

**ENDING AVOIDABLE  
SIGHT LOSS**

**2030  
IN SIGHT**



**A Strategic Initiative**

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# FOREWORD

I am proud to have been elected President of the IAPB this year. As a person who is registered legally blind, the issue of avoidable sight loss is deeply personal. In fact, it is through working with SightSavers International in 2000 to raise funds for 6000 cataract operations in India, that I began my career in global disability inclusion.

This year, it is twenty years since I returned from the epic elephant journey through Southern India where it all began. This not only marks my coming home and my personal acceptance of my disability but, more significantly, my understanding of the scale of the global disability inequality crisis. Over these two decades, I have witnessed significant change in both disability inclusion and eye health but I am poignantly aware that the time for true systemic change is now.

I am obviously taking up the role at what is a uniquely challenging time for the world, with the impacts of Covid-19 still very real and very serious. At the same time, I have taken great confidence from the unity of purpose we have seen over recent months and the further reminder of the transformative power of science and the importance of quality health care for all. As a sector we are facing our own challenges but I believe we can look forward with greater optimism than at any time. There is a lot of hard work ahead but real opportunities are in sight.

The end of avoidable sight loss is now within our grasp and we need to push harder than ever before to help deliver this ambition. There is a renewed recognition that good eyesight can unlock human potential and is critical to so many of the sustainable development goals. We have a window ahead of 2030 to ensure everyone understands it is a golden thread that runs through wider development aims. And as we recover from the pandemic, the importance of sight cannot be overstated in the deepening and widening of educational and employment opportunities.

This document sets out our strategic plan for the next decade. It builds on so much great work already done, but recognises that we will have to work differently to make sure eyesight receives the global political, health and development priority it needs and deserves. We will need to embed vision as a fundamental development issue, integrate within our sector and wider health care and activate consumer demand and market change.

The progress made over the last decade has been extraordinary. I firmly believe that our most important days lie ahead and that there has never been a greater opportunity to improve the lives of billions of people and help them fulfil their full potential.



# INTRODUCTION

As we come to the end of VISION 2020 and look ahead to the next decade, there are things that have become clearer than ever.

Firstly, the challenge has changed. As a sector we have achieved a lot but there is still much more to do. While we are on the verge of eliminating some transmissible diseases, non-communicable diseases, lifestyle changes and ageing populations now present a new burden.

Secondly, the challenge has grown. There are now 1.1 billion people living with sight loss around the world because they don't have access to basic services. This will rise to 1.8 billion by 2050 if unchecked.

The myopia epidemic is growing and affecting younger and younger people. At the current rate, it is estimated that half the world's population will have myopia by 2050. We are also facing the health challenges around ensuring care for an increasing ageing population. Above all, the challenge is not borne equally. Eye care is still under-resourced and unaffordable for too many people. Of the 1.1 billion living with sight loss, 90% live in lower and middle income settings. In 2020, rates of blindness were up to nine times higher in western sub-Saharan Africa than in North America. And it remains the case that women, rural populations, those with low incomes, older people, persons with disabilities, indigenous people and ethnic minority groups are the most likely to suffer from sight loss and the wider implications that entails.

The World Health Organization's World Report on Vision and The Lancet Global Health Commission on Global Eye Health make the case clearly. Both of these reports from world-leading organisations demonstrate that addressing sight loss is a key economic and development issue and that eye health needs to be much better integrated into health care systems.

We can now prove that improving eye health will help reduce poverty. And it is indisputable that good vision will help unlock better educational outcomes, create better employment prospects, increase productivity at work and promote greater gender equity. We need to make that argument loudly and repeatedly if we are to overcome the current hurdles that prevent universal access to early detection and prevention services, eye examinations, treatments and rehabilitation. And we need to push even harder to gain wider recognition that improving eye health is vital to the delivery of the Sustainable Development Goals by 2030 and the UN principle of no-one being left behind.

We must create a world where everyone everywhere has access to good quality eye health services, preventable sight loss is prioritised, and where barriers that prevent the full participation of people with permanent visual impairment are removed from society.

To achieve this, we will have to work differently to elevate the issue of eye health, integrate it into wider systems, and activate demand from the ground up. As a sector, we will need to come together to work differently, and with more focus than ever before. We must innovate with new partners, collaborate with organisations from other sectors, and embrace new ways of working and technological change. The challenge has never been greater – but nor has the opportunity.

This vision for our sector comes at a crucial time. The world has been shaken by COVID-19 in ways no one could have envisaged. The social, health and economic consequences of the pandemic will be felt for many years to come. This provides a new context to develop health systems that are resilient and responsive, and highlights the need for an equitable and inclusive rebuild. It creates even more urgency for our cause. We know that it has never mattered more.

## 2030 IN SIGHT

### Ending avoidable sight loss

The challenge is more complex than ever before, the numbers are greater and the inequalities are only increasing. Therefore our ambition has to match this scale.

#### By 2030, we want to see a world where:

- No-one experiences unnecessary or preventable sight loss and everyone can achieve their full potential.
- Eye care and rehabilitation services are accessible, inclusive and affordable to everyone, everywhere, whenever they are needed.
- People understand the importance of caring for their own eye health and demand access to services, free from the weight of any social stigma.

# VISION 2020

## Building on success



VISION 2020: The Right to Sight was launched in 1999 as an ambitious and integrated twenty-year strategy with one simple but far reaching goal – to eliminate the main causes of preventable and treatable blindness by 2020.

VISION 2020 was more than just a strategy. It provided a clear direction and a unifying cause after decades of important but individual programmes. It created a movement, galvanised the sector, and successfully focussed the collective power and funding of governments, NGOs, professional bodies and the pharmaceutical and eye care industry.

In recognition of its importance and impact, the World Health Organization partnered with the IAPB to launch the strategy and worked with the sector to drive it forward with leaders and partners around the world.

### Impact

- Prevalence of blindness has dropped from **4.8% to 3.1%** over thirty years.
- **Trachoma and Onchocerciasis**, the two biggest infectious diseases which cause blindness, could be eliminated within the next ten years if the emphasis and funding remains at the same level as the last decade of targeted interventions.
- **90 million people** around the world have had their vision impairment treated or prevented since 1990.

## Onchocerciasis

Onchocerciasis, commonly known as “river blindness”, is caused by the parasitic worm *Onchocerca volvulus*. As well as severe itching and disfiguring skin conditions, symptoms can lead to visual impairment, including permanent blindness. Of the estimated 20.9 million Onchocerciasis infections worldwide in 2017, 1.15 million had vision loss.

The disease is especially prevalent in Africa, with more than 99% of cases occurring across 31 sub-Saharan African countries.

VISION 2020 helped to push large-scale treatment of with ivermectin through the Americas. In 2013, Colombia was verified as free of onchocerciasis, the first to ever country to achieve this. Ecuador, Mexico, and Guatemala followed in subsequent years.

In 2015, elimination strategies were pushed through Africa, with millions inoculated. The morbidity rates associated with the disease have widely decreased, along with the more extreme cases of visual impairment and blindness it carries.



## Trachoma

Trachoma is an infectious disease, caused by the human transmission of bacterium *Chlamydia trachomatis*. It causes a roughening of the inner surface of the eyelids, leading to pain in the eyes, breakdown of the outer surface or cornea, and eventual blindness.

The work and impact of VISION 2020 saw cases of trachoma reduce from being the world's leading cause of blindness at the turn of the millenium, to it accounting for less than 1% in 2020.

In 2002 there were 1.3 billion cases of trachoma worldwide. This fell to 142 million in 2019, a 91% decrease.

Trachoma has so far been eliminated in as many as 13 countries including Mexico, China and Morocco. Although it still remains a serious public health problem in as many as 44 countries, it is estimated that at the current rate of progress it will be eliminated worldwide by 2025.

2020: 8 countries. 2023: 20 countries. 2025: all 44 countries.

# ACHIEVEMENTS OF VISION 2020 INCLUDE

## 01 Advocacy

- Multiple World Health Assembly resolutions putting blindness and eye care on the global health agenda.
- Launch of World Sight Day as a global focus point for thematic campaigning and awareness raising.
- Recognition of Uncorrected Refractive Error as a major cause of blindness and vision impairment at the World Health Organization, facilitating the ability to advocate for policies to address the largest cause of vision impairment.
- Establishment of specific national VISION 2020 entities and the development of many national eye health plans with VISION 2020's ambition embedded at their heart.

## 02 Resource mobilisation

- Increased government resources devoted to eye care including resources such as health personnel.
- Secured significant development aid contributions, including large grants from the Australian Government for programmes in South East Asia and Africa, the Queen Elizabeth Diamond Jubilee Trust, funding for trachoma control from the UK and US Governments, and pharmaceutical donations from Merck & Co, and Inc, the Mectizan Donation Programme, and Pfizer on trachoma and river blindness, to name a few.

