



TERMS OF REFERENCE OF THE WHO GLOBAL SPECS NETWORK

1. Mission

To support the achievement of the World Health Assembly endorsed 2030 target on effective refractive error coverage (eREC) through coordinated advocacy and united action across all sectors. The WHO Global SPECS Network will advance the GPW13 outcome 1.1 improved access to quality essential health services; and output 1.1.2 countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results. More information on the background of the WHO Global SPECS Network is included in Annex 1.

2. Status

The WHO Global SPECS Network is a WHO informal network for stakeholders to promote collective and coordinated advocacy and action towards the achievement of 2030 global target for refractive error, share experiences and to expand their professional network. The WHO Global SPECS Network is not a separate legal entity and derives its legal status from WHO. Thus, it shall be administered and housed in WHO. The operations of Global SPECS Network shall in all respects be administered in accordance with the WHO Constitution and General Programme of Work, WHO's Financial and Staff Regulations and Rules, WHO's manual provisions, and applicable WHO rules, policies, procedures and practices including the WHO Framework of Engagement with Non-State Actors (FENSA)¹.

3. Vision

The WHO Global SPECS Network envisions a world in which everyone who needs spectacles has access to timely, affordable, quality and people-centred refractive error services.

To achieve this vision, the WHO Global SPECS Network will drive a global advocacy initiative to contribute to the achievement of the 2030 global target for refractive error.

4. Core Principles of the WHO Global SPECS Network

The WHO Global SPECS Network is governed by the following principles:

- To be inclusive and diverse in membership and structure, ensuring adequate representation from different stakeholder groups, geographical regions and income settings;

¹ FENSA resolution A69/A/CONF./ strengthens WHO's engagement with non-State actors in favour of public health objectives and especially in the SDG context while at the same time reinforcing WHO's protection from any undue influence in order to preserve the integrity, independence and reputation of the Organization. This is accomplished through procedures implemented by the WHO secretariat that ensure management of conflicts of interest, transparency, accountability, due diligence and risk assessment with respect to engagements with non-State actors.

- To be transparent in all processes, including the operational strategy and the network activities;
- To ensure all activities align with WHO's norms and standards;
- To ensure all activities align with WHO SPECS 2030, including its narrative and action areas;
- To facilitate coordination among interested parties to advance WHO's priorities on refractive error services and eye care in general.

5. Objectives

5.1 Objective 1: Conduct evidence-based advocacy activities that increase support to WHO public health objectives and raise awareness on refractive error. To achieve this, the WHO Global SPECS Network will:

- Promote and disseminate information and resources aligned with WHO's recommendations and guidance including WHO SPECS 2030 and other WHO resources;
- Promote and support, as and when appropriate, WHO public health messages and as appropriate events on WHO SPECS 2030 at global and regional level.

5.2 Objective 2: Strengthen discussion, the exchanging of views, knowledge sharing and facilitating linkages between members of the network on refractive errors. To achieve this, the WHO Global SPECS Network will:

- Facilitate communication between stakeholders groups, including the sharing of information, experiences and case studies in line with the vision of the WHO SPECS 2030 initiative and WHO's guidance;
- Strengthen and increase communication amongst the WHO Global SPECS Network members.

5.3 Objective 3: To unify all stakeholders under a common vision of the actions needed to achieve the 2030 global target for refractive error, including creating a common understanding and narrative of the evidence-based policy and legislative changes required to increase spectacle coverage.

6. Governance and structure

The WHO Global SPECS Network comprises of a Secretariat, a Steering Committee, and WHO Global SPECS Network members. The governance and structure of the WHO Global SPECS Network is designed to facilitate coordination of activities, to ensure activities align with the WHO Global SPECS Network overall mission and objectives, and to preclude influences of individual or organization-specific agendas. The WHO Global SPECS Network is not a decision-making body, nor does it have any bearing over the work and activities of its members that occur outside the WHO Global SPECS Network.

