Launch of the WHO SPECS 2030 initiative, including the
inaugural meeting of the Global SPECS Network

WHO headquarters, Geneva, Switzerland

14–15 May 2024

Concept note

Background

How big is the problem of uncorrected refractive error and what is the global 2030 target?

Uncorrected refractive error is the leading cause of vision impairment in child and adult populations. Globally, it is estimated that only 36% of people with a distance vision impairment due to refractive error have received access to an appropriate pair of spectacles, (1) while more than 800 million people have a near vision impairment (i.e. presbyopia) that could be addressed with a pair of reading spectacles. (2) If left uncorrected, refractive error significantly impacts on well-being (3,4) and can contribute to poor academic performance in children. (5,6) To confound this problem, the number of people in need of spectacles is expected to increase substantially in the coming decade. This is because presbyopia (2.1 billion in 2030) is part of the ageing process, while lifestyle related risk factors drive the projected increases in myopia (3.36 billion by 2030) in the younger population. (2)

Reduced vision from refractive errors can be fully corrected with the use of spectacles or contact lenses or corrected by laser surgery on reaching adulthood. Spectacles are a non-invasive assistive product and are part of the WHO Priority assistive products list. (7) Despite the availability of this simple, sight-correcting intervention, there are several challenges to increasing spectacle coverage, particularly in low- and middle-income countries (LMICs).

In recognition of the large unmet need for care, coupled with the fact a highly cost–effective intervention exists (i.e. spectacles), WHO Member States endorsed the first-ever global target for refractive error at the Seventy-fourth World Health Assembly (2021). Specifically, the global target is a 40-percentage point increase in effective coverage of refractive error (eREC) by 2030. This means, for example, that if the global coverage was 30% in 2020, the aim would be to achieve 70% coverage in 2030. This indicator and related target are intended to drive increases in refractive error coverage in countries while delivering high quality care.
What is WHO SPECS 2030?

The WHO SPECS 2030 initiative calls for coordinated action amongst all stakeholders (public, private, non-profit and philanthropy) across five pillars, in line with the SPECS acronym (Figure 1, in blue). For each pillar, a set of country-level “desired outcomes” have been defined by WHO, with input from the eye care sector, (8) that would facilitate a sustainable increase in refractive error coverage (Figure 1, in yellow).

![Figure 1. Five strategic pillars of WHO SPECS 2030 (in blue) and the country-level desired outcomes to aspire to through the actions of WHO SPECS 2030 (in yellow). RE=refractive error; eREC=effective refractive error coverage; HIS=health information systems.](image)

The WHO SPECS 2030 will focus on four key strategies of engagement with the intention to directly support countries and other stakeholders in the achievement of WHO SPECS 2030 desired outcomes outlined in Figure 1:

a) **Normative work**: building on WHO’s existing technical guidance for eye care, WHO, through consultation with international experts, will develop additional resources to support Member States and other stakeholders with the implementation of the WHO SPECS 2030 desired outcomes.
b) **Global SPECS Network**: The WHO Global SPECS Network intends to provide a platform for relevant organizations to promote collective and coordinated advocacy and action, share experiences, and expand their professional network. Membership of the Global SPECS Network will consist of representatives from intergovernmental organizations, nongovernmental organizations, academic institutions, private sector, and philanthropic foundations. Three workstreams of focus have also been selected – (i) awareness and demand generation, (ii) workforce, and (iii) service delivery integration and product supply chain – based on inputs from the eye care sector. Members of the Global SPECS Network with similar interests will collectively work together on specific advocacy activities related to these three workstreams.

c) **Private sector dialogues**: WHO will convene a series of dialogues with relevant private sector actors, including, for example, the optical, pharmaceutical and technology industries, private sector service providers and insurance companies. These dialogues will focus on mobilizing meaningful contributions from these private sector actors that contribute to scaling up refractive error coverage, specifically targeting low and intermediate resource settings.

d) **Engagement of regions and countries**: This may include a range of activities to accelerate progress and bridge the gap between the global eye care commitments and country implementation, such as WHO-led policy dialogues with governments, country-level workshops, or capacity building and awareness raising activities.

**Objectives of the event**

1. To formally launch the WHO SPECS 2030 initiative and welcome the inaugural members of the Global SPECS Network.

2. To inform participants on WHO’s progress with the WHO SPECS 2030 initiative, including an introduction to new technical resources to support implementation of the initiative.

3. To present, and receive feedback, on the draft workplans of the Global SPECS Network workstreams.

4. To discuss opportunities and prioritize next steps for a) the Global SPECS Network members, and b) Secretariat.

**Dates and venue**

The meeting will be held in person at the WHO headquarters in Geneva on 14–15 May 2024.

**Language**

The meeting will be conducted in English, with live interpretation in all six UN languages.
References