### **03 Programme facilitation and implementation**

- Focus, impetus and engagement through the establishment of national committees and drafting of national plans. In the first five years after launch, 53 countries drafted VISION 2020 national plans and 78 formed national committees.
- In-country workshops, toolkits and other support to bring VISION 2020 to life.
- Large numbers of Epidemiological and Rapid Assessment of Avoidable Blindness surveys to provide a better understanding of the main causes, risk factors, regional differences and progress.
- Capacity and development at a local level through programmes like IAPBs Eye Health Heroes.

**Taken together we can be proud that these amounted to a real step change on eye care and made a difference to millions of people around the world.**

**Now is the right time to build on these strong foundations for the new challenges ahead.**



Photo submitted by: Niranjan Gaire for WSD Photo Competition



# THE CHALLENGE

## A Fast-Changing World

When VISION 2020: The Right to Sight was published in 1999, we lived in a very different world. Launched on the eve of the twenty-first century, no one could have predicted the pace of societal and technological change that would take place over the following twenty years.

Change that would bring huge benefits, but change that would also have a fundamental impact on the issues and conditions that affect eyesight. In 2021, we are faced with the complex impact of ageing populations, changing lifestyles and the sharp rise of non communicable diseases such as diabetes. The shift in the activity levels and stark rise in exposure to screen time, particular of young children, resulting in a huge increase of myopia, was inconceivable for most at the turn of the century.

Rapid technological deployment has played a part in creating this new set of challenges but it has also simultaneously unlocked solutions that were out of reach twenty years ago. In 1999, mobile phones were not widely available or even capable of taking high quality photos. Today, 5 billion people have mobile devices and by the end of the decade, a range of vision tests will be able to be taken by mobile applications anywhere on the planet. High quality clinical images and data can be shared between eye health professionals on the other side of the world in real time. The potential for other technological advancement including AI has already started in the screening and treatment of eye health conditions and will continue to evolve our sector in the coming years.

And the transformative power of one of the oldest inventions in the world – a pair of glasses – is more potent than ever. The pace of change will not slow down. Nor will the complex factors influencing eye health or the inequalities that have only increased with time. And we will need to affect change in a challenging funding environment where access to resources and development assistance will be more stretched than ever before.

As a sector, we must be future facing, predict trends, embrace technology, work with different partners and become more agile. Crucially, we need to make the case loudly and repeatedly that eye health is not an optional extra. It is vital to everything.

The World Health Organization's World Report on Vision and The Lancet Global Health Commission on Global Eye Health are key to facing this change well-prepared. They provide the evidence base to prove the indisputable importance of eye health and an important rallying cry to wider allies. Coupled with the global emphasis on achieving the Sustainable Development Goals and the UN's ambition to ensure that 'no-one is left behind' by 2030, this is an unprecedented time in our history to deliver this vital step change.



# W.H.O

## WORLD REPORT ON VISION 2019

In this key report, the **World Health Organization** argues the urgent need for greater awareness, political will and investment to strengthen eye care globally. Despite significant progress over the last 30 years, access and services are not keeping pace with demographic change and population needs.

To tackle this challenge over the next decade, the report argues the need for eye health to be a core element of universal health coverage, and for there to be a holistic approach where these health systems are organised around the needs and expectations of people throughout their life rather than a narrow view based on disease at any one time.

This integrated people-centred eye care (IPEC) approach and the World Health Organization's proposed technical framework for it will help create health interventions covering promotion, prevention, treatment and rehabilitation for the whole spectrum of eye conditions.

### **Key recommendations:**

- Make eye care an integral part of universal health coverage.
- Implement integrated people-centred eye care in health systems.
- Promote high-quality implementation and health systems research complementing existing evidence for effective eye care interventions.
- Monitor trends and evaluate progress towards implementing integrated people-centred eye care.
- Raise awareness and engage and empower people and communities about eye care needs.

# WHAT IS INTEGRATED PEOPLE-CENTRED EYE CARE?

Integrated people-centred eye care (IPEC) means eye care services that are:

- **People centred:** organised according to the health needs and expectations of people throughout the life course, rather than based on diseases. This approach consciously adopts individuals' perspectives as participants and beneficiaries of eye care services, and empowers them to play an active role in their own eye health.
- **Integrated:** managed and delivered to assure a continuum of promotive, preventive, treatment and rehabilitative interventions for the full spectrum of eye conditions. This is also coordinated across the different levels and sites of care within and beyond the health sector.

## **The WHO concludes that achieving IPEC requires four strategies:**

- Empowering and engaging people and communities.
- Reorienting the model of care.
- Coordinating services within and across sectors.
- Creating an enabling environment.

In 2020, Australia and Indonesia led a World Health Assembly resolution on IPEC. The resolution was adopted with overwhelming support and more than 40 countries as co-sponsors. It requires all countries to make eye care an integral part of their journey towards universal health coverage and to implement IPEC. It also provides a mandate to the World Health Organization to increase its support to countries in implementing the World Report on Vision and to set global targets on eye health for 2030.

# THE LANCET GLOBAL EYE HEALTH REPORT 2021

This highly esteemed, peer-reviewed report co-authored by 73 leading experts from 25 countries sets out the path for eye health beyond 2020 and a world without avoidable sight loss.

It makes the clear socio-economic case that eye care needs to be reframed as a worldwide development issue and one that is integral to achieving the Sustainable Development Goals by 2030.

To do that, eye health needs to be given greater prominence, priority and funding within global development and health agendas, plans and policies. This includes people-centred services, addressing the needs of marginalised and vulnerable groups through targeted interventions, and service expansion, both in terms of technological resources but also human resources and eye specific health workforces.

## **Report's key messages:**

- Eye health is essential to achieve the Sustainable Development Goals; vision needs to be reframed as a development issue.
- Almost everyone will experience impaired vision or an eye condition during their lifetime and require eye care services; urgent action is necessary to meet the rapidly growing eye health need.
- Eye healthcare is an essential component of universal health coverage; it must be included in planning, resourcing, and delivery of health care.
- High quality eye care services are not universally delivered; concerted action is needed to improve quality and outcomes, providing effective, efficient, safe, timely, equitable, and people centred care.
- Highly cost-effective vision-restoring interventions offer enormous potential to improve the economic outlook of individuals and nations; a major scale-up of financial investment in eye health is required.
- Technology and treatment developments offer new tools to improve eye health; thoughtful application is needed to maximise the potential to improve coverage, accessibility, quality, efficiency, and affordability.
- The eye care workforce is unable to meet population needs in many countries; major expansion in service capacity is required through increased numbers, sharing tasks, strengthened training, enabling work environments, and effective leadership.

## **2030 AGENDA LEAVE NO-ONE BEHIND**

The 17 Sustainable Development Goals are the world's "blueprint to achieve a better and more sustainable future for all." While the goals cover everything from clean water to climate action, they are fundamentally interlinked and provide an unprecedented and critical opportunity for the eye care sector.

There is a symbiotic and interlinked relationship between our ambition for eye health and the 2030 Agenda – better access to eye health services will be an important element of delivering many of the Sustainable Development Goals by 2030, while the wider efforts to meet these goals will in turn benefit eye health globally.

The UN's work on the 2030 Goals is guided by the clear principle to leave no one behind by 2030 and reach the furthest behind first. Those suffering disproportionately from poor vision include some of the most marginalised people – such as women, people with disabilities, rural populations, ethnic minorities, refugees.

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**As a sector, we need to work harder to reach the hardest to reach. Equity must be at the heart of everything we do.**

The Lancet Global Health Commission on Global Eye Health included an in-depth look at the relationship between eye health and the 2030 Goals. Through analysis and separate reviews, the authors concluded that there is enough compelling evidence to prove that improving access to eye health services will contribute to achieving many of the Sustainable Development Goals including:

## 1 NO POVERTY



90% of sight loss occurs in low and middle-income countries.

## 2 ZERO HUNGER



Unaddressed vision impairment traps people in poverty and leads to hunger and malnutrition.

## 3 GOOD HEALTH AND WELL-BEING



Poor eye health is inextricably linked to increased mortality, lower levels of well-being and higher rates of depression.

## 4 QUALITY EDUCATION



Children with vision impairment have poorer educational outcomes and are more likely to be excluded from schools.

## 5 GENDER EQUALITY



Women have worse access to eye health services and are 12% more likely to suffer sight loss than men.



## 8 DECENT WORK AND ECONOMIC GROWTH



Vision impairment and related discrimination stop people accessing quality work and results in lost economic productivity locally, nationally, and globally.

## 10 REDUCED INEQUALITIES



Women, people with disabilities, indigenous people, refugees and migrants are those most affected by poor eye health.

## 11 SUSTAINABLE CITIES AND COMMUNITIES



Poor vision increases the risk of road traffic deaths and injuries, affecting millions around the world.

## 13 CLIMATE ACTION



Like every sector, the health sector (including eye care) contributes to greenhouse gas emissions and has other impacts on the environment which it needs to understand and manage.

## 17 PARTNERSHIPS FOR THE GOALS



The Goals cannot be delivered without partnership with a broad range of coalitions and work with leading organisations including the eye health sector.