6.1 The Secretariat

WHO serves as the Secretariat of the WHO Global SPECS Network. The role of the Secretariat is to oversee the day-to-day management of the WHO Global SPECS Network's work

including coordination of discussions across stakeholders on priorities and gaps, preparation of draft work plans for consideration by the Steering Committee and/or the working groups along with administration and budget management.

More specifically, key responsibilities of the Secretariat are as follows:

- Serve as the interface between the WHO Global SPECS Network and its members;
- Select and manage WHO Global SPECS Network's membership in line with WHO rules and policies;
- Coordinate the development, implementation and maintenance of the WHO Global SPECS Network workplans in consultation with the Steering Committee;
- Oversee implementation of the WHO Global SPECS Network workplans, in collaboration with the Steering Committee;
- Chair the Steering Committee meetings;
- Monitor and evaluate activities and processes of the WHO Global SPECS Network, making amendments as necessary, in consultation with the Steering Committee, to optimize overall WHO Global SPECS Network functioning and impact;
- Coordinate correspondence with WHO Global SPECS Network members, as required, to facilitate participation and collaboration of all members;
- Coordinate the biennial members meeting of the WHO Global SPECS Network, in collaboration with the Steering Committee, including development of relevant documentation (e.g. agenda) and logistical support;
- Develop a central repository for the WHO Global SPECS Network, to house all relevant documents and resources;
- Develop and regularly update the WHO Global SPECS Network website (hosted by WHO).

Subject to the availability of sufficient human and financial resources for this purpose, Secretariat support and coordination for the WHO Global SPECS Network will be provided by WHO, Sensory Functions, Disability and Rehabilitation Unit. Secretariat support will be provided in accordance with WHO's rules, regulations, policies and procedures.

The Secretariat reserves the right not to implement any WHO Global SPECS Network recommendation or activity which it determines gives rise to undue financial, legal or reputational liability or is contrary to WHO policies, regulations and procedures.

6.2 Steering Committee

The Steering Committee comprises up to 10 members, who are appointed by WHO. These members consist of the Chair and co-Chair from each of the WHO Global SPECS Network's workstreams. The selection process will strive for balanced representation of the WHO Global SPECS Network members, with respect to gender, age, geographical area and organization type. Steering Committee decisions will be made through consensus of committee members. With the exception of the Secretariat, the duration of the term of appointment of the Steering Committee members shall be for an initial term of two (2) years, with the possibility of renewal

once. The Steering Committee is chaired by the Secretariat, who may appoint one member of the Steering Committee as the Vice-Chair for a two-year term.

Key responsibilities of the Steering Committee are as follows:

- Provide overall strategic direction, for the operative work of the WHO Global SPECS Network. This includes supporting development of the overall WHO Global SPECS Network workplans and strategies;
- Jointly coordinate with the Secretariat the biennial members meeting of the WHO Global SPECS Network, including development of relevant documentation and logistical support;
- Oversee the establishment of workstreams, approve their workplans, and oversee all workstream activities;
- Monitor and evaluate activities and processes of the WHO Global SPECS Network, proposing amendments as necessary to WHO, to optimize WHO Global SPECS Network functioning and impact.

6.3 Workstreams

WHO Global SPECS Network workstreams may be established, with the possibility of additional workstreams being established subject to Secretariat and Steering Committee approval. The area of focus of the workstreams will be established in line with the strategic pillars of WHO SPECS 2030. The terms of reference for each workstream are approved by the Secretariat and is of a 2-year tenure, with possibility of extension, subject to approval by the Steering Committee.

All members of the WHO Global SPECS Network may participate in one or more workstreams. The purpose of the workstreams is to bring together members with similar interests, to share information and collectively work on specific activities that align with the WHO Global SPECS Network's overall mission and objectives. Each workstream will have an area of focus with corresponding workplan, that is approved by the Steering Committee, which outlines its objectives, key outputs, priorities and methodology.

