Policy brief on Integrated People-centred Eye Care

This is a sample policy brief on IPEC, can be modified and adapted nationally.

Accelerating actions to achieve Universal Health Coverage through implementing Integrated People-centred Eye Care

# Background

Vision impairment is a major public health problem now and set to grow. Globally, at least 2.2 billion people have a near or distance vision impairment. In almost half these cases, vision impairment could have been prevented or has yet to be addressed. The number of people with blindness is expected to increase by 50% by the year 2050.

Improving eye health is a practical, cost-effective way to unlock human potential and is essential for achieving many of the Sustainable Development Goals (SDGs). Good vision has far-reaching benefits in the fields of health, wellbeing, education, work and will ultimately enrich the global economy.

The WHO World Report on Vision recommends making eye care an integral part of universal health coverage. Integrated People-centred Eye Care (IPEC) is a concept built on the WHO’s framework of making health services people centred, i.e., organising health services around people’s need and expectations throughout the life course. Eye health needs to be integrated with the wider health systems and other sectors and made within the reach of people in need, to mitigate vision loss and the consequences that it incurs.

“Integrated People-centred Eye Care provides a continuum of health interventions that address the full spectrum of eye conditions, according to people’s needs and throughout their life course.”

-WHO World Report on Vision

# The Challenge

**In 2020, 1.1 billion people worldwide are living with vision loss because they do not have access to basic eye care services.** 2 to 3 billion more people need ongoing access to services to optimise their vision and ability to function in society.
(Insert national data)

**“Globally, 9 out of 10 people with vision loss don’t need to be visually impaired or blind if they have access to eye care services.”**

Without further intervention, the number of people with blindness and vision impairment is estimated to almost double in 2050 than in 2020.

# Impact of vision loss

Good vision improves health and well-being at all ages. Vision loss increases the risk of early death– this risk increases as vision loss becomes more severe. **People with blindness are at higher risk of dying early by 2.6 times than people with normal vision.**

Educational performance is linked to good vision. Children with vision impairment have poorer educational outcomes and are more likely to be excluded from schools.

The majority of eye diseases are most prevalent in older adults and, if detected early, can be treated or their progression can be slowed significantly. In fact, **more than 73% of people with vision loss are older adults.**

Good vision improves economic opportunities. Removing the difficulties faced by individuals with vision loss can increase economic workforce participation and productivity and provides greater economic opportunities for individuals. **Addressing vision loss of the employees can increase the relative productivity by 22%.**

Vision loss is both a contributor and outcome of inequality. 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. **There are 108 women with blindness for every 100 men.**

# Investing in eye care

Addressing vision loss is a key economic and development issue. Investing in eye care services is a realistic and cost-effective way of unlocking human potential by improving health and wellbeing, education, work and the economy. The WHO estimates the cost of covering the coverage gap for eye health at $24.8 billion. (Insert national data if available) The return on investment is substantial, unlocking $411 billion per year for the global economy in productivity gains (The Lancet Global Health Commission).

‘The economic benefits of restoring sight are remarkable - in low- and middle-income countries, it is estimated that there are at least four dollars of economic gains for every dollar invested in eliminating avoidable blindness.’

# Call for action

To tackle this challenge over the next decade, advocates and stakeholders must collaborate and communicate to policy makers and the public the importance of Integrated People-centred Eye Care. Advocates and stakeholders must call upon governments across the world to consistently incorporate eye health within the health system and other sectors like education, labour and commit to implementation.

# Policy windows

## **WHO World Report on Vision:**

The WHO World Report on Vision provides the strategic framework for the integration of eye care in health systems. The report stresses the need for eye health to be a core element of Universal Health Coverage. Its key proposal is for all countries to provide Integrated People-centred Eye Care services. The IPEC approach seeks to ensure that people receive a continuum of eye care based on their individual needs throughout the life-course.

“Integrated People-centred Eye Care is the only way we can meet the growing need and demand, and tackle inequity in service access.”

As summarised in the World Report on Vision, Integrated People-centred Eye Care:

* is defined as services that are managed and delivered so that people receive a continuum of health interventions covering promotion, prevention, treatment and rehabilitation
* should address the full spectrum of eye conditions according to their needs, coordinated across the different levels and sites of care within and beyond the health sector.
* recognizes people as participants and beneficiaries of these services, throughout their life course.