The direct link between eye health and over half of the Goals needs to be more widely recognised and embraced, both inside and outside our sector, and we need to use it as a policy lever to achieve better eye health access and services

Our ambition for 2030 cannot be achieved without the realisation of these Goals by the same date. And as a sector, we must understand that the advancement of eye health is also dependent on the realisation of the wider goals, for example the ambition to deliver clean water and sanitation for all is key to ensuring the sustainable elimination of diseases such as trachoma.

The ambition and the cross-sectoral and holistic approach of the Sustainable Development Goals needs to be embraced and adopted within our sector if we are to meet the challenges ahead.





# THE 1.1BN

## Fulfilling Human Potential

There are 1.1 billion people around the world living with the consequences of sight loss because they do not have access to eye care services. These are some of the poorest and most marginalised in society. Without change, this will rise to 1.8 billion people by 2050.

A shocking number but one that doesn't do justice to the tragic wider impacts. Over one billion individuals cannot read, access fulfilling work, and will likely suffer depression, exclusion and die earlier than they should. Over one billion people who may not be able to fulfil their individual potential.

With access to existing and highly cost effective interventions and the creation of more inclusive environments, we can help those 1.1 billion and many more.

### 2-3bn

People globally have a vision impairment

### 1.1bn

People live with sight loss in 2020 which could have been prevented or is yet to be addressed

### 1.8bn

People who will have sight loss by 2050 without action

### 33%

Increased risk of depression associated with sight loss



Vision loss disproportionately affects the poorest and most marginalised in society

### 2.6x

Poor eye health increases the risk of early mortality by 2.6 times

### 90%

Of sight loss is preventable or treatable



Almost every human on earth will need access to eye care services in their lifetime



Eye health interventions are highly cost effective

### \$411bn

Of lost global productivity could be regained with action



A pair of glasses reduced the odds of a child failing a class in school by 44%



Productivity can be improved by 20-30%



Photo submitted by: Tommy Trenchard for WSD Photo Competition



# THE HURDLES

## What Do We Need To Overcome?

### Understanding and awareness

Despite the fact that every single person is likely to need access to eye care services at some point in their lifetime, people take their eyesight for granted. There is a lack of awareness and demand from the general public, which in turn results in a lack of financial and political will.

Despite years of hard work and campaigning from the whole sector, there remains a lack of wider understanding of the related health, social and economic benefits of comprehensive vision services. And there continues to be social stigma around sight loss, which is acutely felt in some parts of society around the world.

This lack of awareness applies to governments but also extends to a range of other key parts of society, including employers and educators.

### Commitment and finance

This lack of understanding and awareness results in a lack of commitment. There remains a significant funding gap to support access to services, primarily within the national health care systems around the world. The World Report on Vision puts the gap for unaddressed refractive errors and cataracts globally at \$24.8 billion US dollars, but there is also significant return on investment with the Lancet identifying \$411 billion of lost productivity.

In addition, there needs to be a greater commitment to the prevention and treatment of sight loss in settings beyond health care from wider sectors including education, industry and businesses. And a greater understanding of the benefit in productivity and economic stimulus which can result. This also applies to development funders and multi-lateral donors.

## Systems and people

Eye health services are often siloed within health systems and focused on vertical ways of working. There is too often a total lack of coordination and integration with eye health services resulting in a lack of financing, services, personnel and coordinated systems and data.

There are not enough people on the ground with a broad enough range of skills and qualifications to match the scale or the range of issues that now face eye health. The World Report on Vision states that the eye care workforce is not currently fit for purpose and, in many countries, productivity is reduced because sections of the health workforce are not permitted to carry out eye care services.

## Regulations and markets

Regulatory frameworks can exacerbate the lack of resource by creating barriers to the number and breadth of people who can provide eye health services.

The private market is often the main route for access to screening, eye examinations and glasses around the world, but the unregulated nature of the market and its exploitation can cause market failure. This means that those who most need access to eye care services and products cannot afford it. In too many countries, the supply of glasses, contact lenses and low vision aids does not reach outside the major cities, excluding huge numbers of communities.

This is further exacerbated by other policy and regulatory frameworks that hamper equitable and fair access. For instance, the application of government tax and commercial tariffs to glasses and low vision aids, because they are treated as a luxury item, rather than treating them like other health care products. In addition, there is often a lack of regulation on quality which means communities are purchasing sub-standard products that can result in detrimental consequences.

## OUR TEN YEAR MISSION

Hurdles can be overcome.  
But to do this, a new approach and a step change is needed.  
As a sector, we will:

# ELEVATE INTEGRATE ACTIVATE



Photo submitted by: Andras D. Hajdu for WSD Photo Competition



**1 ELEVATE****Embed vision as a fundamental, economic, social and development issue**

There is not enough understanding of the vital importance of eye health and its direct impact on wider social and economic issues among those who have the ability and responsibility to make a difference. Unless we change this, we will never be able to unlock the commitment and financing that is needed to achieve our ambition and as a result, more people will lose their sight and more people will be left behind. We will need to set and measure targets to ensure new levels of monitoring and accountability.

**2 INTEGRATE****Incorporate eye health in wider health care systems**

If we want to help the people who need it most, we have to start putting them at the centre of their own healthcare. The changing nature of the issues facing eye health make this even more urgent. We need a holistic, integrated approach where eye care is treated as an essential element within wider health care services and is universally available to everyone. We also need to ensure there is integration within and between the different eye care professions. If we do not facilitate services being delivered by a broader range of people within healthcare systems, particularly primary care and the community, we will fail.

**3 ACTIVATE****Drive consumer and market change**

Almost every person will need help with their vision at some point in their life. It is a universal issue and we must activate universal demand. We need to educate and empower people to force change by making people more aware of what they can do to look after their own eyes. We must utilise and harness the role of the private sector – effective and efficient markets with affordable products and services can be a big part of the solution. And to help create the right market environment, we will have to break down regulatory and financial barriers to help expand access to affordable eye health services.

# ELEVATE

## What?

Embed vision as a fundamental economic, social and development issue.

## Why?

Poor vision is more than a health issue. It is a golden thread that runs through the Sustainable Development Goals and an essential part of reducing poverty, improving productivity, increasing access to education and work, and improving gender equity and wider equality.

It is in the interest of everyone working in eye health to support the realisation of the UNs 2030 Agenda. This once in a generation opportunity can unlock commitment and collective power for the eye care sector

Improving eye health is a practical and cost-effective way of unlocking human potential and the Sustainable Development Goals will not be met without it. Enabling the world to see is at the heart of ensuring a more inclusive, equal and prosperous future for all.

## How?

### **Unlock political will and financing**

We must work tirelessly to gain the wider recognition that eye health has significant development, economic and social outcomes. We can prove that at least US\$411 billion a year in productivity is lost as a result of poor vision. We know that it impacts educational opportunity and performance at work. We understand the wider impacts of poor eyesight beyond health – but others don't.

Building on our VISION 2020 history and strong foundations of campaigning and advocacy, we need to persuade political leaders and donors to prioritise eye health. It needs political prioritisation in resolutions, development plans, national policies and budgets. The intrinsic link with the Sustainable Development Goals will only add weight to our argument. We will also need to build alliances with related partners and persuade them to advocate alongside us.



This will be particularly powerful where sight is a key issue for the people these organisations represent and where access to good quality eye care is a critical issue for that group. For example, working with coalition groups that represent older people like the International Federation on Ageing or the Global Coalition on Ageing to ensure the issue of access to good quality eye care for older people is central to their advocacy and campaigning.

### **Set new targets and hold governments to account for reaching them**

A new decade means new targets are necessary. The adoption of the World Health Organization's targets for eye health as part of Universal Health Coverage will be a critical first step. A fuller set of indicators to monitor the implementation of IPEC is currently being developed by the World Health Organization. But we also need global indicators for eye health and the Sustainable Development Goals. Eye care is not currently specifically referred to in the Goals, but a review of the framework in 2025 presents a critical opportunity to ensure eye health is included as a measure for progress. We must use these targets to hold governments to account on their commitment and monitor their progress.

### **Leverage school and education settings**

Over 90 million young people are living with sight loss and most of this is preventable. Children with poor sight have worse educational outcomes and are more likely to be excluded from schools. This in turn impacts achievement and access to work later in life resulting in lost potential and productivity. And this could be solved with relatively cost-effective solutions given that most vision impairment in school-aged children is due to uncorrected refractive error. Comprehensive eye examination, refractive correction screening and the provision of glasses and other types of assistive devices and reading aids would hugely improve the issue. There is a currently under-tapped opportunity for the sector to leverage schools and catalyse the widespread delivery of eye health promotion, screening and provision of glasses. But we cannot do this alone. We will need to convince wider education partners, including ministries of education, that educational outcomes can be improved by implementing eye health into existing school health programmes.

### **Target employers**

The 2030 Agenda sees the private sector as a key ally and calls on all businesses to support the agenda and apply their creativity and innovation to solve sustainable development challenges.

