# Report on the Assessment of National Eye Health Strategies
## on Inclusiveness and Health Equity for Persons with Disabilities

# Acronyms

**CBM Global:** CBM Global Disability Inclusion

**CRPD:** The Committee on the Rights of Persons with Disabilities

**IAPB:** The International Agency for the Prevention of Blindness

**IPEC:** Integrated People-centred Eye Care

**OPD:** Organisation of Persons with Disabilities

**PHC**: Primary Health Care

**SDG:** Sustainable Development Goals

**UHC:** Universal Health Coverage

**UN:** United Nations

**WHA:** World Health Assembly

**WHO:** World Health Organization

# Executive Summary

The World Health Organization's Global report on health equity for persons with disabilities (WHO Global report) published in 2022 is an important milestone for health equity, including equitable and inclusive eye health services. Using the report's 'targeted actions and strategic entry points', CBM Global Disability Inclusion (CBM Global) and the SeeYou Foundation in 2023 set out to assess if and how current national eye health plans are in alignment with the report's guidelines.

The main rationale behind the assessment was to gather evidence to understand where national eye health plans are with regards to equity in health for persons with disabilities. This evidence could then be used for targeted advocacy to strengthen future policy.

The methodology used in the assessment included a quantitizing [1] approach, using a traffic light system, which was used to evaluate the inclusiveness and level of health equity for persons with disabilities in national eye health plans. Overall, the results from the countries assessed showed there are a lot of areas for future improvements to align the national eye health plans with the WHO Global report, thereby achieving equitable eye health outcomes for persons with disabilities. A summary of the key findings of the assessment, including recommendations to make national eye health more equitable and inclusive for persons with disabilities, are detailed below:

## Key Findings and Recommendations

### Engaging with representative organisations of persons with disabilities

Out of all the plans assessed, nine national eye health plans mention engaging with representative organizations, but this was mostly limited to organisations for blind and partially sighted people. There was a significant gap in meaningfully engaging with the broad range of persons with disabilities and their representative organisations in the design and planning of national eye health plans.

- Recommendation: Ensure meaningful empowerment and participation of persons with disabilities and their representative organisations.

---

1  Quantitizing: commonly understood to refer to the numerical translation, transformation, or conversion of qualitative data.

## Political commitment, leadership and governance

Some countries have taken steps towards political commitment, leadership and governance. The overall trend in national eye health plans is a lack of concrete actions and accountability mechanisms. Only about half of the national plans assessed mentioned equitable health care or equitable access to care, and only three out of thirteen plans specified equity of access for blind and partially sighted persons or persons with other disabilities. Almost all plans made a reference to striving for Universal Health Care (UHC) but failed to specifically prioritize the financial needs and rights of the most disadvantaged groups, more specifically persons with disabilities.

- Recommendation: Put health equity for persons with disabilities at the centre of the actions of the eye health sector.

## Availability of disability disaggregated data

Only one of the reviewed national eye health plans specifically had a reference to the collection of disability disaggregated data.

- Recommendation: Collect data disaggregated by disability in eye health.

## Budgets for disability inclusion

A general trend found in the assessment of plans was that there was no budget earmarked specifically for objectives related to disability inclusion. For example, no national plan included a budget for making eye health facilities and services accessible.

- Recommendation: To budget sufficiently and specifically for objectives and actions that promote health equity and inclusion of persons with disabilities in national eye health plans, such as the cost of making eye health facilities and services accessible.

## Budgets for sign language and assistant supports

None of the national eye health plans assessed had references to increasing finances for support persons, sign language interpreters and personal assistants to meet the health needs of persons with disabilities. Overall, there were no references made to these necessary areas of assistance. Furthermore, no plans had any reference to the provision of sign language or a reference to accessibility audits, which are both major gaps. Only two out of thirteen plans had objectives on disability-mainstreaming eye health facilities. None of the plans had strong references to providing appropriate and reasonable accommodation for persons with disabilities. The only plan that did address this, was purely disability specific.

- Recommendation: Invest in budgets to improve access, utilization and quality of eye health services for persons with disabilities.

## Workforce trained on disability inclusion

The assessment found that only one out of thirteen national eye health plans had a reference to the provision of disability inclusive training for providers of eye health care. None of the national eye health plans had concrete references or actions for non-medical staff working in the health sector receiving training on issues related to accessibility and respectful communication.

- Recommendation: To train eye health service providers in the provision of disability inclusive eye health.

## Availability of disability disaggregated data

Only one of the reviewed country plans had a reference to the collection of disability disaggregated data.

- Recommendation: Collect data disaggregated by disability in eye health.

## Indicator on disability inclusion

The assessment found only one country that had a disability indicator included in the monitoring and evaluation framework.

- Recommendation: Monitor and evaluate the extent to which eye health sector actions lead to health equity for persons with disabilities.

# Introduction

Globally, 1.1 billion people live with vision loss. Almost 600 million people have difficulty seeing well in the distance, and another 510 million people can't see well nearby. [2] Furthermore, it is anticipated that the demand for eye care will rise significantly, with an estimated increase to 1.7 billion people with vision impairment by 2050, due to the continuing growth and aging of the global population.

Through Vision 2020, the right to sight programme, much progress has been made over the past decades to improve the access and quality of eye health care. This has led to a reduction in the age adjusted prevalence of blindness in every region in the world. However, with the anticipated increase in vision impairment, a continued effort to improve and increase access to eye health is essential.

An estimated 1.3 billion people globally experience significant disability, with the majority living in low- and middle-income countries. Persons with disabilities, have an equal and fundamental right to enjoy the highest attainable standard of health, just like any other individual. The world is far from achieving this standard and persons with disabilities continue to face major health inequities (World Health Organization, 2022). Illustrative of these inequalities is the fact that persons with disabilities have a 2.4-fold higher mortality rate than persons without and have a life expectancy that is reduced by 10 to 20 years (The Missing Billion Initiative, 2022). These inequalities arise from various factors, including unjust barriers to health care which can be financial, physical, attitudinal, or communicative (OHCHR, 2020). Persons with disabilities, being a diverse population group, also experience discrimination and resulting barriers due to gender, age, and different ethnic and cultural backgrounds. Just as in every part of the health sector, these barriers and inequalities are also present in the eye health field.

---

**2** IABP. Vision Atlas, Magnitude and Projections

# Why is inclusive eye health important for development?

Policies that promote inclusive eye health are critical for development gains and improved eye health systems. Achieving the highest attainable standard of eye health for persons with disabilities and eliminating health inequalities is essential to achieving the Sustainable Development Goals (SDGs). Health and wellbeing are specifically targeted in SDG Goal 3: Ensure healthy lives and promote well-being for all at all ages. However, eye health is important to many of the other SDGs as well. The Lancet Global Health Commission on Global Eye Health showed through several reviews the interrelationship between eye health and 16 of the SDGs (Burton et al., 2021). They showed that the provision of eye care services is associated with improvements in workplace productivity, household consumption, household income, employment prospects, and economic productivity. The economic benefits are particularly important in low- and middle-income countries, as they significantly contribute to achieving SDGs such as poverty reduction (SDG1), food security (SDG2), and decent work (SDG8) (Burton et al., 2021). If we aim to leave no one behind, as is pledged in the 2030 Agenda for Sustainable Development, we must acknowledge that disability and eye health are cross cutting issues among all the SDGs, and are therefore development issues (Burton, 2021; World Health Organization, 2022). Furthermore, there is also scientific recognition for the impact of eye health on mental health, with data showing elevated depression and anxiety rates among blind and partially sighted persons (Demmin et al, 2020; UN, 2021). Another survey in Nigeria found that symptoms of depression and/or anxiety were more severe among people with major visual impairment or blindness compared to those without visual problems (Gascoyne et al., 2022).

In 2021, the United Nations (UN) adopted a resolution specifically addressing eye health for the first time: 'Vision for Everyone, accelerating action to achieve the SDGs'. This resolution also specifically enshrines eye health as a crucial element to achieve the SDGs and highlights the direct influence of visual disability on the SDGs. The target set by the agreement on eye care for all by 2030 was that all countries would ensure full access to eye care services (SDG 1) poverty reduction (SDG 1), zero hunger (SDG 2), good health and well-being (SDG 3), quality education (SDG 4), gender equality (SDG 5), decent work and economic growth (SDG 8), reduced inequalities (SDG 10), sustainable cities and communities for their populations (SDG 11), and to support global efforts to make eye care part of their nation's journey to achieving the SDGs (United Nations, 2021).
In 2022, the WHO Global report on health equity for persons with disabilities presented the evidence base for more systematic, comprehensive, and sustainable change in the health sector. It outlines key policy and programmatic actions and recommendations for Member States to strengthen and expand services for persons with disabilities.

# Methodology

| 1 | 2 | 3 |
|---|---|---|
| Choosing the methodology of the assessment | Selection of the assessed countries | The development of the scorecard and the application to national eye health strategic plans |

## Choosing the methodology of the assessment

This comparative assessment was done using a quantitizing approach, which is the numerical transformation of qualitative data (Sandelowski et al., 2009). The indicators were approached as different themes that were scored using a traffic light system. Undoubtedly, this approach leads to compromising narrative complexity. However, the main goal of this assessment was to identify areas for improvement and gaps in inclusive eye health rather than explaining the complex reasons for these differences.

