eye-care personnel who can work effectively as an interdisciplinary team with complementary skills – it will be impossible to eliminate avoidable blindness and prevent vision impairment.

ENVIRONMENTAL ASSESSMENT AND ASSUMPTIONS

Key factors, variables, and trends in ICO’s internal and external environments that could significantly affect ICO and its ability to succeed, grow, and advance its mission and vision in the next five years.
ICO’S INTERNAL ENVIRONMENT
Major internal factors, organizational strengths and weaknesses.

1. **ICO’s members** include national and subspecialty ophthalmologic member societies around the world, who, along with allied supranational societies, form an international community with a broad reach and the potential to connect all the world’s ophthalmologists. This also creates challenges of time, distance, and language that need to be addressed in order to effectively communicate with and mobilize this community to work together on shared priorities. Currently, the value of membership is not readily apparent to some members and potential members, and not all ophthalmologic societies are ICO members.

2. The diversity of perspectives, background, connections, expertise, and experience that ICO’s leadership and volunteers bring and willingly contribute to advancing ICO’s mission. Because ICO is able to reach individual ophthalmologists directly through member organizations, it is able to tap into the best and the brightest from around the world. One of ICO’s challenges is to identify and develop leaders who are more reflective of the full diversity of the ophthalmologic community, especially in regard to age and gender. This requires reducing dependence on the “usual suspects” and creating intentional, systematic leadership development and succession processes.

3. **ICO’s education and training programs** meet identified needs and are well received but — with the exception of the World Ophthalmology Congress (WOC), Exams and Fellowships — most have a low profile in the field and are not well known. In addition, they are designed and delivered as individual, independent programs rather than as part of a continuum and so perceived as fragmented offerings rather than an integrated whole.

4. **ICO’s image and visibility** is not commensurate with the influence it seeks to have. ICO has not sufficiently differentiated itself from similar organizations and is virtually unknown to some key constituencies. While ICO is increasingly invited to participate in important events and key discussions, it has a way to go to establish ophthalmology’s leadership role in VISION 2020, IABP, and other key forums, as well as to create effective working relationships with allied health professionals, NGOs, and others working to eliminate avoidable blindness and prevent vision impairment.

5. **ICO’s current business model** is not sustainable: too few are doing too much with insufficient resources. ICO’s ambitions exceed funds currently available and it is not taking full advantage of potential partnerships with member societies, NGOs, and other allied organizations. While the ICOFoundation can solicit contributions that are tax-deductible in the USA to support its work, it has limited visibility and reach. Building better relationships with potential partners and supporters could result in increased funding, collaborations, and additional resources that support ICO’s work.
6. **ICO’s structure** promotes flexibility and creativity by allowing individuals to devote their time and energy to projects that interest them; but this can also result in a siloed approach that may not strategically focus available resources. While ICO realizes significant cost savings from not having a central office, it faces the same challenges as other virtual organizations, including those related to coordinating and communicating across time zones and different locations, sharing information and resources, building effective working relationships, and maximizing use of available technology.

**INTERNATIONAL OPHTHALMOLOGY AND EYE CARE ENVIRONMENT**

*Key issues, variables, trends, and driving forces in eye care and international ophthalmology.*

1. **Increasing competition** for funding, support, membership, and participation make it increasingly difficult to secure necessary resources. Ophthalmologic societies are approaching the same foundations, donors, and corporations for support. These societies also compete with ICO and each other for the time, attention, and money of individual ophthalmologists by offering them a choice of products, services, programs, events, and meetings they might attend and organizations they might wish to support or be involved with. Some societies are trying to reposition themselves as international – not just regional or national – which further confuses and complicates the competitive landscape. Additional confusion and potential competition arises from the international expansion of optometry and public confusion about the difference between optometry and ophthalmology.

2. **The pharmaceutical and equipment industry**, a traditional supporter of ophthalmologic societies, is consolidating: there will be fewer and bigger companies able and willing to provide support. These same companies are driving research and innovation at a time when patents for major drugs are expiring and costs of innovation of increasing. While this could create openings for new companies to get into the eye care business, a smaller pool of companies willing to support ophthalmologic societies could give them increased influence over those societies and their priorities.

3. **Lack of systems thinking** and outdated mental and operating models make international ophthalmology less relevant and less able to adapt to a rapidly changing environment. Instead of thinking about and approaching eye care as a comprehensive system, international ophthalmology continues to focus on component parts, such as training, education, and advocacy. Instead of developing new and collaborative approaches to systems issues, ophthalmologists usually rely on an outdated, expert “fix it” approach. Emerging models for community-based, systems-level interventions could be adapted to meet different needs, replicated, and extended.

4. **The practice of ophthalmology** differs from country to country and there are different models at work. This is sometimes dictated by social and historical factors related to scope of practice, including whether refractive services are available from
other providers. The ratio of ophthalmologists per hundred thousand people in each country differs significantly – and in many countries is a long way from VISION 2020’s target of at least one ophthalmologist per 250,000 population.

5. **Lack of equal access to technology**, especially in developing countries, means that technology cannot be a universal panacea. Many ophthalmologists and residents have limited access to the Internet and computer equipment and so do not have ready access to online training, information, current research, and relevant literature. Even if new, expensive technologies are available, they might be unusable because people are not adequately trained to use or maintain them. Decisions about technology need to consider cost/benefit ratio, as well as issues related to price, quality, accessibility, ability to use the technologies, and appropriateness for serving those in need.

6. **Valid and reliable data** on the costs, benefits, efficiency, and outcomes of eye care in various settings is not systematically collected and analyzed, or readily available. Participative studies that facilitate national dialogues about the need for and effectiveness of eye care can lead to more engagement of countries in development of supportive public policies and delivery of proven ways to reduce avoidable blindness and vision impairment.