People with vision impairment are less likely to gain employment and more likely to have low paid work.

In 2018, the global annual productivity loss was US\$411 billion. The full cost is most likely much higher. And there are numerous studies from around the world that prove that when businesses address eyesight and eye health issues they can see a productivity boost of 20-30%.

More employers should be ensuring work environments protect eye health – from providing employee education schemes through to prevention measures including sufficient light and access to sunlight and regular time away from screens. It's also crucial that we convince business and industry leaders that providing eye care services to employees is not just a safety and wellbeing issue but will also unlock high productivity.

Persuading employers to provide eye screenings and glasses will require us to work with a range of private sector partners that we have never worked with before. This will include convincing trade unions and employee advocate groups to raise awareness and create demand.

In parallel, we have to advocate for the strengthening of global frameworks on workplace health and safety through the International Labour Organization and convince governments to include eye screening and protection of eye health within national workplace health and safety policies.

### **Embrace the full framework**

Our commitment to Sustainable Development cannot be limited to health and cannot just be a superficial or tokenistic exercise. Every one of the 17 Goals is linked and each one is critical to the realisation of the others. The Goals are an accountability framework and we need to understand our responsibility as a global partner in the whole agenda. We have a responsibility and role to advocate and demonstrate good practice across the full range of the Goals. This includes strengthening our commitment to gender equity and the sector's contribution to inclusion as employer. This is crucial in terms of ensuring that services are provided accessibly to women and girls to address the gender gap that exists, but also in the way we operate and behave and our contribution to inclusion more broadly as a sector.

Global health care is estimated to account for around 5% of all greenhouse-gas emissions, and eye care, as a high volume service with large numbers of consultations and procedures, is a substantial contributor to this. This is a global issue that every country needs to look at regardless of their health system or economic status. The Lancet Global Commission report found that CO<sub>2</sub> emissions from cataract operations in the UK were 23 times the emissions per operation in India. The sector is also a large contributor to plastic waste. This will require us to educate ourselves, engage partners and commit to change that results in more sustainable practices across eye health on a range of issues.

**What's in sight for 2030****By working together for the next decade, we could ensure:**

- The UNGA Resolution recognising eye care as a health and development issue is adopted and creates a significant momentum shift in raising awareness, understanding and commitment.
- Eye health becomes an integral part of delivering the Sustainable Development Goals, driven by everyone working in the eye care sector.
- New funding models, financing and partnerships provide increased resourcing for addressing the growing issue of sight loss.
- Robust data proves that targeted interventions increased equity in eye care services.
- The eye care sector leads the reduction in plastic usage and greenhouse gases associated with global healthcare.
- All trade unions around the globe start to champion the cause and devise campaigns and strategies to put pressure on employers and industries to support eye health.
- Robust Businesses around the world increase their commitment to eye health as part of their ethical approach to employment, supported by an incentive program with global recognition for businesses who commit to eye health.
- Eye health is integrated into school health policy resulting in schools the world over routinely offering sight tests and eye health promotion and prevention information is taught within education settings.

## CASE STUDIES

### **Friends of Vision**

#### **Co-ordinated Political Advocacy**

The Friends of Vision is a group of country representatives from more than 50 United Nations member states that aims to advance the issue of eye health, to raise its profile on the international agenda, and to share knowledge from the sector among member states.

Supported by a collective of non-profit organisations dedicated to eye care, the group works as a strong and credible voice to promote and prioritise eye health and care solutions through political processes.

Friends of Vision successfully advocated for the inclusion of eye health within a UN Declaration – the first-time it had been included in a UN document of that level. Its next goal is to champion the first UN General Assembly Resolution on Vision. The resolution would explicitly recognise the important contribution eye health can make to the Sustainable Development Goals, and motivate concrete action by countries, the private sector, and the UN and all its institutions to achieve them. inclusion more broadly as a sector.

**“Poor eye health leads to an increased risk of mortality, of non-communicable diseases and of mental disorders like depression and anxiety. It is time for concrete actions, solutions and partnerships to mobilise all necessary resources”**

**Volkan Bozkir**

President of The United Nations General Assembly





Photo credit: IAPB

**Nepal****Vision Screeners School Programme**

To help expand access to refractive services across three districts in mid-Western Nepal with the highest reported prevalence of blindness, a student-led public health initiative was implemented. The project trained secondary school students to help screen their schoolmates for visual problems and refer children with abnormal visual acuity for further assessment by optometrists.

Across 25 public schools, 150 students were trained to screen children in their respective schools. Optometrists subsequently retested children referred by the students and the referrals were assessed. Children found to have poor visual acuity were subsequently tested for refraction and glasses were provided to those in need. In total, 10,774 students were screened for visual impairment, and were referred for additional examination by optometrists as necessary.

The success of the project was in demonstrating that trained students can serve as effective vision screeners, which led to the Nepal Ministry of Health including student screeners in its National Eye Health Policy. It also elevates the issue of eye health from the ground, not only in providing statistical data of the prevalence of visual impairment in low-income communities, but also in the affordability and practicality at making a difference and the long-term social and economic effect that can have.



### Clear Vision

#### Workplace eye care

Around one quarter of the world's workers need glasses for clear vision. Without them, it's not just their professional lives that are hampered, but their personal ones too. And in low and middle income countries, there just isn't enough affordable access to glasses to meet the demand.

Funded by an alliance of international brands and partners, the Clear Vision Workplace Programme aims to increase access to vision screening teams and necessary glasses to workers, including those in factories and agricultural estates. It is an effective, efficient, and evidence-based intervention that improves worker well-being and their productivity, and therefore also benefitting their employers.

Workplaces that have implemented the programme have seen this productivity increase. For example, in the context of tea estates, workers who received glasses demonstrated an average 22% increase in productivity, with workers over the age of 50 years, showing a rise in productivity of 32%.

By increasing glasses coverage rates for workers in roles that require clear vision, the low and middle income countries that rely on these industries to expand their economies are also advancing their national economic development goals as well as the UN Sustainable Development Goals. In 2018-19, over 240,000 workers were screened and over 120,000 pairs of glasses were distributed through the scheme.



# INTEGRATE

## What?

Incorporate eye health in wider health care systems.

## Why?

Health systems around the world need better integration with eye health. More people will stop losing their sight and benefit from better vision if eye care is well-resourced and properly integrated into mainstream health systems.

Everyone, regardless of their age, gender, ethnicity or location, should be able to have access to good quality eye health services. But this will only happen if there is greater integration across the different parts of the system that deal with the issue. This includes changing the way that eye health professionals work and increasing the number of people who can provide the continuum of eye health services to meet the need. The impact of COVID-19 on eye health services acutely demonstrates the urgency for more resource and resilience.

Without integration, the risk is that eye care becomes increasingly siloed, fragmented and ineffective – and more people get left behind.

## How?

### **Push for inclusion in Universal Health Coverage**

The World Health Organization's priority and the lynchpin of the UN's Sustainable Development Goals is Universal Health Coverage. This means everyone being able to access free or affordable quality health services without putting themselves in financial hardship, wherever or whenever it is needed. There is now wide recognition at the highest levels around the world that this cannot be achieved unless it also includes equitable access to affordable eye care services.

Currently, eye care is unaffordable for too many. In parts of East Asia, the patient costs for cataract surgery can be as high as half of the average annual household income. There must be greater financing allocated to eye health through national health budgets or national insurance schemes. A minimum package of eye care interventions within Universal Health Coverage would

include funding within national health budgets so everyone can access the services they need without suffering financial hardship; promotion, prevention, and refractive services within primary care; integration within other services including neonatal care, school eye health, non-communicable eye disease services and care of the elderly; specialist ophthalmic services to restore and preserve vision including cataract surgery, diabetic retinopathy, and age-related macular degeneration management; and vision rehabilitation services.

### **Deliver Integrated People-Centred Eye Care**

Integrated people centred-eye care (IPEC) is the only way we can meet the growing need and demand, deal with the wider demographic and lifestyle changes impacting eye health, scale up services and tackle inequality that impacts access and outcomes. Eye health is increasingly shaped by ageing populations, urbanisation, and the globalisation of unhealthy lifestyles. The increase in myopia, diabetic retinopathy and the common causes of many non-communicable diseases means that only a holistic, integrated approach will allow us to meet the eye care challenges of the next decade and beyond.

IPEC is also critical for improving equitable access. In many low and middle-income countries, eye care services are only provided in secondary or tertiary hospitals based in urban centres, inaccessible to large swathes of the population, especially the most vulnerable. IPEC shifts the balance of care so that resources are closer to patients at the community and primary care level with clear referral pathways for specialist diagnoses and treatments.

As a sector, we need to embrace IPEC and advocate for its adoption. We will have to come together at a national level to drive this change and actively promote this agenda to governments. This will require national policy dialogues ideally hosted by government and convened with wider stakeholders to develop national strategy, integration plans and include IPEC in their wider strategies and policies.

Integrated services will demand an increase in the professionals who can deliver good quality eye care services. Delivering IPEC will require a larger and more diverse workforce as well as using technology to achieve the scale needed.