## Selection of the assessed countries

National eye health plans or strategies were assessed from Bangladesh, Burkina Faso, Ethiopia, Indonesia, Kenya, Laos, Madagascar, Nepal, Nigeria, the Philippines, Papua New Guinea, Rwanda and Zimbabwe. These countries were chosen, as these are countries where CBM Global and SeeYou Foundation support partners and which also have an existing national eye health plan.

# The development of the scorecard and the application to national eye health strategic plans

The assessment of national health plans on disability inclusion and health equity for persons with disabilities was undertaken in three parts:

- An assessment of national plans on general references to important international policies, laws and strategies (such as CRPD, UN Disability inclusion strategy, the 2030 Agenda for Sustainable Development and its SDGs and so on) was carried out.

- The development of a scorecard came from adapting the targeted action points and strategic entry points detailed in the Global report on health equity for persons with disabilities. In total, the report uses 40 targeted action points across 10 strategic entry points [3]. In selecting which targeted action points and strategic entry points to use for the scorecard, we used the ones most applicable to eye health. This meant some indicators were not included as they were specific to other sectors or sector wide. The scorecard included 31 relevant specific action points across 8 strategic entry points. See appendix 1: Applied questions from the WHO targeted action points.

- The application of the scorecard to the national eye health care strategic plans. The national eye health care strategic plans were scored using a traffic light system. In appendix 1, more detailed information on how the traffic light system is applied for every indicator individually can be found. In general, the traffic light system was applied as follows:

**Red: Not mentioned in the national plan**

**Orange: Mentioned in a very broad way/ or without concrete actions or objectives**

**Green: Mentioned more specific**

It is important to note is that when an indicator is scored green, it does not necessarily mean it is fully addressed and that there is no more need for advocacy. Rather, it means that some steps have been taken in the right direction, but more work still needs to be done.

---

[3] More information about what every action point specifically entails can be found in the WHO report (p163-243) (World Health Organization, 2022).

# Results of the assessment

## General analysis of the results

Our analysis of the 13 national eye health plans, resulted in 78 data points (six questions in 13 national plans) on the general information of the national eye health plans that were assessed (table 1) and 403 datapoints (31 questions divided over 8 strategic entry points for 13 national plans) for the strategic entry points (see tables 2 – 9).

Tables 2 through 9 show the results of the scoring of the national eye health plans on the 31 indicators of health equity for persons with disabilities. Overall, 46,7% of boxes colour red, 29,3% colour orange and 24,1% colour green. This means that there are still a lot of areas for improvement in order to align the national eye health plans with the WHO Global report. The assessment results show major differences between the national plans, ranging from a national plan such as Zimbabwe's that scored 15 of the 31 indicators green and only 7 red indicators, while other national plans, like Nepal's, scored 23 indicators red and only 4 green. Figure 1 displays the proportion of red, orange and green scored by every individual national plan.

# Figure 1: Proportion of questions answered in red, orange or green per country

A chart that lists the 13 countries down the left column. To their right, a horizontal stacked bar graph shows how these countries scored on the 31 indicators of health equity for persons with disabilities.

Legend: Red, means not mentioned in the national plan. Orange, means mentioned in a very broad way or without concrete actions or objectives. Green, means mentioned more specific and some steps have been taken in the right direction, but more work still needs to be done.
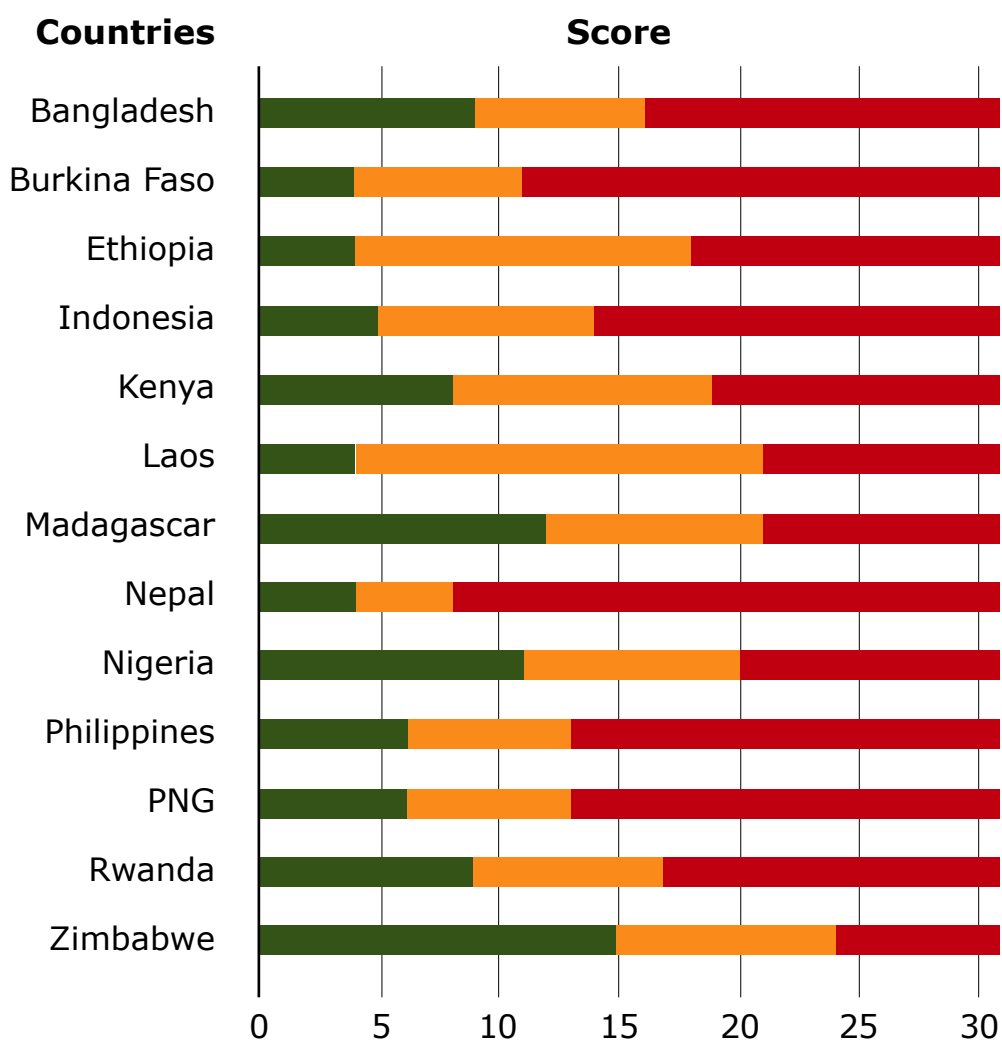


The strategic plan of each country was scored on 31 questions. For each question, the country got either a green, orange or red score. For example, for Bangladesh there were 9 green answers, 7 orange and 15 red. You can see that the next country, Burkina Faso, scored less green and more red than Bangladesh. That way, you can compare the countries. You can observe that Zimbabwe scored the most green, followed by Madagascar and that Nepal scored the most red of all countries.

Even though there is room for improvement among all entry points, we can also see different themes emerging when comparing across indicators and strategic entry points (see figure 2). For example, in the strategic entry point of models of care there are much more green scoring indicators than in the one for quality of care or monitoring and evaluation. The analysis of results per strategic entry point will be discussed in section 3.2 of the results.

# Figure 2: Proportion of countries scoring in red, orange and green per indicator question

A chart that lists the 31 indicators of health equity down the left column. To their right, a horizontal stacked bar graph shows how the 13 countries scored in aligning with the WHO indicator.

