Key messages

• As endorsed in the World Health Assembly (WHA) resolution 73.4 (2020), a fundamental priority over the coming decade is to implement “integrated people-centred eye care”. The World Health Organization (WHO) has developed evidence-based guidance to support this endeavour.

• There is a need to urgently address eye care demand for two main reasons:
  - The population coverage of the most cost-effective eye care interventions is low – only 17% of people in need of cataract surgery and 36% of people in need of spectacles have been able to access the care and facilities they need.
  - Demand for eye care will surge in the coming years. For example, projected increases in myopia in the younger population (3.36 billion by 2030) will be driven by lifestyle-related risk factors.

• Significant inequities are linked to vision impairment – women with vision impairments outnumber men by 7%, and coverage of essential eye care interventions are up to 6 times lower in low-income countries compared to high-income countries.

• Investment into scaling up access to cost-effective eye care interventions can yield a large financial return for nations.

• New 2030 global eye care targets are ambitious but achievable.

• Beyond Sustainable Development Goal (SDG) 3 and its target on universal health care, the first United Nations General Assembly (UNGA) resolution on vision (2021) emphasizes the strong link between healthy vision and the achievement of many SDGs including 3, 4, 5, 8 and 10 – to ensure healthy lives and promote well-being, and to reduce poverty and improve work productivity, education and equity.

• In 2023, WHO will launch the initiative WHO SPECS 2030, to help Member States sustainably address the huge unmet need for spectacles while delivering quality care.
Background and challenges

The leading causes of vision impairment globally are cataracts that have not been operated on and uncorrected refractive error. These eye problems are major neglected items on the unfinished agenda of public health care. But effective solutions are at hand: restoring a person's sight with cataract surgery, or providing a pair of spectacles are among the most cost-effective of all health-care interventions to implement.

Despite a range of successes over the past 30 years, including a reduction in the number of children and adults who are blind due to infectious causes, eye care services have been unable to keep pace with the increasing need associated with demographic, behavioural and lifestyle trends. As a result, more than 1 billion people worldwide have vision impairment that could have been prevented or has yet to be addressed – due to causes such as cataracts, myopia, glaucoma and diabetic retinopathy.

Eye care is poorly integrated within health systems. Eye care medicines and interventions are frequently not included in health insurance schemes in many LMICs. Thus, the costs associated with accessing eye care services pose a major barrier.

For example, of 29 countries (59% low-income or low-to-middle-income) that completed an eye care situation assessment between 2014 and 2016, more than 20% reported that health insurance schemes did not cover any eye care services. The reality is that most eye care services in LMICs are provided in secondary or tertiary hospitals; these are located principally in urban areas, making them difficult for rural inhabitants to access. New strategies are therefore needed to address the current and projected eye care needs.

Key actions and policy recommendations

Over the past three years, there has been a series of political commitments for a new strategic framework to strengthen the delivery of eye care services. In August 2020, the 73rd WHA adopted a resolution on eye care (73.4) that urges countries and stakeholders to implement “integrated people-centred eye care”. In May 2021, the 74th WHA endorsed two global targets for eye care – namely a 30-percentage point increase in effective coverage of cataract surgery and a 40-percentage point increase in effective coverage of refractive errors, by 2030. And in July 2021, the UNGA adopted a resolution that frames vision as a cross-cutting issue within the SDG framework.

In accordance with these resolutions, WHO and its Member States should take the following action:

**Member States**

- According to WHA 73.4, governments should **strengthen the provision of eye care services in their health systems** – primarily through enhanced integration within related health programmes (e.g. for maternal and child health, noncommunicable diseases and ageing) and improved eye care within primary health care. To achieve such integrated eye care, Member States should:
  - *engage and empower people and communities*, identifying underserved populations and ensuring services are convenient and culturally safe.
  - *reorient the model of care to prioritize primary and community care services*, including a basic package of eye care interventions as part of primary-level health facilities.
  - *coordinate services within and across sectors*, strengthening the inclusion of eye care across related programmes (e.g. neonatal services, child health, noncommunicable diseases) and sectors (e.g. education, labour, private sector).
  - *create an enabling environment* by integrating eye care into wider health plans and policies; including priority eye care interventions in health services benefit packages; integrating eye care planning into wider health workforce planning; and strengthening data and surveillance for eye care.

**WHO**

- WHO should support Member States with its **eye care in health systems guide for action**: a series of linked tools that provide practical, step-by-step guidance for health planners in the planning and implementing of integrated people-centred eye care.
- WHO should launch in 2023 **SPECS 2030**: an initiative to develop the necessary technical guidance, and provide leadership through coordinated advocacy and united action across all sectors (public, private, non-profit and philanthropy) to sustainably increase the provision of spectacles to those in need.
References and resources


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