A Chair and co-Chair will be appointed in each workstream by the Secretariat. They are responsible for:

- Coordinating workstream meetings and activities;
- Facilitating communication within the group, ensuring balanced participation of its group members;
- Providing verbal and written reports of workstream progress to the Secretariat and the Steering Committee.

The Chair and co-Chair of each workstream are part of the WHO Global SPECS Network Steering Committee and will therefore report on their progress at the biennial members meeting, and through an annual report to the Steering Committee.

7. Membership

The WHO Global SPECS Network membership² consist of representatives from:

- Intergovernmental organizations;
- Nongovernmental organizations;
- Academic institutions;
- Private sector including international business associations (comprising of one representative entity);
- Philanthropic foundations.

The private sector, including international associations, will be represented by constituencies, such that there will be one representative per sector (for example, one representative for the insurance sector).

All entities seeking to participate in the WHO Global SPECS Network must meet the following criteria:

- The aims and purposes of the entity should be consistent with the WHO Constitution and conform with WHO's policies;
- The entity should contribute significantly to the advancement of eye care and/or public health and to the objectives, vision and goal of the WHO Global SPECS Network and demonstrate documented support for the WHO Sensory Functions, Disability and Rehabilitation Unit;
- The entity should respect the intergovernmental nature of WHO and the decision-making authority of Member States as set out in the WHO Constitution;
- The entity should be actively and internationally working in the field of eye care and/or public health with proven experience and expertise in the subject matter for at least 3 years;
- The entity should have an established structure, constitutive act, and accountability mechanism;
- The entity, if a membership organization, should have the authority to speak for its members and have a representative structure;
- If a non-State actor is participating, the entity is required to provide the following information and documents: name, objectives and mission of the entity, copy of the legal status (such as bylaws, constitution), governance structure, names and affiliations of the members of main decision-making bodies (such as Board, Executive Board), the assets, annual income and funding sources (list of donors and sponsors), main relevant affiliations and website address. The entity will also sign the tobacco-arms disclosure statement without alteration.

Each participant of the WHO Global SPECS Network must:

- Adhere to the Terms of Reference of the WHO Global SPECS Network;
- Actively participate in and support WHO Global SPECS Network, its purpose, goals,

² Individuals are not eligible for the WHO Global SPECS Network membership.

- objectives, guiding principles, work and activities;
- Attend and actively participate at WHO Global SPECS Network’s various biennial and ad hoc meetings;
- Take responsibility according to the division of labor, and make meaningful contributions, in connection with the work and activities of the various WHO Global SPECS Network workstreams;
- Act in the best interest of public health in alignment with WHO policies; and
- Ensure effective communication with Secretariat and with the Steering Committee related to activities relevant to the WHO Global SPECS Network’s mission and vision.

The representatives appointed by the member organizations in WHO Global SPECS Network should be free from actual, potential or apparent conflict of interest. To this end, the proposed representatives from the member organizations are required to complete a declaration of interest form and their acceptance is subject to the evaluation of completed forms by the WHO, determining that their participation would not give rise to a real or perceived conflict of interest.

Members shall not make public statements about WHO Global SPECS Network activities or on behalf of the Secretariat without the prior written consent of the Secretariat acting in consultation with the Steering Committee.

7.1 Zero tolerance for all forms of sexual misconduct and other types of abusive conduct, fraud or corruption

All entities are expected to ensure that the conduct of their employees and any other persons engaged by them is consistent with the WHO standards of conduct. In particular, WHO has zero tolerance towards any form of sexual misconduct (an all-inclusive term encompassing all forms of sexual exploitation, sexual abuse, sexual harassment and sexual violence), other types of abusive conduct, fraud or corruption.