Legend: Red, means not mentioned in the national plan. Orange, means mentioned in a very broad way or without concrete actions or objectives. Green, means mentioned more specific and some steps have been taken in the right direction, but more work still needs to be done.
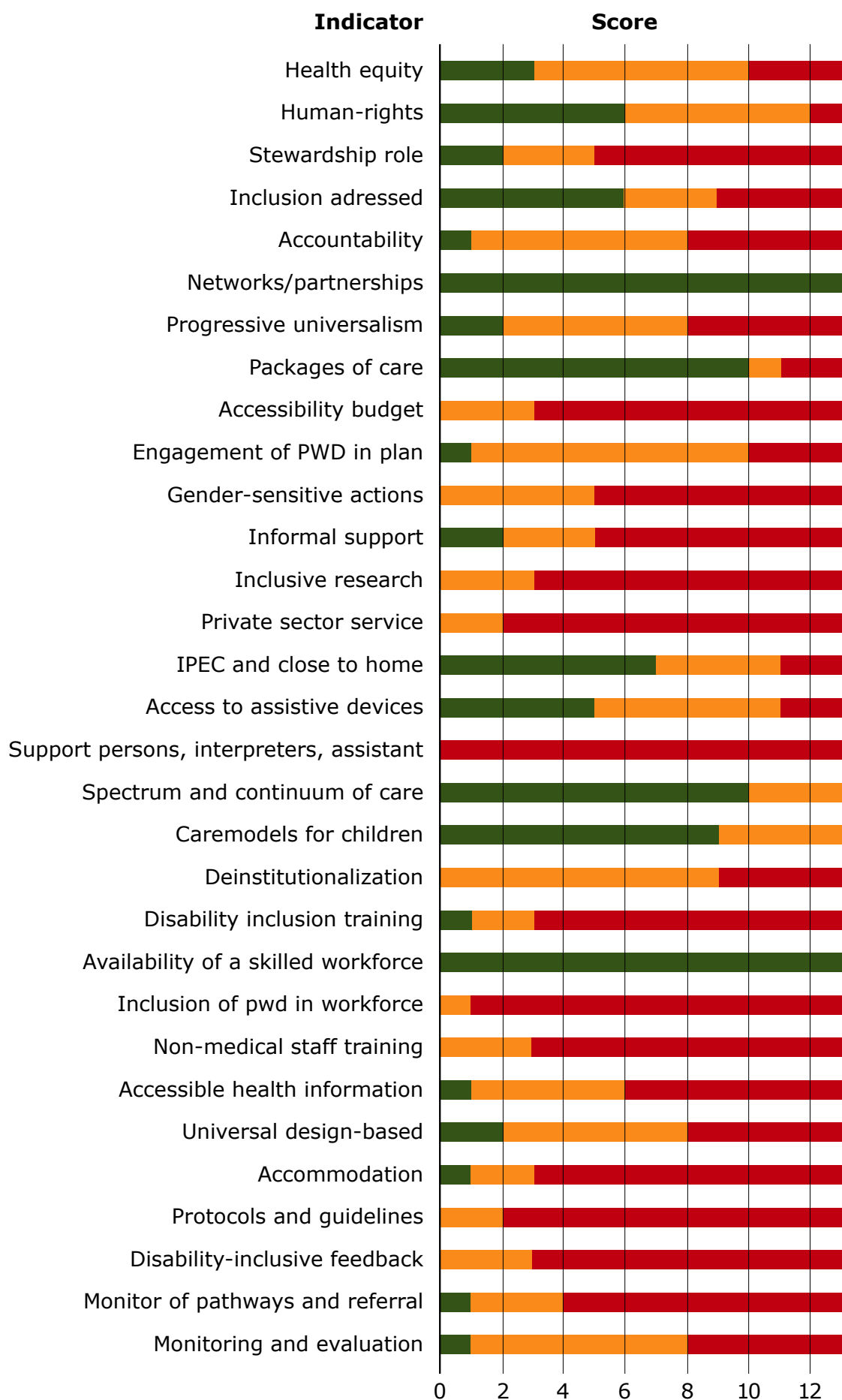
In Figure 2 (previous page) 13 countries were scored on different indicators. This graph shows for each indicator how many countries scored green, orange or red on this specific indicator. For example, on health equity, 3 countries scored green, 7 orange and 3 red. On the next indicator, human rights, more countries scored green and less countries scored red. That way, you can compare the different indicators and see which ones scored better or worse. You can for example see that "Availability of a skilled workforce" and "Networks/partnerships" scored best, because all countries scored green. Or that support "persons, interpreters, assistants" scored worse, because all countries scored red on this indicator.

Overall, many of the indicators that are addressed in the national eye plans are described as disability specific, i.e., in terms of blind and partially sighted persons, and do not take other disabilities into account. There is an urgent need to include the needs of all persons with disabilities in national eye health plans to achieve truly inclusive eye health care. A few plans provide good examples of concrete action plans and accountability, however, generally there is a lack of making objectives operational. To advance towards a more inclusive eye care sector, there is a need to make more specific references to the needs of persons with disabilities and to engage more with OPDs and persons with disabilities.

# Analysis of the results on the general references to important international policies, laws and strategies

## Table 1: National eye health plans – General information

A table with general questions on the left, while on the right lists the thirteen countries with their score on each question. It also shows the plan's name in each country, with its start and end date.

Legend: zero score means no, one score means yes.

| General Reference | Bangladesh | Burkina Faso | Ethiopia | Indonesia | Kenya | Laos | Madagascar | Nepal | Nigeria | Philippines | PNG | Rwanda | Zimbabwe |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Reference to the CRPD? | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 0 |
| Reference to UN Disability Inclusion Strategy? | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Reference to IPEC? | 1 | 1 | 0 | 0 | 1 | 1 | 1 | 0 | 1 | 1 | 0 | 1 | 1 |
| References to (any of) the SDGs? | 1 | 1 | 1 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 1 |
| Reference to disability-disaggregated data? | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Reference to measures on accessibility audits/barriers removel? | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| Plan* | NEHP | NEHP | NEHP | NEHP | NEHP | NEHP | NEHP | NEHP | NEHP | NEHP | NEHP | NEHP | NEHP |
| Start date | 2017 | 2021 | 2016 | 2017 | 2020 | 2021 | 2022 | 2022 | 2019 | 2018 | 2018 | 2018 | 2021 |
| End date | 2023 | 2025 | 2020 | 2030 | 2025 | 2025 | 2030 | 2029 | 2024 | 2022 | 2021 | 2025 | 2025 |

*NEHP= National Eye Health Plan

This table on the previous page shows the answers on some general questions for the assessed countries. If you see the question on the left, for example "Reference to the CRPD"?, you can see zeros and ones next it. The first country, Bangladesh scored 0 on this question, which means no. Nepal, Nigeria and Rwanda score a 1 on this question, which means yes. So Nepal, Nigeria, and Rwanda all have a reference to the CRPD. At the bottom of the graph you can see the start date, and underneath the end date for the national strategic plan of that country.

The assessment of the general references looks at the national plans against normative frameworks as well as key advocacy priorities of CBM Global, such as disability disaggregated data and accessibility audits. The results show that most countries reference the SDGs and integrated people centred eye care. However, most national policies do not reference the CRPD, the UN Disability strategy, disability disaggregated data, accessibility audits or the identification and removal of barriers. In addition, several of the national eye health strategic plans had already passed their end date.

## Data disaggregated by disability

It is concerning that 11 national plans make no reference to collecting data on persons with disabilities. Collecting and disaggregating data by disability is essential to advance health equity for persons with disabilities since this provides evidence of gaps, barriers, and enablers for persons with disabilities. Only Madagascar and Zimbabwe's plans make reference to data disaggregated by disability in their national eye health plans. Zimbabwe has an outcome on eye screening expansion to cover all citizens including marginalized groups and communities. This outcome has an indicator of citizens screened disaggregated by age, gender, disability and geographical location. The reference in Madagascar's plan is weaker, there is an outcome in the operational plan of conducting population surveys to provide information on met and unmet eye care needs, as well as results disaggregated by population subgroups (women, marginalized people, among others). Earlier in the strategic plan of Madagascar the "vulnerable" group is defined as "poor people, children, women, disabled people, the elderly" (p33). Therefore, you can interpret this as the results will be disaggregated by disability, but it would be stronger if this was specifically mentioned.

## Accessibility audits and removal of barriers

None of the national eye health plans reference the need for accessibility audits, which is a major gap. In addition, only two countries reference measures on removal of barriers. Nigeria's plan has an objective of quality eye health services at the home environment/community level through the frontline primary healthcare facility, to the secondary and tertiary levels of delivery of care, which everyone can access at any time, without barriers and another objective on addressing barriers in order to promote equal access to eye care by women. Zimbabwe's plan has an objective on support for the creation of a favorable environment, to remove obstacles in access to care. None of the other national plans have any reference to the removal of barriers.

## Results Analysis of the strategic entry points

The strategic entry points and key actions points of the WHO Global Report that were used as a framework for this assessment are of crucial importance because they are the operationalisation of the primary healthcare (PHC) approach to strengthen health systems. The entry points of the WHO represent all aspects of the health system that should be strengthened to improve health equity for persons with disabilities. The scope of the PHC approach extends beyond primary care and is built on 3 principles: integrated health services with an emphasis on primary care and essential public health functions, multisectoral policy, and action and empowering people and communities. The PHC, as a health strengthening approach, addresses the contributing factors to health inequities in the population. However, PHC should be implemented with targeted disability-inclusive strategies if it aims to achieve health equity for persons with disabilities. Based on the PHC approach and with the goal of implementing the approach with targeted disability-inclusive strategies, the WHO global report on health equity for persons with disabilities outlines different key actions across different strategic entry points.

# Strategic entry point 1: Political commitment, leadership, and governance

Overall, there is a significant gap in the areas of integrating disability inclusion as a topic in the national plans, next to prioritizing health equity for persons with disabilities and taking a stewardship role to ensure and evaluate health equity for them. While some countries have taken steps towards political commitment, leadership and governance, the overall trend in all plans is a lack of concrete actions and accountability mechanisms. This entry point emphasizes a key building block for health equity for persons with disabilities, namely the prioritising of the health of persons with disabilities by providing strategic direction and priorities for the eye health sector.

It is crucial to create a commitment to address these priorities and establish a framework, regulations and take a stewardship role in national eye health plans to improve eye health services for persons with disabilities to achieve SDG 3 and Universal Health Coverage (World Health Organization, 2022). However, only about half of the national plans assessed mention equitable health care or equitable access to care, and only three out of thirteen plans specify equity of access for blind and partially sighted persons or persons with other disabilities. The lack of a stewardship role taken in the national plans is concerning, since it means that there is a lack of assurance that any actions by the sector are inclusive. There are only two plans that took some steps towards a stronger stewardship. Madagascar's plan is a good example, since it has a strategic axis on making eye health inclusive for marginalised persons and persons with disabilities as well as an assigned priority for objectives on disability-mainstreaming services, improving accessibility, and having an inclusive approach for implementation.

