



Vision loss is a leading cause of disability for older people

Vision loss is a leading cause of disability,⁽¹⁾ particularly in low and middle income countries, yet most can be prevented or treated by simple interventions such as cataract surgery or glasses.⁽²⁾

Avoidable blindness severely limits an older person's independence and participation in family life and community activities. They are less able to work, more likely to retire prematurely and less able to contribute to household tasks.⁽³⁾

Vision loss also has significant impacts on healthy ageing and is linked to increased falls, loss of self-care, anxiety, depression and reduced life expectancy.^(3,4,5)

Vision loss in ageing acts as a barrier to receiving health care for other chronic diseases, magnifying the burden of disability and impacting on the quality of life of older people.⁽⁶⁾

Population ageing and the growing need for eye care

There is a global trend toward population ageing and the number of people aged over 60 years in low and middle

income countries is forecast to grow to nearly one billion by 2030.⁽⁷⁾ More people are living longer and unless their health is protected, a good part of these extra years will be burdened by ill-health and the costs of disability.⁽⁸⁾ Without strong eye health systems, population ageing has the potential to create a growing burden of avoidable blindness and disability.

While eye disease is more common as people age, blindness is not an inevitable part of ageing. With good eye health care and access to sight restoring treatments, people can maintain their vision to keep them economically secure and socially active as they age.⁽³⁾

Eye health and vision care must be included in the essential health services available to all older people.

The facts:

- Globally, an estimated 16.8 million people aged 70 or older are affected by blindness and 70 million are affected by moderate and severe visual impairment.⁽⁹⁾
- 86% of older people with blindness live in low and middle income countries.⁽¹⁰⁾
- Around 80% of blindness is caused by eye diseases that could have been prevented or could be treated, to avoid vision loss and disability.⁽²⁾

Vision for healthy ageing

Economic benefits of preventing disability from vision loss

Avoidable blindness is linked to poverty in low and middle income countries. The burden of vision loss (measured by years of healthy life lost to disability) of older people in low and middle income countries is three times greater than the burden in high income countries.⁽¹⁾

Avoidable blindness also places a significant burden on health care systems. Estimates show that in excess of USD 4.1 billion per year could be saved globally simply by avoiding the health costs of vision loss related falls.⁽¹¹⁾

Fortunately, eye health care treatments, such as cataract and trachoma surgeries, are among the most cost-effective of health interventions. $^{(12)}$

The economic benefits of restoring vision are impressive. A global analysis found that eliminating avoidable blindness in low and middle income countries could realise USD49 billion of economic benefits per year.⁽¹¹⁾ In low and middle income countries, it is estimated that there are at least \$4 of economic gains for every \$1 invested in eliminating avoidable blindness.⁽¹¹⁾

Impact of vision loss on ageing

Vision loss in ageing has a compounding impact that reduces quality of life, including through:

- loss of income and productivity ⁽³⁾
- reduced life expectancy ⁽⁴⁾
- co-morbidity with other chronic diseases and reduced ability to access health services ⁽⁶⁾
- increased risk of depression and loss of self esteem ^(3,14)
- loss of independence for self-care, daily activities and mobility ^(3,13)
- reduced social interaction and participation ^(3,13)
- greater likelihood to have pain and discomfort⁽¹⁴⁾



Restoring independence for older women

Ly Giang May of Camboida underwent sight restoring cataract surgery and can now maintain her family home and care for her great-grandchildren.

Giang May was among 10.6 million women aged 70 plus⁽⁹⁾ who are living with blindness around the world. Women are 1.5 times more likely to be blind than men because they don't have the same access to eye health care.^(9,15) Most women with blindness live in poverty in low and middle income countries.⁽¹⁵⁾

Cross-sector collaboration to promote eye health for healthy ageing

Governments around the world are looking at strategies to promote healthy ageing and avoid the burden of population ageing, particularly strategies that prevent or delay disability. Eye health care is a simple and costeffective solution to avoid disability and help maintain independence and functioning as people age.

The healthy ageing and eye health sectors can work together to ensure that eye care is included in national and global healthy ageing policies and plans. National ministries should place the needs and views of older people at the forefront of planning for health and welfare.

UNFPA and HelpAge International. Ageing in the Twenty-first Century: A celebration and a challenge. 2012.
Pascolini, D and Mariotti, S. Global estimates of visual impairment 2010. BJO 96(5):614-618. May 2012
Polack, S. Restoring Sight: how cataract surgery improves the lives of older adults. CEHJ 21, pp. 24-25. 2008
Sze-un Fong, Calvin, et al. Correction of Visual Impairment by Cataract Surgery and Improved Survival in Older Persons: The Blue Mountains Eye Study Cohort. 9, September 2013, Vol. 120.

5. Meulemers, KG, et al. A longitudinal cohort study of the impact of first- and both-eye cataract surgery on falls and other injuries in Vietnam. 2014, Clinical Interventions in Ageing, pp. 743-751.

6. van Nispen, RMA, et al. *Co-morbidity and visual acuity are risk factors for health-realted quality of life dedine*. BioMed Central, 2009, Health and Quality of Life Outcomes, Vol. 7.

7. United Nations. Population aged 60 plus years in Low and Middle Income Countries. World Population Prospects 2015 Revision: Custom data acquired via website. September 8, 2015. 8. Chaterji, S, et al. Health, functioning and disability in older adults. 2015, Vol. 385, pp. 563-575.

9. Stevens, Gretchen A, et al. Global Prevalence of Vision Impairment and Blindness Magnitude and Temporal Trends, 1990-2010. 11. July 2013, Journal of Ophthalmology.

10. Prince, M, et al. *The burden of disease in older people and implications for health policy and practice.* 7 February 2015, The Lancet, Vol. 385, pp. 549-559.

11. PWC. Investing in vision. Comparing costs and benefits eliminating avoidable blindness & visual impair. 2013 12. Baltussen, R and Smith, A. Cost-effectiveness of strategies to combat vision and hearing loss in sub-Saharan Africa and South East Asia. E615. BNU online. Vol 344. 2012

Hassell, J B et al. Impact of age related macular degeneration on quality of life. BJO. Vol. 90, pp. 593-596.
Int. Federation on Ageing. The High Cost of Low Vision: The evidence on Ageing and Loss of Sight. 2012
Seva Foundation. Gender and blindness, Initiatives to address inequity. 2008



The **Fred Hollows** Foundation Sydney: Locked Bag 5021, Alexandria NSW 2015, Australia Melbourne: 52 Barry St, Carlton VIC 3053, Australia ABN 4607 0556 642 | www.hollows.org |fhf@hollows.org

References