In this regard, and without limiting any other provisions contained herein, the entity warrants that it shall:

- (i) take all reasonable and appropriate measures to prevent any form of prohibited behaviour by any of its employees and by any other persons engaged by it to perform any activities or to provide any services for WHO on the entity’s behalf. This refers, in particular, to:
 - a. sexual misconduct, as defined and addressed in the WHO Policy on Preventing and Addressing Sexual Misconduct;
 - b. other types of abusive conduct, as defined and addressed in the WHO Policy on Preventing and Addressing Abusive Conduct; and,
 - c. all forms of fraud or corruption, as defined and addressed in the WHO Policy on Prevention, Detection and Response to Fraud and Corruption.
- (ii) promptly report any actual or suspected violations of these WHO policies of which the entity becomes aware to the WHO Office of Internal Oversight Services (“IOS”) at investigation@who.int;
- (iii) promptly communicate to IOS any measures that may be necessary or appropriate to

- protect the confidentiality and wellbeing of the survivor or victim; and,
- (iv) promptly respond to any actual or suspected violations of the above referenced WHO policies of which the entity becomes aware, and to cooperate with and to keep IOS informed of the status and outcome of any measures of protection, corrections to operations, investigation, and disciplinary action taken against any perpetrator by the entity.

7.2 Applications to participate

A standardized form and online application process will be developed by the Secretariat. Membership approval will be based on an assessment, due diligence process, and review of submitted documents, in accordance with the eligibility criteria and in accordance with WHO's rules and policies. All membership applications will be reviewed by the Secretariat and eligible participants will be approved by the Secretariat. Following this, eligible participants will be notified of their membership approval (or otherwise) by the Secretariat.

8. Meetings

As the Secretariat of the WHO Global SPECS Network, WHO convenes a biennial network meeting, however additional meetings may be scheduled as necessary. The biennial network meeting is open to all WHO Global SPECS Network members. Each member organization will be able to nominate a maximum of 2 delegates to attend.

The aim of the biennial network meeting will be to:

- Review and provide input in the WHO Global SPECS Network on refractive errors and access to timely, affordable, quality and people-centred refractive error services;
- Serve as a platform for knowledge sharing amongst network participants on refractive errors;
- Discuss issues put forward by the Secretariat on refractive errors.

The Steering Committee will meet every 3 months, to report on progress of the workstreams, discuss issues and revise the WHO Global SPECS Network workplan.

The Steering Committee makes recommendations to the Secretariat. In the event that a consensus is not reached, the Secretariat takes a decision in consultation with the Vice-Chair. The Secretariat reserves the right not to implement any recommendation or activity which gives rise to undue financial, legal or reputational liability or is contrary to WHO policies, regulations and procedures.

Steering Committee members are accountable for informing their respective organizations on decisions, commitments and plans of the WHO Global SPECS Network.

Each workstream will have meetings, attended by workstream members. The frequency of workstream meetings will be determined by the Chair and co-Chair of the respective workstream.

The Secretariat may, at its sole discretion, invite external individuals to attend biennial network meetings as a speaker on a topic defined and indicated by the Secretariat. Speakers will be required to complete a confidentiality undertaking, declaration of interest, or subject to due diligence and risk assessment in line with WHO's policies and procedures.

9. Termination and withdrawal

Each member has the right to withdraw from participation in the WHO Global SPECS Network, at any time, subject to providing one month written notice to the Secretariat and to the orderly conclusion of any ongoing activities.

If a member does not attend two successive biennial members meetings, without appropriate written explanation to the Steering Committee, or does not attend at least 60% of the WHO Global SPECS Network workstream meetings, the member will be deemed to have withdrawn from the WHO Global SPECS Network.

The Secretariat also has the right to terminate the membership of any member at any time, upon providing written notice thereof to such member. Without limiting the foregoing, the participation of any entity in the WHO Global SPECS Network shall terminate if and when such member: (a) no longer subscribes or adheres to the goals, objectives and/or guiding principles of the WHO Global SPECS Network, as described in these Terms of Reference; (b) engages in activities that are not compatible with WHO Policies, and/or (c) ceases to meet the membership criteria for the WHO Global SPECS Network, as set forth in these Terms of Reference. In such instances, the decision to terminate involvement of a member will be made by the Secretariat, in consultation with the Steering Committee.