The lack of accountability mechanisms for disability inclusion in most countries is concerning, with only half of the countries having indicators for improving the eye health system, and these are mostly disability specific. Effective accountability mechanisms for legal and policy frameworks are essential to good governance. Zimbabwe's national plan took a step in the right direction of accountability, with an assessment tool considering human rights, universal access, equity and empowerment of blind and partially sighted persons. Except for Nepal's plan, all national eye health plans reference the right to sight, which is part of vision 2020. Furthermore, 6 of the 13 plans make a reference to human rights. While there are some good steps towards human-rights-based approaches in the national plans, all plans still need to take extra efforts to integrate, operationalise and fulfil their human rights obligations. While all countries have goals about improving the coordination of partnerships, most partnerships are focused on blind and partially sighted persons and improving eye health, and do not specifically mention networks and partnerships around inclusive eye health and meaningful participation of persons with disabilities.

# Table 2 – Results for strategic entry point 1: Political commitment, leadership, and governance

A table with questions from WHO targeted action points on the left column, while on the right there is one column for each country, all of them with its corresponding score.

Legend: Red, means not mentioned in the national plan. Orange, means mentioned in a very broad way or without concrete actions or objectives. Green, means mentioned more specific and some steps have been taken in the right direction, but more work still needs to be done.

| WHO targeted action points | Bangladesh | Burkina Faso | Ethiopia | Indonesia | Kenya | Laos | Madagascar | Nepal | Nigeria | Philippines | PNG | Rwanda | Zimbabwe |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Is there a mentioning of prioritizing health equity for persons with disabilities? | Orange | Red | Orange | Red | Orange | Orange | Orange | Red | Green | Orange | Green | Orange | Green |
| Is there mentioning of an established human-rights-based approach to health? | Orange | Orange | Orange | Orange | Green | Orange | Green | Red | Green | Orange | Green | Green | Green |
| Does the eye health sector take a stewardship role for disability inclusion? | Red | Red | Red | Red | Red | Red | Green | Red | Orange | Red | Green | Green | Orange |
| Is disability inclusion integrated as a topic in national eye health strategies? | Green | Red | Orange | Red | Orange | Orange | Green | Red | Green | Red | Green | Green | Green |
| Is disability inclusion integrated in the accountability mechanisms of the (eye) health sector? | Red | Red | Orange | Orange | Orange | Orange | Orange | Red | Red | Orange | Red | Orange | Green |
| Are there disability networks, partnerships and alliances set up? | Green | Green | Green | Green | Green | Green | Green | Green | Green | Green | Green | Green | Green |

This graph shows per indicator which countries scored orange, red or green. So you can see that, for example, for the question "Is there a mentioning of prioritizing health equity for persons with disabilities?", Nigeria, PNG and Zimbabwe scored green. Burkina Faso, Indonesia and Nepal scored red on this question and the rest of the countries scored orange.

## Strategic entry point 2: Health financing

The biggest gap, financially, was the inclusion into the healthcare budget of the cost of making eye health facilities and services accessible. Although three national eye health plans had some goals on disability mainstreaming the provision of health services, no plan had a budget allocated for this purpose. To achieve the overarching objective of Universal Health Coverage (UHC), the primary focus of healthcare financing in national health plans should be on ensuring that every individual can access and use necessary services without experiencing financial hardship (World Health Organization,2022).

Almost all plans make a reference to striving for UHC but fail to specifically prioritise the financial needs and rights of the most disadvantaged groups, more specifically persons with disabilities. Two countries that do excel in this area, compared to the other countries, are Bangladesh and Madagascar. Bangladesh invests in demand-side financing and voucher schemes for marginalized groups and provides free services for cataract patients living in poverty. Madagascar, on the other hand, is taking action to re-evaluate the contribution of state institutions to make services financially accessible to all. However, while six plans do mention concepts such as the leave no one behind principle and protecting blind and partially sighted persons financially, these plans lack concrete actions and objectives to achieve this. Throughout all the plans, the aspect of health financing that was most comprehensively addressed was the consideration of more health conditions in packages of care. Ten plans took some form of action on this front, including incorporating eye health services into health insurance and providing free cataract surgeries and spectacles.

## Table 3 – Results for strategic entry point 2: Health financing

A table with questions from WHO targeted action points on the left column, while on the right there is one column for each country, all of them with its corresponding score.

Legend: Red, means not mentioned in the national plan. Orange, means mentioned in a very broad way or without concrete actions or objectives. Green, means mentioned more specific and some steps have been taken in the right direction, but more work still needs to be done.

| WHO targeted action points | Bangladesh | Burkina Faso | Ethiopia | Indonesia | Kenya | Laos | Madagascar | Nepal | Nigeria | Philippines | PNG | Rwanda | Zimbabwe |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Is progressive universalism a core principle and a driver of health financing (are the rights and needs of the most disadvantaged groups put first financially), with persons with disabilities at the centre? | Green | Red | Red | Orange | Orange | Red | Green | Orange | Orange | Red | Orange | Orange | Red |
| Are health services for specific impairments and (eye) health conditions considered in packages of care for UHC? | Green | Green | Red | Green | Green | Green | Orange | Green | Green | Green | Red | Green | Green |
| Is the cost of making eye health facilities and services accessible included into the health-care budget? | Red | Red | Red | Orange | Orange | Red | Red | Red | Red | Red | Red | Red | Orange |

This graph shows per indicator which countries scored orange, red or green. So you can see that, for example, for the third question "Is the cost of making eye health facilities and services accessible included into the healthcare budget"? Kenya, Laos and Zimbabwe scored orange, and all other countries scored red.

# Strategic entry point 3:
## Engagement of stakeholders and private sector providers

Unfortunately, this strategic entry point is weakly addressed, with almost all indicators scoring red or orange across countries. There is an overall gap of meaningful engagement with persons with disabilities, their representative organisations, their providers of informal support as well as with the private sector to deliver inclusive health services and products. To prioritise the focus on individuals and communities, as part of comprehensive health strategies, it is crucial to engage a diverse range of stakeholders and build collaborative relationships. There is a requirement of governments who ratified the CRPD which obligates government to ensure persons with disabilities are included in policy and decision making. By working together, stakeholders, including organisations of persons with disabilities can jointly prioritise and set out actions and strategies that meet people's needs in changing societal contexts (World Health Organization, 2022).

While nine national health plans do mention engaging with representative organizations, it is mostly limited to organisations for blind and partially sighted people. There is a significant gap in meaningfully engaging with the broad range of persons with disabilities and their representative organizations in the design and planning of national plans. Only Madagascar mentions the involvement of associations of persons with disabilities in the development of the plan, which is a crucial step in making the eye health sector more inclusive.

Additionally, there are no plans that mention engaging with persons with disabilities in research or including them in the eye health research workforce, which is another gap that needs to be addressed across all included countries.

Most plans do not engage with providers of informal support for persons with disabilities, and the ones that do are more focused on traditional and spiritual health care providers or teachers rather than family, friends or neighbours. There is a need to engage more with non-professionals who provide long-term care for persons with disabilities, mostly in private households. Furthermore, none of the plans mention carrying out gender-sensitive actions that specifically target persons with disabilities, only some plans mention gender-sensitive actions that are not specifically targeted for persons with disabilities. This is another significant gap in this strategic entry point across the national plans. Finally, no eye health plan has a mechanism in place to ensure the inclusive provision of health services and products by the private sector. While Madagascar took some efforts to engage with the private sector and Nigeria points out the social responsibility of the private sector, no country has mechanisms supporting disability-inclusive delivery of health services and products which is another important gap.

# Table 4 – Results for strategic entry point 3: Engagement of stakeholders and private sector providers

A table with questions from WHO targeted action points on the left column, while on the right there is one column for each country, all of them with its corresponding score.

Legend: Red, means not mentioned in the national plan. Orange, means mentioned in a very broad way or without concrete actions or objectives. Green, means mentioned more specific and some steps have been taken in the right direction, but more work still needs to be done.

| WHO targeted action points | Bangladesh | Burkina Faso | Ethiopia | Indonesia | Kenya | Laos | Madagascar | Nepal | Nigeria | Philippines | PNG | Rwanda | Zimbabwe |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Was there an engagement of persons with disabilities and their representative organizations in the design and planning of this national eye health plan? | Orange | Orange | Orange | Orange | Orange | Orange | Green | Red | Orange | Red | Red | Orange | Orange |
| Is there a mentioning of gender-sensitive actions that target persons with disabilities? | Orange | Red | Orange | Red | Red | Orange | Red | Red | Orange | Orange | Red | Red | Red |
| Is there an engagement with the providers of informal support for persons with disabilities? | Orange | Orange | Red | Orange | Red | Red | Green | Red | Green | Red | Red | Red | Red |
| Is there an engagement with persons with disabilities in research and is there a mentioning of including them in the (eye) health research workforce? | Red | Red | Red | Red | Red | Red | Red | Red | Orange | Orange | Red | Red | Orange |
| Are there some mechanisms to ensure that the delivery of health services and products by the private sector are inclusive for persons with disabilities? | Red | Red | Red | Red | Red | Red | Orange | Red | Orange | Red | Red | Red | Red |

This graph shows per indicator which countries scored orange, red or green. So you can see that, for example, for the question "Was there an engagement of persons with disabilities and their representative organizations in the design and planning of this national eye health plan?" Madagascar scored green, Nepal, Philippines and PNG scored red and all countries scores orange.

## Strategic entry point 4: Models of care

The strategic entry point of models of care is one of the best scoring entry points, showing that national eye plans are already more aligned with the WHO global report on this aspect. A number of positive actions were identified in the national strategic plans, such as providing integrated people-centred eye care and considering the full spectrum of health services in the plans. The biggest gap on this front is that there is no eye health plan that references support persons, sign language interpreters and personal assistants and no reference to promoting deinstitutionalisation. Models of care address the concept of how to deliver services including process of care, management and organisation (World Health Organization, 2022).