### **Train and Develop a Diverse and Resilient Workforce**

A shortage of people to deliver eye health services will continue to be one of our greatest challenges if ways of working do not change. There is a general shortage of Ophthalmologists, Optometrists and Allied Ophthalmic personnel in low and middle-income countries. In Sub-Saharan Africa for instance, there are between 1·1 and 4·4 ophthalmologists per million population compared to 80 ophthalmologists per million in higher income countries.

We need to increase the workforce and ensure their skills are used in the most appropriate ways, but simply trying to recruit more ophthalmologists and optometrists is not a realistic solution. While the need is now greater, it is also now different. The change in the causes of poor eye health will require new ways of working for eye health professionals. This starts with a change in mindset for our sector and the acceptance that we need to make better use of the resources that exist. Those competent enough to deliver services should be able to regardless of their professional designation, and with a greater emphasis on the delivery of services at community and primary levels. Appropriate eye care training should be embedded in relevant health worker training, along with the implementation of the World Health Organization's Competency Framework in all countries. This will help ensure basic eye care services are closer to those who need them most.

There will always be a clear and urgent need for specialisation but we also must increase access to screening and diagnosis at a primary level. This will increase access, but with the correct referral pathways, it will also free up specialists' time to use their skills appropriately and to their full potential. Integration is as much about ensuring there are clear routes to the right care and that good referral processes ensure that specialists are used most effectively as it is about training community health workers.

We also have to be better prepared for future public health crises. COVID-19 will not be the last pandemic. It is essential that we strengthen the capacity of people working in eye health to be better prepared and able to effectively

respond in the future. A wider workforce and better integration are critical for building resilience and ensuring there are mechanisms for the delivery of essential eye health services during any future health shocks.

The pandemic has had a huge impact on eye health globally with many programmes suspended, screening and routine checks cancelled and patient confidence impacted. There is now an urgent need for catch-up measures and a risk that eye health is given lower prioritisation in the coming years. A wider work force and better integration is key.

### **Embrace technological solutions**

While a change in approach and major investment is needed to increase the number of health care workers delivering eye care, it will not keep pace with the growing and changing demand in many countries. Technological solutions are one of the tools we need to use to ensure that the hardest to reach have access to the services they need.

Technology is transforming every part of society all around the world and it won't stop. It will be part of the future of eye health regardless, so we need to help shape that role, ensuring that it is developed in appropriate ways, and is used and regulated properly. This will include smartphones for sight tests in primary care clinics, schools or workplaces and new handheld refraction devices that can be operated by technicians with minimal training and act as a point of triage for more complex patients to be referred to a specialist, through to new drugs and therapies, as well as artificial intelligence supporting screening, diagnosis and data analysis. Technology will also help improve and expand training.

This will require our sector to not only facilitate the use of technology in eye health but work with new and existing partners to ensure that it is integrated within wider health systems and that new technologies are incentivised and shared globally to be used where most needed. Equally, we have to ensure this technology is also being harnessed to improve health information systems and get the data we need to assess, monitor and track progress in eye health.

**What's in sight for 2030****By working together for the next decade, we could ensure:**

- Eye care services are included in national health funding packages for Universal Health Coverage so that everyone can access the eye care services they need without suffering financial hardship.
- Eye care is included in national health plans, information systems, health workforce planning and is coordinated within other health services (i.e., diabetes, child and maternal health, care of the elderly, etc.)
- Eye health services are delivered within community-based and primary care by a broader range of health care workers, with clear referral pathways to secondary and tertiary levels.
- Services for cataract surgery and the correction of refractive error are significantly scaled, which would address the problems of 90% of the 1.1 billion with avoidable sight loss, by all countries in line with the World Health Organization's global targets.
- All countries implement the World Health Organization's Vision minimum / essential package of eye care interventions. Rehabilitation is also widely and routinely available to anyone with vision impairment or blindness.
- The private sector has been incentivised and works in partnership with governments to deliver affordable eye care services, particularly in low and middle-income countries.
- The World Health Organization's Eye Care Competency Framework has been implemented in every country in the world.
- Accredited mobile devices are routinely used for screening at a community level especially in rural areas and within hard-to-reach populations.
- AI and the technical advancements have been incentivised and shared equitably between countries, bridging the resource gap and allowing more affordable and flexible access.



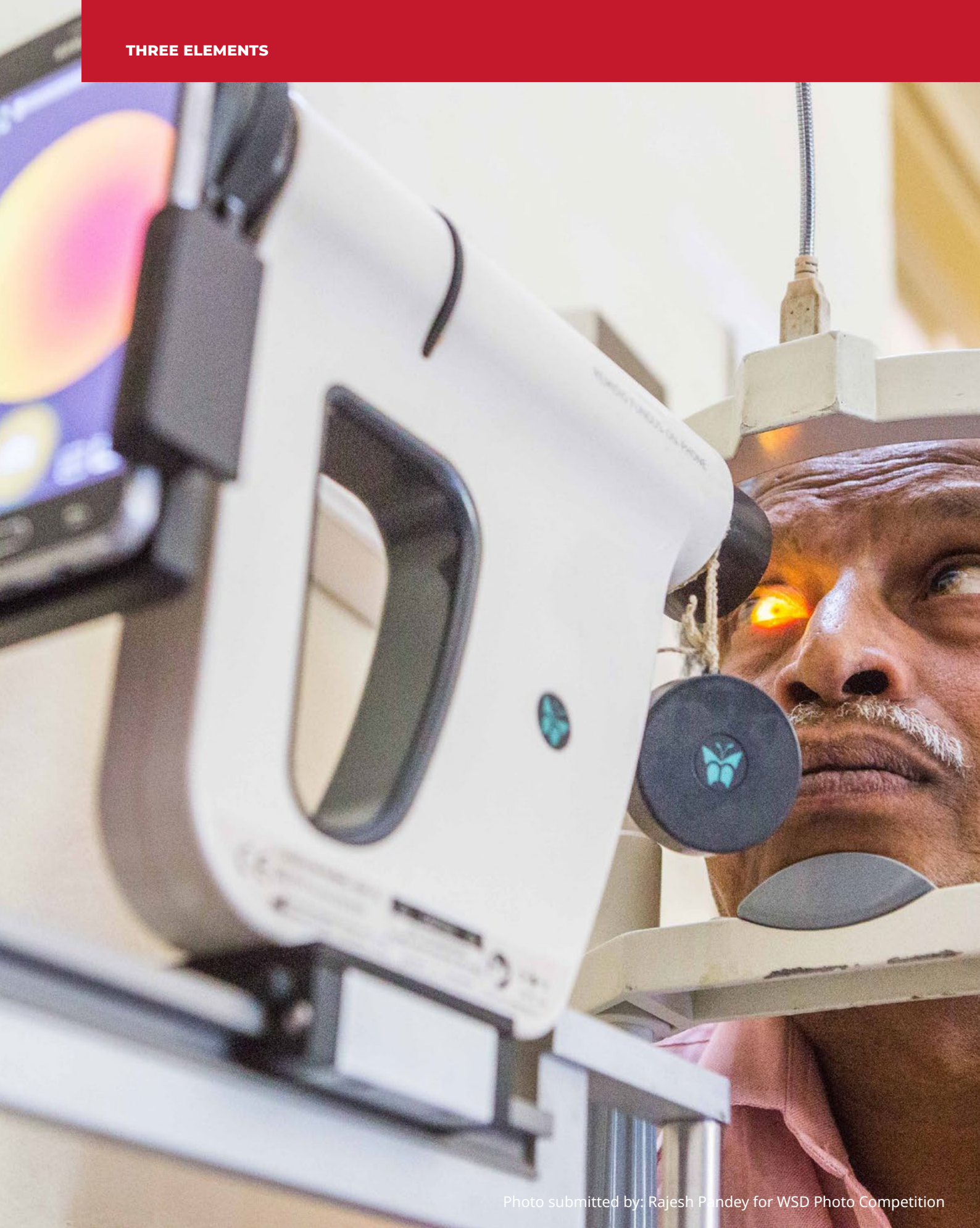


Photo submitted by: Rajesh Pandey for WSD Photo Competition

## CASE STUDIES

### **Burkina Faso**

#### **Primary Care Worker training**

Like many sub-saharan African countries, the main challenge for developing eye health services in Burkina Faso is the gap in the health workforce. To try and address this, a project was set up to focus on primary and community eye health training in close alignment with the Ministry of Health's new health Strategy.

The project was heavily reliant both on training new medical staff and raising awareness for the importance of creating more expertise across the country for the management of common eye health conditions. The Ministry of Health developed its own eye health training modules for non-specialised health workers including nurses and midwives, as well as community health workers and teachers.

The training modules for primary and community health have been used to train 682 primary and community health workers to date and the programme represents a huge step forward for Burkina Faso. The growing number of trained staff means not only that eye health is being screened, monitored and treated more easily, but also more widely in rural areas that previously had no such expertise. The training modules will be used for all eye health programmes by the Ministry of Health in Burkina Faso that have a primary or community component, and show the importance of integrating eye health across all public health training programmes.