WHO reserves the right to withdraw from administration of the WHO Global SPECS Network at any time, subject to providing the members with at least six (6) months' prior written notice and to the orderly conclusion of any ongoing activities. WHO also has the right, exercisable in its sole discretion, to close the WHO Global SPECS Network, to terminate any membership its Steering Committee and/or to terminate any Vice-Chairmanship, in each case, at any time upon providing written notice thereof to the member(s) concerned.

10. The WHO Global SPECS Network evaluation

The WHO Global SPECS Network Secretariat, in consultation with the Steering Committee, will evaluate the overall processes and outcomes of the WHO Global SPECS Network on a biennial basis, with the aim of assessing whether WHO should continue to host the WHO Global SPECS Network.

11. Communications

11.1 Visual Identity

To ensure that the WHO Global SPECS Network is deliberately communicating with one voice to external parties on topics of substance (principles, priorities, target product profiles, standards, plans and actions, funding, and all confidential information, etc.) any communication in the name of the WHO Global SPECS Network will take place through the Secretariat.

The WHO Global SPECS Network may develop a visual identifier such as a logo which will help identify the network to its audience. The visual identifier will be accompanied by the statement “WHO-hosted Network”. The right to use the logo, including on publications, may be granted to members on a case-by-case basis with prior written approval of the Secretariat. Members shall not use WHO’s name, acronym and emblem. This includes, inter alia, the display of the WHO logo and name on any premises, equipment, as well as on any communication and/or training materials, training certificates, social media tools or publications.

11.2 Publications

The WHO Global SPECS Network shall not produce publications, unless exceptional approval is given by the Secretariat. Any publication by a participant, other than WHO, referring to WHO Global SPECS Network activities shall contain appropriate disclaimers as decided by WHO, including that the content does not reflect the views or stated policy of the members, of the WHO Global SPECS Network or of WHO.

The members must ensure that the work of the WHO Global SPECS Network is not misrepresented, and appropriate disclaimers are included where necessary. The WHO Global SPECS Network activities shall not include the development of technical materials, normative documents or policy papers.

11.3 The WHO Global SPECS Network website

The WHO Global SPECS Network has a webpage that is housed within WHO’s domain. The webpage includes a list of participating entities, subject to their consent.

12. Finance

Members will be responsible for their own expenses in relation to all WHO Global SPECS Network activities (including participation at meetings), unless agreed otherwise by the Secretariat. If members receive third party funding to support participation in WHO Global SPECS Network meetings and activities, this must be disclosed to the Secretariat.

The Secretariat may raise funds from sources to support the work of WHO Global SPECS Network, in accordance with WHO rules and procedures, as appropriate. All Secretariat funds shall be received, administered and acknowledged in accordance with WHO's policies including its financial regulations, rules, and practices. The Secretariat reserves the right to require that WHO Global SPECS Network name not be used in grant applications. Any

contributions by participants including donations (in cash or in kind) will be acknowledged by the Secretariat in accordance with WHO's applicable rules, policies and practices.

13. Confidentiality

Each participant in the WHO Global SPECS Network agrees that any information shared amongst participants in the context of the WHO Global SPECS Network remains confidential. Each participant agrees to maintain the confidentiality of (and refrain from disclosing to any third parties) any confidential information and materials shared by or on behalf of WHO and/or any WHO Global SPECS Network participant, except when expressly indicated otherwise in writing by WHO, and to maintain the confidentiality of (and refrain from disclosing to any third parties) any views or opinions expressed by WHO and/or any WHO Global SPECS Network participant, as well as of any deliberations and discussions held in the context of the WHO Global SPECS Network or any of its activities, except when expressly indicated otherwise in writing by WHO.

14. Amendments

These Terms of Reference may be amended by WHO in consultation with the Steering Committee.