Almost all plans have some actions on providing care closer to where people live, and seven plans have a clear objective of providing integrated people-centered care (IPEC) close to home. So, there are some countries taking good actions, but these goals of IPEC and community-based programs lack the specification of achieving this in an accessible manner. Concerning universal access to assistive products, some action has been taken. The plan from Madagascar is the best example here, having a range of actions that are part of striving towards universal access to assistive products. Five national eye health plans have some actions or strategies on improving accessibility of assistive products. However, the assistive products covered were limited to glasses. Kenya's plan was the only exception, with a broader range of assistive products covered. No plan has any reference to increasing financial assistance for support persons, sign language interpreters and personal assistants to meet the health needs of persons with disabilities, which is a major gap in all plans. There are no references made to these assistants overall.

# Table 5 – Results for strategic entry point 4: Models of care

A table with questions from WHO targeted action points on the left column, while on the right there is one column for each country, all of them with its corresponding score.

Legend: Red, means not mentioned in the national plan. Orange, means mentioned in a very broad way or without concrete actions or objectives. Green, means mentioned more specific and some steps have been taken in the right direction, but more work still needs to be done.

| WHO targeted action points | Bangladesh | Burkina Faso | Ethiopia | Indonesia | Kenya | Laos | Madagascar | Nepal | Nigeria | Philippines | PNG | Rwanda | Zimbabwe |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Is the provision of integrated people-centred eye care that is accessible and close to where people live enabled? | Green | Red | Orange | Orange | Green | Green | Green | Orange | Green | Green | Orange | Red | Green |
| Is there a reference to striving towards universal access to assistive products? | Green | Orange | Orange | Orange | Green | Orange | Green | Orange | Orange | Red | Green | Green | Red |
| Is there a reference to more finances for support persons, interpreters, and assistants to meet the health needs of persons with disabilities? | Red | Red | Red | Red | Red | Red | Red | Red | Red | Red | Red | Red | Red |
| Is the full spectrum of health services along a continuum of care for persons with disabilities considered? | Green | Orange | Green | Green | Green | Orange | Green | Green | Green | Green | Orange | Green | Green |
| Is there a strengthening of models of (eye) care for children with disabilities? | Green | Green | Green | Green | Orange | Orange | Green | Orange | Green | Green | Orange | Green | Green |
| Is there a reference to promoting deinstitutionalization? | Orange | Red | Orange | Red | Orange | Orange | Orange | Red | Orange | Orange | Red | Orange | Orange |

This graph shows per indicator which countries scored orange, red or green. So you can see that, for example, for the question "Is the provision of integrated people-centred eye care that is accessible and close to where people live enabled?" Bangladesh, Kenya, Laos, Madagascar, Nigeria, Philippines and Zimbabwe scored green. Burkina Faso and Rwanda scored red on this question and Ethiopia, Indonesia, Nepal and PNG scored orange.

A strength is that most plans consider a full spectrum of health services (prevention, curative, rehabilitation) and have some actions or goals on improving coordination between and across sectors and services. However, in all plans this full spectrum is specified in a disability specific way, and there is no consideration of eye care as part of a spectrum of care for all patients with disabilities. Furthermore, almost all plans take some actions to improve models of eye care for children, however, mostly are disability specific. Finally, even though most of the plans mention the provision of integrated-people centered care or have some actions to promote integration of blind and partially sighted children in schools, no plan has a concrete reference to deinstitutionalisation and changing from long-term care institutions to persons-centred, right-based health services and support in the community (World Health Organization, 2022).

## Strategic entry point 5: Health and care workforce

The biggest strength in the assessment of this entry point is that countries take measures to ensure the availability of a skilled health care work force. Generally speaking, the biggest shortfalls in this entry point were the lack of training on disability for the health and care workforce, the lack of including people with disabilities in the workforce and the lack of making health information and forms accessible.

This strategic entry point talks about all people engaged in actions whose primary intent is to enhance health. To achieve global health priorities and SDG 3, strengthening the health care workforce is essential. Furthermore, including training on disability is very important in terms of inclusion (World Health Organization, 2022). The latter is only really addressed in Zimbabwe's plan where there is an outcome on strengthened inclusive provision of eye health services with a strategy of very positive. Popular strategies are task-shifting and upscaling the number of people trained in eye health.

Other gaps in this entry point are inclusion of persons with disabilities in the eye health workforce. In Papua New Guinea's plan there is advocacy for equality of opportunity in the development and delivery of care to those with disabilities, but no country takes actions to ensure inclusion in the workforce. Another important gap is that there are barely any references to making health information and forms accessible. Zimbabwe's plan, for example, includes a strategy to promote inclusive communication strategies for health promotion. The other plans that took some limited actions on this front, focused only on health promotion and awareness. But none of the plans mention making information and forms in health services accessible. Kenya's plan mentions in their needs assessment the need for accessible health information, in voice and Braille, for the covid-19 pandemic, but fails to take any actions to capture this need in their strategy, just like all other plans.

# Table 6 – Results for strategic entry point 5: Health and care workforce

A table with questions from WHO targeted action points on the left column, while on the right there is one column for each country, all of them with its corresponding score.

Legend: Red, means not mentioned in the national plan. Orange, means mentioned in a very broad way or without concrete actions or objectives. Green, means mentioned more specific and some steps have been taken in the right direction, but more work still needs to be done.

| WHO targeted action points | Bangladesh | Burkina Faso | Ethiopia | Indonesia | Kenya | Laos | Madagascar | Nepal | Nigeria | Philippines | PNG | Rwanda | Zimbabwe |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Is there a mentioning of disability inclusion training for (eye) health service providers? | Red | Red | Red | Red | Red | Orange | Red | Red | Red | Red | Orange | Red | Green |
| Are there measures being taken to ensure the availability of a skilled health and care workforce? | Green | Green | Green | Green | Green | Green | Green | Green | Green | Green | Green | Green | Green |
| Is there mentioning of inclusion of persons with disability in the eye health and care workforce? | Red | Red | Red | Red | Red | Red | Red | Red | Red | Red | Orange | Red | Red |
| Is there a mentioning of non-medical staff working in the health sector receiving training on issues relating to accessibility and respectful communication? | Red | Red | Orange | Red | Red | Orange | Red | Red | Red | Red | Red | Red | Orange |
| Is there a mentioning of making health information and forms (such as informed consent) accessible? | Orange | Red | Red | Orange | Orange | Orange | Orange | Red | Red | Red | Red | Red | Green |

This graph shows per indicator which countries scored orange, red or green. So you can see that, for example, for the question "Is there a mentioning of disability inclusion training for (eye) health providers ?" Laos and PNG score orange, Zimbabwe scores green and all other countries score red.

# Strategic entry point 6: Physical infrastructure

Eleven out of the thirteen national eye health plans don't have strategies or objectives on making physical infrastructure more accessible for persons with disabilities. The exceptions are the plans from Kenya and Zimbabwe.

Kenya's has an objective of developing/ providing requisite infrastructure for enhanced eye health service delivery with all disability mainstreaming provision and Zimbabwe's has the output of making eye health facilities disability-friendly/oriented. No plan mentions universal design, which is often seen as fundamental to making the built environment disability inclusive (World Health Organization,2022). Except for Nigeria's plan, which mentions environmental/physical adaptations for the blind and partially sighted in a policy objective, none of the plans include any appropriate, reasonable accommodation for persons with disabilities. Another particularly important gap is that none of the plans have all the provisions in sign language. So overall, there is an urgent need to take much more action in relation to physical infrastructure.

## Table 7 – Results for strategic entry point 6: Physical infrastructure

A table with questions from WHO targeted action points on the left column, while on the right there is one column for each country, all of them with its corresponding score.

Legend: Red, means not mentioned in the national plan. Orange, means mentioned in a very broad way or without concrete actions or objectives. Green, means mentioned more specific and some steps have been taken in the right direction, but more work still needs to be done.

| WHO targeted action points | Bangladesh | Burkina Faso | Ethiopia | Indonesia | Kenya | Laos | Madagascar | Nepal | Nigeria | Philippines | PNG | Rwanda | Zimbabwe |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Is there a reference to a universal design-based approach to the development or refurbishment of health facilities and services? | Red | Orange | Orange | Red | Green | Orange | Orange | Red | Orange | Red | Red | Orange | Green |
| Are appropriate, reasonable accommodation for persons with disabilities provided? | Red | Red | Orange | Red | Red | Red | Red | Red | Green | Red | Red | Red | Orange |

This graph shows per indicator which countries scored orange, red or green. So you can see that for example, for the first question on universal design-based approach Kenya and Zimbabwe scored green. Bangladesh, Indonesia, Nepal, Philippines and PNG scored red and all remaining countries scored orange.

# Strategic entry point 7: Quality of care

The overall score of quality of care for persons with disabilities in the assessment is concerning. No plan makes a concrete reference to including the specific needs and priorities of persons with disabilities in health and safety protocols and emergency guidelines. There are also no plans that have disability-inclusive feedback mechanisms in place for the quality of health services. There are three plans that have some sort of patient satisfaction survey included, but it is not mentioned if these are inclusive or not. Considering systems to monitor care pathways and referral systems, there are no national plans that take the specific needs of persons with disabilities into account. Zimbabwe's plan does have an assessment tool that appraises interventions and considers different important global resolutions, but this is again mostly disability specific. There is no national plan that specifically consults users with disabilities in determining appropriate and accessible referral mechanisms, which is an important gap.