**Uganda****National intervention on uncorrected refractive errors**

The overall objective of the programme was to show how refractive services and school eye health can be successfully provided as part of a public health service in a Sub-Saharan African country.

Firstly, the programme looked at the integration of glasses production, through Entebbe General Hospital Management and the National Optical Workshop to produce and distribute affordable, custom-made glasses nationwide. Secondly, there was a real emphasis on the integration of human resource development, focussed around the establishment of the nation's inaugural optometry bachelor's degree course at Makerere University including a new state-of-the-art optometry teaching lab and an Academic Vision Centre to ensure the best possible learning conditions for the students. And lastly, a focus on integration of school eye health, where eight pilot districts were selected to implement community dialogue and outreach programmes to ensure vision screenings were integrated into the national school health policy.

This project highlights the results that can be achieved when the industry comes together to integrate every level of service for a common goal. It has demonstrated that integration of refractive services and school eye health within the health system is possible and it has already become a case study for other African countries to follow.

**Pakistan****Advocacy for Eye Care**

In 1997, blindness prevalence in Pakistan was just under 2%. Despite the country's reasonable public health infrastructure, rural areas lacked access to ophthalmic services, and there were still significant gaps in equipment, physical space, appropriate clinical skills and management systems.

To correct this shortfall, the Pakistan Institute of Community Ophthalmology and the government collaborated with an initial focus on battling cataracts. A pilot project was set up in Bannu, a North Western province of Pakistan, but it was quickly extended across nearly half the country.

When the project started, there were two ophthalmologists, no paramedical staff, no dedicated operating theatre, no separate eye ward, and minimal equipment. The output was 150 cataract operations per year. After engaging the government in evidence-based data and demonstrating that blindness and visual impairment are important public health issues that warrant more attention, new ophthalmologists were trained alongside infrastructure upgrades with a dedicated eye theatre, a separate eye ward and an out-patient complex.

After two years, the cataract output was evaluated and had increased sevenfold to 1050 operations. Other services were then added, including successful refractive and low vision services, a trachoma control programme and eye care for children.

Central to its success was the work alongside national authorities, health care governors, and ophthalmology experts, particularly in ensuring a stable and committed team was working and members weren't being frequently transferred. Primary eye care was recognised as a prevention and health promotion strategy and included within the health system and the Pakistan National Eye Care Program has become a model of national eye care programs in the Eastern Mediterranean Region.

**As a result:**

- The Pakistani Government upgraded eye departments in 27 teaching, 63 districts and 147 sub district Hospitals.
- A total of 2,719 posts were created for eye care at hospitals.
- \$51 million was allocated for prevention of blindness for 5 years.
- The volume of cataract surgery increased sevenfold from 150 to 1050 in just two years.
- The Pakistani national blindness survey data of 1988 and 2004 reported the prevalence of blindness at 1.78% and 0.9%, respectively.

# ACTIVATE

## What?

Drive patient, consumer and market change.

## Why?

Eye health is a universal issue, but there is still not anywhere near universal appreciation of its importance. For a real step change to occur over the coming decade, we need to educate people about their own eye health and then influence and activate the general public as advocates for change and improvement.

We will continue to campaign and work tirelessly for change at the highest levels but we also have to try and stimulate demand from the ground upwards.

At the moment, markets are uneven in the provision of access to services and assistive products around the world. And while the technology exists to create affordable glasses, these aren't widely available where they are needed. The argument on creating open, fair and affordable access to private eye health outside national health care systems has not yet been won and we will not achieve our ambition without it.

## How?

### Campaign on a new level

We need individuals and communities around the world to make their vision a priority, understand the link with their wider health, grasp the social and economic impacts of inaction and take the steps needed.

This should start from childhood where individuals have all the information they need to protect their own eyes and, crucially, take the steps needed to look after their vision - from reducing screen time through to seeking help for any ailments or discomfort. This level of awareness and demand should flow through every single person's education pathway and employment environments. Individuals should continue to demand protective measures, equipment and safe ways of working that prevent sight loss or harm to their eyes.

We also need to get to the point where everyone knows how and where to get help with treatment of any eye issues or sight loss, demanding access to affordable services and glasses if needed, and complaining and campaigning if that does not happen.

Creating a groundswell and instigating behavioural change is a huge and long-term challenge. It will require us linking with many other sectors to communicate the importance of eye health within wider health and lifestyle messaging, and we will need to employ and deploy new and varied ways of communicating to succeed, from grassroots empowerment to mass global social media campaigns.

### **Tackle negative stereotyping**

Negative stereotyping for the rights of people who are blind or have serious sight loss. It affects 43.3 million people around the world and they are too often stereotyped, excluded and silenced. We will support their efforts to highlight and tackle the unacceptable level of discrimination that still exists and create a world where those with sight loss are fully engaged in society and enjoy the same opportunities and legal rights.

There remains a paralysing amount of negative stereotyping around wearing glasses. We know that some people, especially girls, feel so self-conscious that they would rather not be able to see properly than wear glasses.

While the debate tends to focus on whether glasses are 'cool' and how to move away from the tag of being 'nerdy,' there are much deeper roots. In some parts of the world, wearing glasses is seen as a weakness. There continues to be widely held views that being seen wearing glasses could impact your social standing, employment prospects and future life plans.

Tackling this systemic and global attitude will require working with different parts of society to change attitudes. This requires campaigning with a new level of creativity and ambition but will also need effective social behaviour change programme and initiatives.

**Build Public-Private partnerships**

Eye health cannot be addressed nor services scaled up without a major contribution from the private sector. There are already strong examples of good public-private partnerships including the collegial approach with the pharmaceutical sector on tackling onchocerciasis and trachoma. We can draw from this experience and extend this concept to other areas including working with the private sector on tackling conditions such as diabetic retinopathy, and in creating sustainable, affordable, accessible markets for glasses. In many parts of the world, the market will be the way that refractive error services and glasses are delivered.

Ensuring that the 1.1 billion are not left behind means getting more glasses to more people in low and middle-income countries. Part of the solution is the integration of vision tests and prescribing glasses with mainstream health systems, especially in primary care in line with IPEC. But there continues to be a lack of effective public procurement systems for glasses in many countries where they are most needed.

NGOs and the private sector should work together for the benefit of both sectors. Leveraging the respective strengths, relationships, reputations, skills, resources and funding to find solutions and apply the collective power to deliver change. This will mean jointly developing sustainable business models and investment cases based on the principle of affordability.

For the third sector, this means engaging the private sector as business and delivery partners, not just as donors. For the private sector, it means a commitment to consumer-centric models and services at locally affordable prices as well as a willingness to share data on screenings and dispenses.

**Create the right regulatory environment**

A pair of glasses may be regulated like an assistive product, but then can be taxed like a fashion accessory. The combination results in barriers that are unacceptably high for the poorest and hardest to reach in society. No-one in the twenty-first century should struggle with their vision and all that is then lost merely because they cannot afford a pair of glasses.

We need change that is three-fold. Firstly, in many parts of the world, regulation stipulates that glasses may only be sold by registered eye health professionals. This can result in a lack of open competition, poor quality products, inflated prices and a market that is not driven by consumers or their need.



We need to open up the places where consumers can purchase glasses affordably, particularly reading glasses.

Secondly, we need governments to cut the taxes and duties on glasses, especially in low- and middle-income countries. This additional cost for an essential assistive product risks making glasses a luxury item, unaffordable and out of reach for too many people, especially those in low and middle-income countries. Glasses are now part of the World Health Organization's Assistive Products List and we should use this as leverage with governments.

Thirdly, we need to ensure regulation of quality is embedded within procurement and distribution systems. Feasible global standards should be adhered to and built into regulatory frameworks, for example, glasses should meet ISO standards or an equivalent.

### **What's in sight for 2030**

#### **By working together for the next decade, we could ensure:**

- Eye health is included in national health promotion schemes to increase awareness and promote care-seeking behaviours.
- A range of alliances with other coalitions and sectors has resulted in successful and impactful cross-sectoral awareness campaigns, linking eye health directly with wider health and lifestyle issues.
- There are a number of global campaigns including World Sight Day which is resulting in a direct change in consumer awareness and behaviour, keeping pressure on governments, suppliers, businesses and service providers.
- Governments have ensured the tax system is not a barrier for the provision of affordable glasses for low income countries.
- Regulatory frameworks dictating who can prescribe glasses have been modernised to improve affordable access to eye care services.
- Commercial providers of eye health have responded to market demand, and vision care and aids are competitively and fairly priced and easier to access.
- Technological developments have created a disruptive force within the private sector and resulted in new businesses, products and services reaching more people.

## CASE STUDIES

### Disney

#### Challenging stereotypes

The negative stereotyping around wearing glasses is deeply and historically embedded in our society and is felt particularly among the younger generation and especially girls. As part of a global campaign to educate the public on the societal and attitudinal issues surrounding wearing glasses, Disney was challenged on their role in reinforcing stereotypes for children around the world.