**MACRO ENVIRONMENT**

*Key driving forces and trends in the larger world,*

1. **Changing demographics**, a growing and aging population, and changes in lifestyle could significantly increase the magnitude of visual impairment due to age-related diseases and chronic conditions. The increase in patients with diabetes, cataract, macular degeneration, and glaucoma will be much greater than the increase in qualified ophthalmologists.

2. **Public policy** and how different countries respond to issues of cost, quality, and outcomes will determine the feasibility of VISION 2020’s goal of integrating equitable, sustainable, comprehensive eye care into every national health system. Eye care is generally not a high priority for governments or international funding agencies. Public policy is often a major determinant of the availability and accessibility of ophthalmic services. There are increasing efforts, largely driven by NGOs, to reform education and health care, especially in developing countries, but ophthalmologists are not traditionally involved in these discussions and doctors in general have little say in policy and funding decisions at national levels.

3. **Shifts in funding and financing of international development** will increase the importance of non-governmental funders and their influence over funding priorities. Momentous changes occurred in the international architecture of development assistance for health over the past decade. Today, new multilateral organizations, initiatives, and foundations have assumed a prominent role in financing health, among them the Global Fund, GAVI, GAIN, and the Bill and Melinda Gates Foundation. Bilateral aid has also increased substantially. However, much of this
new funding is earmarked for combating few diseases such as HIV/AIDS, malaria, tuberculosis, and some vaccine-preventable diseases; less for health system strengthening at country level, and almost nothing for eye care. The corporate social responsibility movement is another key player and is likely to increase the number of private/public partnerships as the global financial crisis continues.

4. **Delivery and provision of health care** will be driven by social as well as financial forces. The public will increasingly expect ready access to effective eye care and successful treatments, but no nation can afford to provide total eye care to every person at every stage of life. Therefore, the issues of access, cost, affordability, quality, and outcomes will be significant concerns. Stand-alone vertical programs will decline as the emphasis shifts to broader, more integrated health care delivery. Nurses and mid-level health professionals will play a larger role in health care delivery, especially in hospitals, and they will increasingly dictate what can be done and how it will be done. Physicians will be paid less and the desirability of medicine as a career may be diminished – or doctors could go to where the money is, which could also affect research. Medical education will shift to an evidence-based approach and funding and teaching models for continuing education will evolve. In addition, increasing litigation in countries outside the US could affect the practice of ophthalmology.

5. **Globalization** could affect how ophthalmology is practiced as commercialization of medicine, and decreasing barriers to doctors working in other countries make it increasingly competitive and encourages brain drain. Simultaneously, more consistent international standards and expectations could dictate more stringent rules of practice.

6. **Advances in science** will occur at an accelerating pace and eye care changes will be dominated by genomics, proteomics, immune-modulation, regenerative medicine, nanotechnology and bioengineering. These changes will alter eye care more rapidly and profoundly than generally projected, including developments to treat diseases that currently have no known therapy.

7. **Use of and dependence on technology** will increase. For medicine and ophthalmology, this will affect education and training, communications, and practice. New technology products for relatively uncommon treatments will be very expensive (e.g., gene therapy). Increased use of simulators and web-based training will enable people to learn at their own pace on their own time. Centralized storage of and ready access to data will make it easier to retrieve information on an as-needed basis. Increasing dependence on electronic communications could affect how and where individuals do their work, as well as how they communicate with and relate to each other. The major barriers to effective use of technology could be cultural rather than technological.
STAKEHOLDER ANALYSIS

Significant needs, expectations, and concerns of key selected stakeholders (criteria they use to access ICO’s performance), with relative priority indicated by H, M, or L (High, Medium, Low). This was informed by survey data collected from these stakeholders prior to the strategic planning session.

OPHTHALMOLOGY EDUCATORS

What these stakeholders need and expect from ICO
- Good, well-organized teaching materials that are easy to access and use (H)
- Information about how to teach more effectively, e.g., surgery, ethics, etc. (M)
- Visiting professors, guest lecturers, etc. (someone to come to meetings and talk) (M)

What ICO needs from these stakeholders
- Their commitment to use what ICO offers (H)
- Help developing and evaluating materials (M)

PRACTICING OPHTHALMOLOGISTS

What these stakeholders need and expect from ICO
- Current practice-related continuing education (H)
- Training materials and online access (H)
- Hands-on training on new technology (M)
- Ability to pass exams and credentials/certification/diploma documenting competence (M)
- Representation of their interests to the government and other policy makers (M)

What ICO needs from these stakeholders
- Participation (H)
- Acceptance and use of ICO materials and products (H)
- Feedback (M)
- Be advocates for ICO (L)

LEADERS OF NATIONAL OPHTHALMOLOGIC SOCIETIES AND SUBSPECIALTIES

What these stakeholders need and expect from ICO
- Resources and support for enhancing resident training (H)
- Resources and support for subspecialty training (M)
- Working with / helping national societies (H)
  - Support of and respect for national societies: e.g., members reach ICO through them; ICO gives credit to national societies and works with, not competes with, them
- Acting as uniting body (M)
- WOC as reliable source of high-quality information (M)
- Curricula and CMEs (M)
- CME through ICO website (L)
- Benefits of membership (L)
What ICO needs from these stakeholders

- Be advocates for ICO; be engaged (HH)
- Pay dues/be members (H)
- Take part actively (H)
- Regular updates (M)
- Good relationships, transparency, and clarity of roles (M)
- Attend and contribute to the World Ophthalmology Congress (WOC) (M)