**Table 8 – Results for strategic entry point 7: Quality of care**

A table with questions from WHO targeted action points on the left column, while on the right there is one column for each country, all of them with its corresponding score.

Legend: Red, means not mentioned in the national plan. Orange, means mentioned in a very broad way or without concrete actions or objectives. Green, means mentioned more specific and some steps have been taken in the right direction, but more work still needs to be done.

| WHO targeted action points | Bangladesh | Burkina Faso | Ethiopia | Indonesia | Kenya | Laos | Madagascar | Nepal | Nigeria | Philippines | PNG | Rwanda | Zimbabwe |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Is there a reference to the specific needs and priorities of persons with disabilities being integrated into health safety protocols and emergency guidelines? | Red | Red | Red | Red | Red | Red | Red | Red | Red | Red | Red | Orange | Orange |
| Is there a reference to disability-inclusive feedback mechanisms for quality of health services? | Red | Red | Orange | Red | Red | Orange | Red | Red | Red | Red | Red | Red | Orange |
| Are the specific needs of persons with disabilities considered in systems to monitor care pathways and referral systems? | Red | Red | Red | Red | Orange | Red | Orange | Red | Red | Orange | Red | Red | Green |

This graph shows per indicator which countries scored orange, red or green. So you can see that, for example, for the second question "Is there a reference to disability-inclusive feedback mechanisms for the quality of health services?" Ethiopia, Laos and Zimbabwe scored orange and all other countries scored red.

# Strategic entry point 8: Monitoring and evaluation

Even though many national eye health plans have different goals on improving the Monitoring & Evaluation system, there is a huge gap in including disability indicators into the monitoring and evaluation framework of the national eye health system. About half of the plans have some indicators for blind and partially sighted people, but no indicators that measure the inclusiveness of the eye health sector. Across all countries, the only indicator addressing disability inclusion, is an objective to have an inclusive eye health communication strategy approved by Zimbabwe. The fact that this is the only indicator across all countries is very worrisome.

## Table 9 – Results for strategic entry point 8: Monitoring and evaluation

A table with questions from WHO targeted action points on the left column, while on the right there is one column for each country, all of them with its corresponding score.

Legend: Red, means not mentioned in the national plan. Orange, means mentioned in a very broad way or without concrete actions or objectives. Green, means mentioned more specific and some steps have been taken in the right direction, but more work still needs to be done.

| WHO targeted action points | Bangladesh | Burkina Faso | Ethiopia | Indonesia | Kenya | Laos | Madagascar | Nepal | Nigeria | Philippines | PNG | Rwanda | Zimbabwe |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Are there disability indicators included into the monitoring and evaluation framework of the national eye health system? | 🔴 | 🟠 | 🟠 | 🟠 | 🟠 | 🟠 | 🟠 | 🔴 | 🔴 | 🔴 | 🔴 | 🟠 | 🟢 |

This graph shows which countries scored orange, red or green on the question on disability indicators being included into the monitoring and evaluation framework. Zimbabwe is the only country that scored green. Bangladesh, Nepal, Nigeria, Philippines and PNG scored red and all remaining countries scored orange.

# Discussion: what the analysis tells us

It is important to note that the WHO report was only published in December 2022, and our innovative use of it as an assessment tool cannot expect immediate alignment of national policies. This assessment was conceptualised as a baseline to measure progress in improvements in inclusive eye health policies in the future. Using the assessment tool did however give an indication where these countries currently are in terms of inclusiveness in national eye health plans. As highlighted in section three the results from the assessment are mixed. In discussing the results, it is also important to consider the timeline of the design of the individual strategies. For example, Madagascar and Zimbabwe's plans, are two of the best scoring plans in the assessment and two of the newest national eye health strategies. This could be a factor in explaining their positive results, along with a positive record of eye health-policy commitment and influence of advocacy work from civil society. However, this trend cannot be drawn everywhere. For example, Nepal and Burkina Faso also have recent plans but do not score that well against our assessment. This research is timely as we can see different opportunities for countries who are either in the process of developing a new plan, or will be in the coming years, to advocate for more inclusivity and health equity for persons with disabilities when new national eye health plans or strategies are being developed. This research shows the need to address inclusivity in national eye health plans. Additionally, this is a call upon all countries to address health equity for persons with disabilities in their national eye health plans.

Community-level research by (Fatima et al., 2023) shows that there is still a lack of understanding on important areas such as sign language, accessibility and attitudinal barriers among eye health professionals. This also featured throughout the assessment results particularly the need for investing in accessibility and inclusion. Articles on inclusive eye health are important in order to display the gaps in health equity for persons with disabilities within the eye health sector and show the importance of addressing these issues on a policy level. However, there is a lack of publications on this topic. The findings from this assessment aim to contribute to this gap by taking an innovative approach to policy analysis on inclusive eye health using the WHO report as a framework.

Inaction by government and policy makers to address these health inequities means persons with disabilities do not get to realise their right to the highest achievable standard of health. Each country is obligated to address these inequities for persons with disabilities, according to both international human right law as well as domestic legal frameworks (World Health Organization, 2022). With regard to the right to healthcare for persons with disabilities, this is covered under the International Covenant on Economic, Social and Cultural Rights (IESCR) and more specifically under Article 25 of the CRPD. Article 25 commits State Parties to recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability and commits State Parties to 'provide persons with disabilities with the same range, quality and standard of free or affordable health care and programs as provided to other persons' which can include eye health care (United Nations Convention on the Rights of Persons with Disabilities, 2016). However, the strategic

entry point on Political commitment, leadership and governance shows a mixed response to this commitment. There is a lack of political action and accountability in implementing and operationalising this right in national eye health plans.

Article 9 of the CRPD on accessibility further underpins government obligations to provide accessible health care services and information (United Nations Convention on the Rights of Persons with Disabilities, 2014). However, no plans had a reference to accessibility audits and only two plans had measures on the removal of barriers. As observed in the strategic entry point of physical infrastructure, only two out of thirteen national plans had objectives on disability-mainstreaming eye health care and no plan had good references to the provision of appropriate, reasonable accommodation for persons with disabilities. Furthermore, no plan referenced provision of sign language or language interpreters, support persons or personal assistants. This means that the majority of the assessed country plans do not fulfil their obligations to provide accessible health care services and information.

Specific protection for eye health is included in the World Health Assembly Resolution 73.4 (WHA 73.4) from 2020: "Integrated people-centered eye care, including preventable vision impairment and blindness". It urges member states to implement people-centered eye care and to integrate eye care in UHC. IPEC is vital for enhancing fair access to eye care. In many low and middle-income countries, it is very hard for a large part of the population, especially persons with disabilities, to reach eye care services since they are often limited to secondary

or tertiary care. IPEC reorients the provision of care to local communities and primary care facilities and is therefore critical to improving equitable access to eye care (World Health Assembly, 2020). The fact that almost all plans had some actions on providing care closer to where people live and seven plans had a clear objective of providing integrated people-centered care (IPEC) close to home, shows that progress is being made. However, most of these IPEC objectives lacked the specification of providing this care in an accessible manner.

In 2021, the UN Resolution "Vision for everyone, accelerating action to achieve the SDGs" was the first agreement designed to tackle preventable sight loss to be adopted at the UN and enshrines eye health as a crucial element to achieving the SDGs. The UN resolution on vision highlights specific SDGs that are directly influenced by vision impairment (United Nations, 2021). We see this link reflected in the national strategic plans, with 10 out of thirteen plans referring to the SDGs.

Within the sector, the 2030 Eye Health Sector Strategy of IAPB, called "2030 In Sight" aims to unite for a collective effort to eliminate avoidable blindness. The goal for 2030 is a world where no one experiences unnecessary or preventable vision impairment and blindness, and everyone can achieve their full potential. The strategy calls to: Elevate the importance of eye health as a crucial economic, social, and developmental concern, integrate eye health into the broader healthcare systems and activate ground-up demand and promote patient, consumer and market change (The International Agency for the Prevention of Blindness, 2021).

# Limitations of the assessment

A limitation of this assessment is that it did not investigate other national plans or policies, as it might be possible that certain gaps found in this assessment are addressed in other plans, such as operational plans or other national or regional policies. Future research could investigate the health equity for persons with disabilities of one country and go into more depth by analysing different relevant policies and take this broader context into account. Furthermore, the assessment lends itself better to drawing conclusions on overall gaps and trends than to comparing countries since there is such a variety of how objectives and strategies are formulated depending on economic and social context.

Another interesting approach for future inclusive eye health research could be to start from experiences of persons with disabilities in the field instead of starting from high-level reports. Since the WHO Global report on health equity for persons with disabilities is a recent publication, this assessment is the first that applies this report to a specific sector in this way. The results of this assessment can help to advocate for more inclusive eye health. This advocacy is urgently needed to achieve the SDGs and health equity for persons with disabilities. Future research could use this assessment as a baseline to measure what improvements have been made in inclusive eye health. Additionally, similar research can be conducted in other sectors using the same methodology to evaluate health equity for persons with disabilities in other fields. The results of this assessment will also be used to develop an advocacy toolkit to help organizations in the eye health field with advocating for health equity and inclusion for persons with disabilities when developing future national eye health plans.