Disney have made huge strides in creating a world where every child feels represented through their stories. Yet, despite the efforts to diversify their characters, they have fallen short of representing an important and ever-growing demographic of children worldwide – those who wear glasses.

The campaign highlighted the issue through the story of 9-year-old girl who wrote to the Disney CEO to complain that no Disney princess has ever worn glasses. As a glasses-wearer herself, she pointed out that this made her feel she was “not beautiful enough”. In addition to highlighting the lack of bespectacled princesses, she complained that all Disney characters who wear glasses are presented as either nerds or elderly.

This is a problem that is not restricted to Disney but shows the challenge in challenging popular culture and changing the narrative to show children worldwide that glasses-wearers can be strong, beautiful, courageous, heroic and without limitations.



Photo credit: Clearly

**“When I was 9 I asked my mam if I could write a letter to Disney. I wanted to ask if they could make a film with a princess who wears glasses. I love Disney but didn’t feel children with glasses were represented fairly. My mam posted a picture of my letter on her Facebook page and we were blown away by the response. I received letters and comments from all over the world, from people who felt the same way I did. I was invited to speak on lots of TV and radio programmes and became an ambassador for Clearly.”**

**Lowri Moore**

**India****Using celebrities to tackle negative stereotyping**

The See Now campaign aims to reach Indian communities to inform a community audience about eye health. The goal is to educate people about the impact of vision loss, challenge negative stereotyping around wearing glasses and inform people where to get screened – convincing them to take action into their own hands.

The face of the campaign is Amitabh Bachchan, one of the most influential actors in Indian cinema. By sharing content on his social media channels and attending events, Amitabh is crucial to expanding the reach and impact whilst also acting as a role model to break down stereotypes around wearing glasses.

By deploying messaging strategically via radio, television, print, social media, Whatsapp and SMS, the campaign has been able to successfully provide information on local services and how to access them.

**As a result:**

- 87,630 people screened during the campaign period.
- 17,407 people sought Eye Care Service information via the campaign, via phone call or Facebook page.
- 12,263 pairs of glasses were dispensed.
- 49.2 million people reached via social media.





Photo credit: See Now campaign

**“Vision problems are extremely common in India, currently about 550 million Indians have serious vision problems which affect their families, their work and their quality of life. The basic lack of understanding and awareness of how eye health works leads to stigma around simple and easy treatments. People are often not aware of the availability in their area of quality eye care services. It really is very simple to avoid a lot of different sorts of blindness by preventative care”**

**Shri Amitabh Bachchan**



# THE CHANGE

## 10 Years to Transform Eye Health

What would 2030 look like for people around the world, particularly the 1.1 billion, if we succeed?

### Akinyi, 12 years old, rural Kenya

#### NOW

Akinyi has always struggled to see the blackboard in class and her poor hand-eye coordination means she isn't included in ball games in the playground. She's often considered clumsy and generally struggles at school.

The lack of knowledge around eye health means she has no idea what the problem might be. There's no screenings or check-up systems in place to recognise that in fact she has myopia, something that would just require a simple prescription for glasses. But due to societal attitudes and a lack of education at school level, even if she were diagnosed, wearing glasses still carries a stigma and she would likely stop wearing them after a few months due to social pressures.

#### 2030

Every school has an eye health program, where children have their eyes tested on an annual basis. From an early age, Akinyi is screened and found to have myopia, long before it affects her studies or school social life. As part of the health system's ecosystem, she is prescribed glasses and connected to an appropriate service to collect them.

These regular screenings and the knowledge around eye health and local primary eye care centres also mean that should her condition deteriorate, she would be referred to a specialist at a nearby hospital, with local transport included to help her get there.

Due to vision education being integrated into general school education from an early age and a variety of role models promoting the use of glasses in popular culture, the stigma around wearing glasses is much less prevalent, meaning Akinyi is happy and proud to continue wearing them.



Photo submitted by: Terry Cooper for WSD Photo Competition



## **Bopha, 40 years old, Cambodia**

### **NOW**

Bopha works in a factory where the repetitive manual labour requires sharp eyesight. Over a number of years, her productivity drops as her eyesight gradually decreases and she is unable to work to a high standard. This affects not just her output and her employer's productivity, but also impacts her own self-confidence and mental health.

Due to her employer not providing screenings or even simple eye tests, her problem is not picked up and corrected. And having not been taught at school about eye health or knowing enough about the primary care network or how to affordably reach a doctor, Bopha does not seek help.

Her eyesight continues to decline and she eventually loses her job.

### **2030**

Having knowledge of the importance of eye health on her employment prospects, Bopha knows she needs to get help for her eyesight problems.

At a regular workplace screening offered by her employer, she is diagnosed and referred to a specialist. This integrated pathway means she is able to continue seeing specialist care for treatment and monitor any deterioration.

The early diagnosis also means the employer puts in place safety measures to ensure her work environment doesn't impact her eye health further, and therefore increases her productivity, and the longevity and quality of her work.

## **Rama, 60 years old, Nepal**

### **NOW**

Rama has had trouble seeing since school, but with no knowledge of any possible conditions or route to affordable treatment, she has never done anything about it. Due to no early diagnosis, constant exposure to sunlight and lack of eyesight protection during her life, she had to stop working and providing for her family early as a result of vision problems.

Now, due to her blindness which she doesn't realise could be curable, she has to be cared for by her family and rarely leaves the house. Not only has she not been able to fulfil her own potential, but she is now impacting her family's life and work as she needs 24/7 care and help to perform basic everyday tasks.

### **2030**

Rama's vision deteriorates in her old age, but she is well aware of the importance of eye health and the discourse around it having heard politicians, media personalities and well-known ambassadors talk about the importance of screening for any avoidable eyesight problems.

When an outreach programme comes to her village, she is first in line to get her vision screened. The community health programme has an integrated referral systems within the country's national health care, so she is able to get cataract treatment quickly which saves her sight. Now she has working vision and is able to continue caring for herself and her family, with no barrier to keep her contributing to society well into her old age.

# THE FUTURE IN SIGHT

## How Does The Sector Need To Change?

We know the challenge, the importance, the urgency and the potential of the change if we get this right. What do we need to do differently as a sector to get there?

### 10 Priorities for 10 years

#### 01 Develop leadership

Responding to the challenges and changes that are happening both within our sector and wider society will require a change of approach and a cultural shift of focus. We will need to build on VISION 2020's previous good work to inspire change and influence a much broader audience.

The sector has many committed and effective leaders who excel at designing and managing eye health programmes. These skills will be required for implementation but different kinds of leadership skills will also be needed.

To be effective, we must develop leadership at country and local level – not only to lead the development of eye care services locally and work with broader health systems to ensure they are integrated, but crucially to influence a whole range of partners with a disparate range of objectives and ways of working. We must be a stronger voice not just for eye health but for social justice and equity.

#### 02 Advocate differently

We have a solid track record in advocacy and have achieved so much as a result. We now need to build on this for the next decade and recognise that we must advocate for different things with different audiences, from regulatory change around tax through to incorporating prevention and promotion into national education plans.

Therefore, it's crucial that we develop our capability, skills and resources to advocate outside our traditional area of health ministries and leaders. We will need to gain access and influence the highest levels within Ministries of Finance, Economics, Education, Transport and many others.



### **03 Secure new forms of funding**

Our vision for 2030, grounded in the Sustainable Development Goals and linked to our solid economic and social evidence base, provides a new and unique opportunity to attract interest in a global fund.

The integrated approach delivered through partnerships, wider coalitions and with a renewed strategic ambition can unlock new resources from funders who want to support big, sustained, integrated solutions. This will require us to build on existing networks and foster new relationships with major donors.

### **04 Embrace technological solutions**

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The integrated approach delivered through partnerships, wider coalitions and with a renewed strategic ambition can unlock new resources from funders who want to support big, sustained, integrated solutions. This will require us to build on existing networks and foster new relationships with major donors.

### **05 Strengthen partnerships with the private sector**

The third sector and private sector working in eye health should come together and work more closely to achieve shared objectives. This will require new ways of working and a change in approach for both sides, with more emphasis on partnership and a focus on using complementary skills and expertise. This is particularly true in refractive error cases where a new coalition between NGOs, Social Enterprises, the corporate and private sectors is exploring how to work together to scale up the delivery of refractive error services globally.

**06 Create new allies**

Our core objectives can only be delivered through creating new allies and building more coalitions. If we want more integrated eye health and more integration within health systems, we have to reflect that in our ways of working from the centre.

This starts with building on existing collaborations within eye health such as the NCD alliance, but we must build new coalitions to integrate across health services, for instance with teams looking at non-communicable diseases, maternal health and care of the elderly. We will also need to reach beyond our existing stakeholders and developing relationships with non-governmental groups that will help deliver eye health in new contexts. This includes trade unions, employers and global education organisations and will require a new approach in lobbying and relationship building.