ANNEX 1

PREAMBLE

1. Global challenges and unmet need for spectacle coverage

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 since presbyopia (2.1 billion in 2030) is part of the ageing process, while projected increases in myopia (3.36 billion by 2030) in the younger population will be driven largely by life-style related risk factors (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-restoring intervention, there are several challenges to increasing spectacle coverage, particularly in low- and middle-income countries (LMICs). Firstly, as with many other health conditions, the burden of uncorrected refractive error tends to be greater in typically underserved populations, such as people living in rural areas, those with low incomes, women, indigenous populations, and ethnic minorities (2). Secondly, most LMICs do not perceive spectacles as health/medical items (but rather as cosmetic products) and refractive and optical services are commonly only available in the private sector (8). This results in availability, affordability and quality issues. Other key challenges include insufficient availability of qualified human resources to refract and dispense spectacles, limited government oversight and clinical regulation, scarce services points that are predominantly located in urban areas, and low awareness and acceptance of spectacles among the public.

2. Health economic rationale

Uncorrected refractive error poses an enormous economic burden on society: annual global productivity losses associated with vision impairment from uncorrected myopia in adults and presbyopia alone are estimated to be US\$244 billion and US\$25.4 billion, respectively (9,10). These figures far outweigh the estimated financial resource gap of addressing the unmet need of vision impairment due to uncorrected refractive error estimated at US\$ 16 billion, thus providing a strong health economic rationale for increasing coverage of spectacles.

3. The 2030 global target on effective coverage of refractive error

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. Given the well-established impact of near vision impairment on quality of life and

productivity (11), both, spectacle coverage for distance refractive error and near vision impairment due to presbyopia, will be considered in the global monitoring of eREC. This indicator and related target is intended to drive increases in refractive error coverage in countries while delivering high quality care.

In October 2022, WHO launched the first report on the 2030 targets on effective coverage of eye care which serves as reference point to commence monitoring progress towards the global target for eREC (1).

4. Background: WHO SPECS 2030 Initiative

Efforts to expand the global coverage of spectacles require a comprehensive approach, focusing on increasing the demand for spectacles, as well as the number of access points for screening and service provision, and accelerating the availability of affordable products that are of good quality. The generation of high-quality surveillance data will also be fundamental to ensure robust monitoring of progress towards achieving the new global target.

The purpose of WHO SPECS 2030 initiative is to support Member States to achieve the World Health Assembly endorsed 2030 target on eREC through actions to sustainably increase coverage of refractive error services that is equitable and affordable. The engagement structure of WHO SPECS 2030 is summarized in Figure 1. The WHO Global SPECS Network is a key component to support implementation of the WHO SPECS 2030 initiative.

The WHO SPECS 2030 initiative is well placed to contribute to the WHO Thirteenth General Programme of Work (GPW)³ outputs of provision of high-quality, people-centred health services and comprehensive essential service packages (output 1.1.1); and strengthened health systems to deliver on condition-specific service coverage results and population-specific health needs and barriers to equity across the life course (output 1.1.2 and 1.1.3).



Figure 1. Engagement structure of the WHO SPECS 2030

³ GPW 13 defines WHO's strategy for the five-year period, 2019-2023, and was extended to 2025. Available at <https://www.who.int/about/funding/invest-in-who/investment-case-2.0/GPW13>

5. Rationale for a WHO-hosted Global SPECS Network

Expanding the global coverage of spectacles will require a multisectoral approach, involving Member States, WHO, multi-lateral institutions, non-governmental organizations, academia, the private sector and the public. Now is the time for WHO to leverage its strong convening power to promote united action and coordinated advocacy amongst all stakeholder groups. Having a WHO-hosted Global SPECS Network enables inclusive participation, building cohesion amongst all stakeholder groups. Organizational support of a WHO-hosted Network also strengthens the coordination, reach and impact of collective actions amongst stakeholders in addressing the many global challenges to increasing spectacle coverage.

6. References

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