# Recommendations to make eye health national plans more inclusive and equitable

From the comparative assessment, the general conclusion we can draw is that more progress is needed for every indicator. In this section, the authors make some recommendations grounded in the findings of the comparative assessment of the national eye health strategies, the evidence-based recommendations from the WHO Report, obligations from the CRPD and policy recommendations from the WHO and UN resolutions.

## Meaningful participation

Ensure empowerment and meaningful participation of persons with disabilities and their representative organisations in all stages of the design of any eye health policy and when implementing any eye health sectoral action.

- Evidence to support message - the assessment found only 1 out of 13 plans mention the involvement of associations of persons with disabilities in the development of the plan. Nine out of 13 plans refer to the involvement of a representative organisation but not to OPDs. The CRPD obligates governments to ensure that persons with disabilities are included in the development of policies and plans.

## Collect data disaggregated by disability in eye health

Collect data disaggregated by disability in eye health, not just vision loss specific data. The Washington Group questionnaires provides a consistent way to disaggregate data by disability.

- Evidence to support message - the assessment found that only 1 out of 13 plans specifically refer to collecting data disaggregated by disability. The results indicate that there is an urgent need to include more specifically the collection and disaggregation of data by disability to move forward. In taking steps to move forward, it is important to be aware of the criticisms of the WHO Global Report on health equity for persons with disabilities relating to data. This includes concerns around the data used in the report, and more importantly for this assessment to move forward. The concern is that the WHO excludes the Washington Group Questions in the report despite that the Washington Group Questions are a widely recognised, tested, and internationally comparable tool. The Washington Group Questions should be included when proposing ways forward on data disaggregated by disability and recognised as a tool for collecting and disaggregating data by disability (Groce, N. E., Mont, D., 2017).

## Allocate budget for inclusion of persons with disabilities

Budget sufficiently and specifically for objectives and actions that promote health equity and inclusion of persons with disabilities in eye health, such as the cost of making eye health facilities and services accessible. This is obligated by the CRPD to ensure that persons with disabilities are able to access health care on an equal basis compared to persons without disabilities.

- Evidence to support message - the assessment found that throughout all assessed action points, barely any objectives had a budget allocated. For example: No countries specifically budget the cost of making eye health facilities and services accessible in their eye health care budget.

## Monitor and evaluate

Monitor and evaluate the extent to which eye health sector actions are leading to health equity for persons with disabilities. Include disability indicators into the monitoring and evaluation framework of the national eye health system. Monitor and evaluate improvement of determinants of eye health for persons with disabilities because these indicators are essential to evaluating progress.

- Evidence to support message - the assessment found that only one national plan has a disability indicator (number of citizens who had eye screening disaggregated by disability) included into the Monitoring & Evaluation framework of the national eye health system. Furthermore, none of the plans included a system to monitor care and referral systems that specifically considers the needs and priorities of persons with disabilities, except for one country who's plan has an assessment tool taking human rights into account.

## Put health equity for persons with disabilities at the center of the actions of the eye health sector

National eye health policies should take a stewardship role for achieving health equity for persons with a disability and show political commitment to leaving no one behind in eye health. Actions that could be taken are raising awareness on the importance of health equity for persons with disabilities and highlighting this topic in the strategy, formalizing governance mechanisms that ensures and evaluates health equity for persons with disabilities among others.

- Evidence to support message - the assessment found only 3 out of 13 plans mention equity for persons with disabilities. 7 out of 13 national plans don't refer to human rights. Only 2 out 13 take some strategic action to ensure inclusivity in the eye health sector.

## Improve access, utilisation and quality of eye health sercvices for persons with disabilities

Provide sign language interpretation in eye health facilities and communication around eye health, finance support persons, sign language interpreters and personal assistants, disability-mainstream eye health facilities, organise accessibility audits by OPD partners and provide appropriate, reasonable accommodations to persons with disabilities in the eye health facilities and service. Countries have to plan and budget for support persons, sign language interpreters or personal assistants and collaborate with the social support sector for availability of these persons. National plans should incorporate universal design into the development or refurbishment of health facilities and services and implement minimum standards for the accessibility of facilities and services. Accessibility audits and tools such as AccessibilityGO! (See references) can help to make organisations, including eye health facilities, more accessible. Another important element to consider is the accessibility of transportation to the health facilities. The principles of universal design are equitable use, flexibility in use, simple and intuitive use, perceptible information, tolerance for error, low physical effort, size and space for approach and use. Appropriate and reasonable modifications are essential where universal design has not yet been applied to ensure equal access to health services and goods.

- Evidence to support message - the assessment found that no plan has a reference to the provision of sign language interpretation. No national eye health plans mention support persons, sign language interpreters or personal assistants to meet the health needs of persons with disabilities and thus also not to investing more finances in these persons. Only 2 out of 13 countries had objectives on disability-mainstreaming eye health facilities. No plan made any good reference to providing appropriate, reasonable accommodation for persons with disabilities, because the only reference made was purely disability specific.

## Train eye health service providers on disability inclusive eye health

Develop inclusive eye health modules and train current eye health service providers and implement modules in institutes where future health service providers are trained. Train non-medical staff working in the eye health sector on issues relating to accessibility and respectful communication. Develop a sign language module for eye health professionals. Stronger efforts should be taken to include disability inclusion in the training and curricula of health professionals so that health-care professionals have the adequate knowledge, (communication) skills and behaviors to be able to provide inclusive care and support. Countries can formulate actions on training non-medical staff in the health sector on accessibility, use of proper language and communication and attitudes.

- Evidence to support message - the assessment found that only 1 out of 13 national plans has a reference to the provision of disability inclusive training for eye health care providers. None of the plans had a concrete reference or action for non-medical staff working in the health sector receiving training on issues related to accessibility and respectful communication.

# How to use this report

This report can be used to gain insight into the level of alignment of your national eye health strategy with the WHO global report on health equity for persons with disabilities. The report can show you what the challenges are in the current national eye health strategies with regards to health equity for persons with disabilities and provide you with recommendations for future plans. Furthermore, the methodology we used can inspire you to do the same assessment in other health areas.

The main purpose of this report is to provide an evidence-based analysis to inform advocacy approaches. An advocacy toolkit has been developed using the evidence gathered from this assessment.

The goal of this toolkit is threefold:

- to provide support with ensuring that national eye health strategies are inclusive and strive towards health equity for persons with disabilities.

- to provide support on agenda setting and develop core advocacy messages around inclusive eye health.

- to hold governments accountable and sensitise them for more inclusive eye health and accessible eye care strategies.

# References

- Burton, M. J., Ramke, J., Marques, A. P., Bourne, R. R., Congdon, N., Jones, I., ... & Faal, H. B. (2021). The Lancet global health Commission on global eye health: vision beyond 2020. The Lancet Global Health, 9(4), e489-e551.

- CBM Global Disability Inclusion. (2021) AccessibilityGo: A guide to Action

- Demmin, D. L., & Silverstein, S. M. (2020). Visual impairment and mental health: unmet needs and treatment options. Clinical Ophthalmology, 4229-4251.

- Fatima, S. (2023) "Awareness of Inclusive Eye Health among Eye Care Professionals", Journal of Clinical and Community Ophthalmology, 1(01), pp. 3–10. (Accessed: 4 October 2023)

- Gascoyne, B., Jolley, E., Penzin, S., Ogundimu, K., Owoeye, F., & Schmidt, E. (2022). Vision impairment and self-reported anxiety and depression in older adults in Nigeria: evidence from a cross-sectional survey in Kogi State. International Health, 14 (Supplement_1), i9-i16.

- Groce, N. E., & Mont, D. (2017). Counting disability: emerging consensus on the Washington Group questionnaire. The Lancet Global Health, 5(7), e649-e650.

- OHCRH. (2020) Policy Guidelines for Inclusive Sustainable Development Goals: Good Health and well-being.

- Sandelowski, M., Voils, C. I., & Knafl, G. (2009). On quantitizing Journal of mixed methods research, 3(3), 208-222.

- The International Agency for the Prevention of Blindness. (2021). 2030 In sight.

- The International Agency for the Prevention of Blindness. (2020). Vision Atlas.

- The Missing Billion Initiative. (2022) Reimagining Health Systems That Expect, Accept and Connect 1 billion People with Disabilities

- United Nations. (2021). Vision for Everyone: accelerating action to achieve the Sustainable Development Goals.

- United Nations Convention on the Rights of Persons with Disabilities. (2016). Article 25.

- United Nations Convention on the Rights of Persons with Disabilities. (2014). General comment no.2, Article 9, Accessibility, paragraph 40.

- World Health Assembly. (2020) Integrated people-centred eye care, including preventable vision impairment and blindness.

- World Health Organization. (2022). Global report on health equity for persons with disabilities.

- World Health Organization. (2019). World Report on Vision.

# Appendix 1:
# Applied questions from WHO targeted action points

## Political commitment, leadership and governance

### Is there a mention of prioritising health equity for persons with disabilities?

- Red: nothing about health equity mentioned.

- Orange: mention of equity (for example equitable access to care); no specific mention of equity for persons with disabilities.

- Green: mention of equity for persons with disabilities ovision of disability inclusive training for eye health care providers. None of the plans had a concrete reference or action for non-medical staff working in the health sector receiving training on issues related to accessibility and respectful communication.

### Is there a mention of an established human-rights-based approach?

- Red: no mention of any relevant rights.

- Orange: mention of any right related to health, vision or others (relevant to national eye health plan), but not specific human rights.