## **World Health Assembly resolution 73.4**

## ***Integrated People-centred Eye Care, including preventable vision impairment and blindness***

The World Health Assembly (WHA) resolution 73.4 adopted in 2020 provided a global commitment to the World Report on Vision agenda. The resolution recognised that global eye care needs are expected to rise substantially in coming decades due to demographic changes. The resolution calls on countries to take action to make eye care an integral part of universal health coverage and to implement Integrated People-centred Eye Care in health systems.

“Integrated People-centred Eye Care is delivering services and ensuring that people can receive eye care services that address full spectrum of eye conditions according to people’s need throughout their life course.”

**World Health Assembly resolution 2021**

***Integrated People-centred eye care, including preventable vision impairment and blindness’ Recommendation for Global Targets for 2030***

In April 2021, Ministers of Health agreed two global targets for 2030 at the
74th World Health Assembly:

* a 40-percentage point increase in effective coverage of refractive error (eREC) by 2030
* a 30-percentage point increase in effective coverage of cataract surgery (eCSC) by 2030

The targets address the leading cause of blindness and vision impairment and are a vital mechanism to monitor global progress on eye health and to hold governments accountable. In order to achieve the two global eye health targets, there is a pressing need to countries on planning and implementing IPEC.

**United Nations Resolution 2021**

***‘Vision for Everyone, accelerating action to achieve the Sustainable Development Goals’***

In 2021, the United Nations General Assembly adopted its first-ever resolution on vision, urging the organization's 193 member nations to ensure access to eye care for their population. The UN Resolution A/75/L.108 – Vision for Everyone; accelerating action to achieve the sustainable development goals made clear that the realization of “Vision for Everyone” will make a crucial contribution to the 2030 Agenda, help achieve sustained, inclusive and equitable economic growth and development, and ensure that no one is left behind.

# Recommended actions

## Action for government:

Implementing Integrated People-centred Eye Care requires a core set of actions from national governments:

* Include eye health within health system including planning, service delivery, health care financing, information and supplies.
* Consider eye health in policies and planning by other government ministries such as education, labour, and finance.
* Take government ownership for IPEC with shared responsibility among the service provider and the individuals and communities.
* Reorient the model of care with especially prioritising primary and community care. Innovate the models of care for this.
* Coordinate services within and across sectors of health. This includes case management, efficient referral, and continuity of care. Sectors of health include neonatal care, noncommunicable diseases, rehabilitation and occupational health safety, elderly care etc.

*“Government ownership with shared responsibility among the service provider and the individuals and communities is essential for the successful implementation of IPEC.”*

*“The Framework on integrated people-centred health services identifies three strategic approaches: coordinating individuals; coordinating health programmes and providers; and coordinating across sectors. All are fundamental to achieving IPEC.”*

*-WHO World Report on Vision*

## Action for civil society:

* Work together for supporting implementation of IPEC in the country
* Raise awareness about eye health
* Engage and empower people and communities about eye care needs. Make them aware about their own eye care needs.
* Promote research and generate evidence to complement existing ones for effective eye care interventions.
* Incorporate importance of eye health and its integration into health system in the health planning curricula

**References**

1. Ackland P, Resnikoff S, Bourne R. World blindness and visual impairment: despite many successes, the problem is growing. Community Eye Health. 2017;30(100):71-73.
2. WHO World Report on Vision https://www.who.int/publications/i/item/9789241516570
3. Bourne R, Steinmetz J, Flaxman S et al., Trends in prevalence of blindness and distance and near vision impairment over 30 years: an analysis for the Global Burden of Disease Study. Lancet Glob Health.2020. Accessed via the IAPB Vision Atlas https://www.iapb.org/learn/vision-atlas/in equality-in-vision-loss/age/
4. Burton MJ, Ramke J, Marques AP, et al. The Lancet Global Health Commission on global eye health: vision beyond 2020. The Lancet Global Health. 2021;9(4): e489-e551. Accessed via the IAPB Vision Atlas https://www.iapb.org/learn/vision-atlas/impact-and-economics/well-being/
5. IAPB vision atlas https://www.iapb.org:8443/learn/vision-atlas/
6. The Fred Hollows Foundation, Investing in Vision, The cost and benefit of ending avoidable blindness, 2014 https://www.hollows.org/Upload/FHFV3/Media/au/pdf/Other%20file%20downloads/PwC-Investing-in-Vision-Summary-Brochure.pdf