

Relevance of SDG goals and targets to Eye Health and the elimination of avoidable blindness and visual impairment

Highly relevant	Very Relevant	Relevant
<p>3.3. By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.</p> <p>3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.</p> <p>3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States.</p>	<p>2.2. By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons.</p> <p>3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under -5 mortality to at least as low as 25 per 1000 live births.</p> <p>3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.</p> <p>6.1 By 2030, achieve universal and equitable access to safe and affordable drinking water for all.</p>	<p>1.3 Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable.</p> <p>3.6 By 2030, half the number of global deaths and injuries from road traffic accidents.</p> <p>3a Strengthen the implementation of the WHO framework Convention on Tobacco Control in all countries as appropriate.</p> <p>10.4 Adapt policies, especially fiscal, wage and social protection policies & progressively achieve greater equality.</p> <p>17.2 Developed countries to implement fully their official development assistance commitments, including the commitment by many developed countries to achieve the target of 0.7 per cent of gross national income for official development assistance (ODA/GNI) to developing countries and 0.15 to 0.20 per cent of ODA/GNI to least developed countries; ODA providers are encouraged to consider setting a target to provide at least 0.20 per cent of ODA/GNI to least developed</p>



	<p>6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.</p>	<p>countries.</p>
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Relevance to eye health of the SDG goals and targets and the opportunities they present.

Highly relevant targets

The inclusion in target 3.3 of the **neglected tropical diseases** is very important for our efforts to eliminate blinding **trachoma** and the elimination of the transmission of **onchocerciasis**. This should provide significant impetus and direct funds to help further progress on tackling these diseases, including their control and management.

The focus on **Universal Health Coverage (UHC)** in target 3.8 is important as long as we can get countries to include eye health services within their basket of essential health services. This will require advocacy work particularly at national level, but the promotion of **Cataract Surgical Coverage** in the WHO / World Bank 2015 report on UHC monitoring, as one of just 13 treatment and prevention indicators, should be helpful leverage in our endeavours towards achieving this.

Target 3c is about promoting the **health workforce**. Though the target is too broad to mention eye health professionals specifically, we are advocating for a reference to specialised health personnel to be included in the forthcoming Global Strategy on Human Resources for Health to be adopted at the WHA in 2016, so that it will provide an entry point to advocate for ensuring eye health is incorporated within human resources for health policies, strategies and practices at global, regional and national level. The targets on health workforce and on universal health coverage, account for the need to **strengthen health systems**, rather than the narrower and more siloed approach of prevention of specific diseases of the MDGs.

They offer the prospect of a more integrated approach, and the inclusion of universal health coverage puts the emphasis on all people accessing the health services they need.

Very relevant targets

Target 2.2 focuses upon **nutrition** and this should provide a platform to promote **Vitamin A supplementation** and related childhood blindness issues.

Target 3.2 is about reducing mortality rates in **newborns** – an important initiative building on progress made in the MDGs on child survival. However there is a risk that the number of ROP cases could increase, especially if in low resource settings there is a big push on the development of neonatal centres to keep premature and small babies alive, without due attention to controlling known factors which increase the risk of sight-threatening **ROP**. The newborn Action Plan adopted at the WHA in 2014 has a big focus on quality of care of newborns as well as reducing mortality – so there is opportunity to promote better awareness and treatment of ROP.

Target 3.4 focuses upon **non-communicable disease** mortality rates – within this there is an emphasis on diabetes. The target will require there to be a focus upon better control of diabetes which offers an entry point to help us combat the rise in **diabetes related eye conditions**.

Targets 6.1 and 6.2 about universal access to **water and sanitation** will help in promoting the **F&E** components of trachoma control programmes.

Relevant targets

Targets 1.3 and 10.4 mention **social protection** systems and measures – these include such things as **health insurance and pensions for the elderly** which can be beneficial for eye health especially if eye treatments and surgeries can be included in insurance packages.

Target 3.6 focuses upon **road traffic injuries** - which should help reduce the number of people affected by **trauma related blindness**.

Target 3a is about promoting the **WHO framework Convention on Tobacco Control** which will be of benefit by reducing the risk of **AMD and cataract**.

Target 17.2 on **keeping and increasing commitments to aid** may provide the opportunity to secure additional funding for eye health. Together with health networks it will be important to advocate for adequate health financing to achieve the different health targets, and allow greater opportunities for accessing eye health financing.