- Green: mention of human rights issues related to accessibility and respectful communication.

### Does the eye health sector take a stewardship role for disability inclusion?

- Red: no stewardship role is taken in the plan.

- Orange: stewardship only for blind and partially sighted persons or for all persons with disabilities but no actions or policies to ensure disability inclusive provision of services.

- Green: all disabilities + some strategic action to ensure inclusivity.

### Is disability inclusion integrated as a topic in the national eye health strategy?

Is it generally integrated in the plan, 9 actions can include mainstreaming health facilities, ensuring OPD participation, collecting disaggregated data.

- Red: no mention of persons with a disability or inclusion.

- Orange: inclusivity/accessibility is vaguely addressed, but no focus on persons with disabilities, or only very limited/addressed in certain aspects.

- Green: specific reference to improving eye health care for persons with disabilities.

**Is disability inclusion integrated in the accountability mechanisms of the eye health sector?**

Actions can include having indicators on health equity for persons with a disability, on responsiveness of the health sector to the needs of persons with a disability.

- Red: No reference to disability integration in the accountability mechanisms of the eye health sector.

- Orange: there are some accountability mechanisms (such as indicators) for blind and partially sighted persons.

- Green: There are accountability mechanisms looking at disability inclusion, and not just disability specific.

**Are there disability networks, partnerships and alliances set up?**

- Red: no reference to networks or partnerships.

- Orange: there is a committee or alliance around eye health but not with different stakeholders and sectors together.

- Green: there is a reference to improving networks/partnerships around eye health.

# Health financing

**Is progressive universalism a core principle and a driver of eye health financing (are the rights and needs of the most disadvantaged groups put first financially), with persons with disabilities at the center?**

- Red: there is no mentioning of putting the rights and needs of the most disadvantaged groups first financially.

- Orange: there is a reference to putting most marginalized people first financially, leave no one behind…, but no concrete actions or measures to achieve this.

- Green: Actions or measures are taken to help most marginalized/persons with disabilities and put them first financially.

**Are health services for specific disabilities and eye health conditions considered in packages of care for UHC?**

- Red: no mentioning of including more health services in packages of care for UHC

- Orange: there are some goals/guiding principles to achieve this, but no concrete actions

- Green: including more health services; diseases in coverage/include more eye diseases in health coverage.

**Is the cost of making eye health facilities and services accessible included in the health-care budget?**

- Red: not mentioned of making eye health facilities and services accessible

- Orange: the goal is mentioned but it is not clear if there is a budget calculated for this.

- Green: cost of making facilities or accessible, in some way, is included in the budgeting

# Engagement of stakeholders and private sector providers

**Was there an engagement of persons with disabilities and their representative organizations in the design and planning of this national eye health plan?**

- Red: no engagement of representative organizations nor OPDs.
- Orange: engagement of representative organizations but no OPDs.
- Green: engagement of representative organizations and OPDs.

**Is there a mention of gender-sensitive actions that target persons with disabilities?**

- Red: no gender-sensitive actions are taken.
- Orange: gender-sensitive action is taken but no specific to target persons with disabilities.
- Green: gender-sensitive action is taken that target persons with disabilities.

**Is there an engagement with the providers of informal support for persons with disabilities?**

- Red: no engagement of providers of informal support.
- Orange: some engagement but vaguely formulated or not in actual goals or actions.
- Green: engagement with providers of informal support or informal health services providers.

**Is there an engagement with persons with disabilities in research and is there a mention of including them in the (eye) health research workforce?**

- Red: no mentioning of inclusive research.
- Orange: more research done which could possibly include participatory methods.
- Green: engagement/inclusion of persons with disabilities in research.

**Are there some mechanisms to ensure that the delivery of health services and products by the private sector are inclusive for persons with disabilities?**

- Red: no mechanisms to ensure that delivery of health services by private sector are inclusive
- Orange: some incentive for the private sector to private inclusive products and service delivery, but without obligation.
- Green: mechanisms in place to ensure inclusive product and service delivery by the private sector.

# Models of care

**Is the provision of integrated people-centered eye care that is accessible and close to where people live enabled?**

- Red: no care that is close to where people live and no integrated people-centered care.
- Orange: there is care close to where people live enabled, but not people-centered eye care.
- Green: there is provision of people-centered eye care close to where people live.

**Is there a reference to striving towards universal access to assistive products?**

- Red: nothing mentioned about access to assistive products.
- Orange: a general reference to more access to assistive products but no concrete objectives or actions/an objective with a not explicit link towards universal access to assistive products.
- Green: an objective, goal, strategy on improving access to assistive products.

**Is there a reference to more finances for support persons, interpreters, and assistants to meet the health needs of persons with disabilities?**

- Red: no reference to support persons, interpreters and assistants.
- Orange: reference to support persons, interpreters and assistants but no concrete actions to invest more or give them more finances.
- Green: reference to more finances for support persons, interpreters, and assistants.

**Is the full spectrum of health services along a continuum of care for persons with disabilities considered?**

Actions can include investing in continued and comprehensive care, coordinating care between different health sectors and services.

- Red: no reference to considering a full spectrum of health services along a continuum of care.
- Orange: no concrete actions or strategies on this or not a considering of a life perspective/a spectrum of health services.
- Green: there is a reference to considering a full spectrum of health services along a continuum of care for blind and partially sighted persons.

**Is there a strengthening of models of (eye) care for children with disabilities?**

Actions can include taking a life-course approach, coordinating cross-sectoral collaboration for care for children with disabilities.

- Red: no objectives or actions on care for children
- Orange: there are some objectives/actions on improving health for children but not necessarily strengthening the model of care for children or applying a life-course approach/a family centered approach and so on.
- Green: a strengthening of models of care for children.

**Is there a reference to promoting deinstitutionalization**

- Red: no mentioning of IPEC or deinstitutionalization.
- Orange: reference to integrated people centered eye care or some actions that promote integration of persons with disabilities in the community, but no reference to deinstitutionalization concrete.
- Green: a specific reference to promoting deinstitutionalization.

## Health and care workforce

**Is there a mention of disability inclusion training for (eye) health service providers?**

- Red: no reference of disability inclusion training.
- Orange: a vague reference of disability inclusion training.
- Green: some mentioning of disability inclusion training for health service providers.

**Are there measures being taken to ensure the availability of a skilled health and care workforce?**

- Red: no measures to ensure availability of a skilled workforce.
- Orange: vague reference to ensuring more workforce or no actions/objectives.
- Green: measures being taken to ensure the availability of a skilled workforce.

**Is there mention of inclusion of persons with disabilities in the eye health and care workforce**

Actions can include career advancement for health professionals with disabilities, ensuring inclusive institutional policies.

- Red: no mentioning of inclusion of persons with disabilities in the workforce.
- Orange: mentioning but no concrete actions.
- Green: actions to include persons with disabilities in the eye health and care workforce

**Is there a mention of the non-medical staff receiving training around accessibility and respectful communication?**

- Red: no reference to non-medical staff receiving training on issues related to accessibility and respectful communication.

- Orange: vague reference to non-medical staff receiving this kind of training.

- Green: concrete mentioning of non-medical staff working in the health sector receiving this kind of training on issues related to accessibility and respectful communication.

**Is there a mention of making health information (such as forms, informed consent …) accessible?**

- Red: no mentioning of making health information, forms accessible.

- Orange: vague reference of making health information and communication more accessible, or no actions.

- Green: reference to making health information or communication more inclusive.

## Physical infrastructure

**Is there a reference to a universal design-based approach to the development or refurbishment of health facilities and services?**

- Red: no reference to universal design approach or creating new centers for blind and partially sighted persons.

- Orange: developing more facilities and services for persons with low vision.

- Green: reference to universal design/disability-mainstreaming facilities.

**Is appropriate, reasonable accommodation for persons with disabilities provided?**

Actions can include career advancement for health professionals with disabilities, ensuring inclusive institutional policies.

- Red: no mentioning of accommodations for persons with disabilities.

- Orange: vague reference to provision of accommodations for persons with disabilities or very limited.

- Green: reference to accommodations, adaptations for persons with disabilities.

## Quality of care

**Is there a reference to the specific needs and priorities of persons with disabilities being integrated into health and safety protocols and emergency guidelines?**

- Red: no reference to needs and priorities of persons with disabilities being integrated into health safety protocols and emergency guidelines.
- Orange: a vague reference.
- Green: specific reference to making protocols and guidelines inclusive.

**Is there a reference to disability-inclusive feedback mechanisms for quality of health services?**

Is there an accessible format where users of the health services with disabilities can share their complaints, barriers they face, etc.

- Red: no reference to disability-inclusive feedback mechanisms.
- Orange: reference to feedback mechanisms of users of the health system but not mentioned if it's inclusive.
- Green: reference to disability-inclusive feedback mechanisms.

**Are the specific needs of persons with disabilities considered in systems to monitor care pathways and referral systems?**

Are referral systems and pathways accessible, is assistance available, etc.

- Red: no consideration of needs of persons with disabilities in care and referral monitor.
- Orange: some limited action to consider needs.
- Green: specific needs of persons with disabilities are considered in systems to monitor care pathways and referral systems.

## Monitoring and evaluation

**Are there disability indicators included in the monitoring and evaluation framework of the national eye health system?**

- Red: no disability indicators in the M&E framework.
- Orange: some disability indicators that are disability specific.
- Green: some general disability indicators in the M&E framework.