**07 Develop the workforce**

The implementation of this strategy will require a coordinated, motivated, diverse and well-resourced eye care sector and workforce. This is dependent on us having a broader view of the workforce, breaking down any professional silos, attracting and increasing the number of people who can provide eye care services, and harnessing technology to bridge the human resources gap.

Education and training for eye care and allied health professionals should adopt the World Health Organization's IPEC approach in their curriculum, focusing on developing and maintaining skills in addition to medical knowledge of diseases. The broader eye care sector also needs to be equipped with the leadership skills to drive and implement this strategy at a national level.

**08 Prove our case**

We have made huge progress with the World Health Organization's Report on Vision and the Lancet's Global Report but we must continue to develop the research and evidence base to both support our case and improve the quality and delivery of what we do. We need better systems to understand the distribution of disease, service use and impact.

There is a lack of population eye health data, including of disaggregated data with adequate sample sizes, in all countries around the world. Without data on the social distribution of visual impairment and service use, we will not be able to implement and monitor strategies to deliver services that are proportionate and meet the needs of everyone.

We must also prioritise identifying the research needed to support implementation while influencing research funders at global and national level to ensure the right research is commissioned.

### **09 Improve accountability**

New ways of working will require new data, indicators and measurements to track progress and improve accountability. This starts with the adoption of the World Health Organization targets for eye health which should then also be used as the global indicators for eye health and the Sustainable Development Goals.

A fuller set of indicators to monitor the implementation of IPEC is currently being developed by the World Health Organization. In addition, we will need to develop our own targets and indicators including setting standards, providing accreditation, and sharing learning and successes, such as the creation of country level scorecards and publication of comparative performance data.

The capability to support countries to collect data and report and act on it will be critical. The eye care sector has an important role in providing this support as well as the systems to achieve this.

### **10 Influence the widest audience**

Our goal to create widespread attitudinal, societal and market change will require campaigning, awareness building and health promotion on a new scale. We will need to develop the widest range of communication techniques suitable for multi-tiered audiences from global, regional and national through to local and community level. This will require experience, skills and input from experts in everything from grassroots community mobilisation to global digital campaigning.

## SETTING OUR SIGHTS

### How Do We Implement?

Implementation is the responsibility of everyone and will require a collective effort across the sector and beyond. It will also require sustained effort for the next ten years. Success will only be possible with collaboration and partnership – at a global and country level, and also with governments, global organisations like the World Health Organization and development institutions as well as between eye care organisations and beyond. There will need to be structures and mechanisms to drive it and monitoring to measure progress.

One of the crucial lessons from VISION 2020 was that while the eye care sector and IAPB members played a critical role, national governments, supported globally by the World Health Organization, need to own and lead the process. National governments must make sure eye health is an integral part of the work to ensure universal health coverage for their populations. Of course, they cannot do it on their own. The private sector, employers and other related organisations have key parts to play. Sector alliances in each country will need to support and work with governments to take the global vision for 2030 and make it practical and implementable within the national context, taking into account local priorities and resources. Alliances and partnerships beyond government will be critical and will require engagement with the private sector and other non-government partners in each country.

At the global level, we will continue to push for political attention on eye health and ensure it is part of broader policy discussions, whether at the United Nations, World Health Organization or regional forums and development and economic institutions. We must also forge new global relationships, such as with employers' organisations or groups representing older people, and develop campaigning approaches that reach into wider society. And while we will continue to lobby for more effective health care responses, we will also have new demands such as reforms to regulations that impede access to services.

Our ambitious vision for the future will only be achieved with a clear roadmap for implementation within each country. VISION 2020 was successful because of the development of mechanisms and plans at a country level which ensured effective implementation and impact. We need to learn from, and replicate, that successful approach for the coming decade.

We will need to develop structures and mechanisms to drive implementation as well as our approach to monitoring and accountability, including a set of indicators that enable us to measure progress.





Photo credit: Clearly



## FOUR PHASES OF COUNTRY-LEVEL IMPLEMENTATION

Strategic partners, including governments, non-governmental and private sector stakeholders will all have different roles to play. Ideally, much of the following process should be led and driven by government in order for it to be sustainable. Together we will need to:

### 01 Prepare and Coordinate

- Convene national eye care stakeholders to coordinate and initiate the strategy implementation process.
- Conduct a country assessment of eye care to identify opportunities and challenges using the elevate, integrate, activate framework.
- Understand broad national governmental priorities for health, education and wider industry as well as the health and development strategic planning process.
- Analyse the stakeholder environment and understand which interests are relevant to the priority goals. Map the key stakeholders who need to be engaged beyond eye health and the health sector.
- Assess organised interests in civil society that have to be engaged with, together with the appropriate medium for engagement.

### 02 Policy Dialogue

- Initiate a national policy dialogue with all relevant stakeholders including the World Health Organization, Government departments (including MoH, MoE and other Ministries beyond Health) as well as the private sector, trade unions, education organisations, professional associations and other key development organisations.
- Agree a timeline and process for developing a national strategy.
- Use outputs from the stakeholder mapping exercise to identify and agree roles, resources and responsibilities.

### 03 National Strategic Plan

- Produce a national strategic plan that translates the global vision into clearly articulated local priorities for action and goals to be achieved covering the elevate, integrate, activate framework. The plan should include ensuring eye health is integrated into wider education, development and health processes and plans, and identify opportunities to build broader alliances.

- Identify the right tools to ensure effective implementation and gain competence in their use (for example, use of appropriate campaigning approaches to engage effectively with different populations, application of economic reform levers to develop a more accessible market for vision aids etc).
- Set robust indicators for eye health using data and insights to set baselines and key targets.
- 49.2 million people reached via social media.

#### 04 Implement Strategic Plan

- Implement the national strategic plan including securing the necessary political commitment and resources.
- Include and integrate national eye health strategic plans into other national health and development strategic planning processes. Build alliances with national coalitions, support national health promotion campaigns and engage non eye health stakeholders.
- Monitor process and adopt a continuous learning cycling, and revise the plan accordingly.

Prepare and coordinate	Policy Dialogue	National Strategy Plan	Implement strategic plan
Convene key stakeholders to coordinate implementation	Initiate national policy dialogues and develop national strategic integration plan	Produce a national strategic plan with a focus on the 'Elevate, Integrate, Activate' integration	Implement the national strategic plan
Conduct a country assessment of eye care	Agree a timeline and process for developing a national strategy	Set robust indicators with baselines and key targets	Integrate national eye health strategic plan into other national health and development strategic planning processes
Understand national priorities and broader health and development strategic planning process	Use stakeholder map to identify roles, resources and responsibilities		Monitor and report on progress – review and adapt the plan accordingly
Stakeholder mapping beyond eye health and the wider health sector			

## HOW WILL THE IAPB SECRETARIAT HELP?

A new approach for a new decade is going to require a different level of coordination. The IAPB is the way the sector can come together and coordinate our global activity, and crucially allow us to speak with one powerful and collective voice. The IAPB is also the means through which we can develop the tools, approaches and mechanisms to support implementation at country level as well as share experiences, expertise and learnings. This will require change but we need to be ambitious. This cannot be business as usual – there is too much at stake to not step up and face the challenges ahead with new purpose, approach and ways of working.

### Role of the IAPB Secretariat at a global level

The IAPB will work with members to lead advocacy at a global level to raise the profile of eye health and make our arguments around the importance of elevating and integrating eye health and activating demand and change.

- Lead, coordinate and work with the sector to:
  - Secure political focus and commitment, e.g., lobbying for UNGA resolutions.
  - Ensure eye health is on the agenda in broader policy discussions – e.g. at the High Level Political Forum on the Sustainable Development Goals.
  - Mobilise new sources of funding and resources.
  - Global commitments through international bodies including the UN and World Health Organization.
- Lobby for reform to regulatory frameworks e.g. the EU, ASEAN, other regional economic and trade forums.
- Provide overarching coordination, communications support and country exemplars, track progress and produce global reports.
- Broker relationships with broader alliances (e.g. NCD alliance, IFA, etc.) at a global level.
- Support and establish sector working groups including the assessment and accreditation of technology, identification of research and evidence needs.

## **Supporting members to implement at a country level**

In parallel to global advocacy and convening partnerships, the IAPB will also provide the platform to enable the effective sharing of knowledge and the development of tools and Vision Atlas data to support the arguments and help deliver the strategy.

- Dissemination of training and tools to equip IAPB members with the knowledge to support on the implementation of integrated people-centred eye care.
- Develop a learning-sharing platform to exchange information, knowledge, best practice approaches and country exemplars.
- Agree reliable measurements and indicators through the Vision Atlas.
- Tools and frameworks including model action planning guidelines, business casematerials and regulatory frameworks.
- Support and establishment of sector working groups and the dissemination of knowledge to support local decision-making.

There will be more work to develop the approach to implementation, including the development, dissemination and sharing of tools and methodologies.

Cover image submitted by: Joe Raffanti for WSD Photo Competition

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