

A young girl with dark skin and braided hair is shown from the chest up. She is wearing a bright green collared shirt. Her right hand is raised to her face, covering her right eye. She is looking directly at the camera with a serious expression. The background is a large, textured tree trunk. In the top right corner, there is a white eye-shaped logo with the letters 'IAPB' inside.

IAPB

**THE**  
**WORLD**  
**REPORT**  
**ON VISION**  
**IAPB SUMMARY**

## SUMMARY

Our modern world is built on our ability to see. Without vision, many of us would struggle to learn, to read, to participate in school, find work and to live life to the fullest. Today, **at least 2.2 billion people have a vision impairment** and of these, at least 1 billion have a vision impairment that could have been prevented or is yet to be addressed. This is estimated to cost the global economy over US\$3 trillion every year in lost productivity and health and social care<sup>1</sup>.

Although significant progress has been made over the last 30 years, the global need for eye care is projected to surge in the coming years due to population growth, ageing, and changes in lifestyle. Without a substantial intervention, half of the global population will be living with a vision impairment (myopia or short sightedness) by 2050<sup>2</sup>, posing a considerable challenge for health care systems and countries' sustainable development.

**“Clearly, we have no choice but to take on this challenge”**

*Dr Tedros Adhanom Ghebreyesus,  
Director-General World Health Organization*



The World Health Organization's first *World Report on Vision* represents a highly significant landmark in the effort to achieving universal access to eye health. Crucially it recommends that eye health should be part of every country's journey towards Universal Health Coverage (UHC), an aspiration backed by every organisation working in the eye-care field for decades. As things stand eye health is integrated into very few national health strategy plans, an omission that has hampered progress in this area.

The report reflects on the progress to-date and remaining challenges for eye health; and provides a roadmap for countries and their development partners to delivering 'integrated people-centred eye care' (IPCEC) as part of their commitments to achieving UHC and the Sustainable Development Goals (SDGs) agreed by the United Nations in 2015. Its recommendations come at a critical time. Next year marks the end of the global initiative for the elimination of avoidable blindness, "Vision 2020: the Right to Sight" and the "Universal eye health: a global action plan 2014–2019" (GAP). The *World Report on Vision* provides an opportunity to reinvigorate the global response to eye health – this opportunity must not be missed. We will be part of it.

## OUR MISSION

At IAPB, we believe in world in which no one is needlessly visually impaired, where everyone has access to the best possible standard of eye health; and where those with irreparable vision loss achieve their full potential.

Over the last 40 years, we have built a community of 160 NGOs, professional bodies, charitable eye hospitals and academic

institutions spanning over 100 countries. Together, we advocate for the policies and resources needed to achieve universal access to eye health.

**“I congratulate the WHO and partners for launching this crucial document on the eve of World Sight Day. In the coming months, we will work with the WHO and IAPB member organisations to advocate for and deliver the World Report’s priorities across the world”**

*– Peter Holland, Chief Executive IAPB*

## THE OPPORTUNITY

Bringing together world authorities on eye health and health system strengthening, the *World Report on Vision*, provides a major opportunity to mobilise the highest political support for eye health. The report comes at a time when there is an increasing recognition that the SDGs and UHC cannot be achieved without eye care. This was shown at the first ever United Nations (UN) High-Level Meeting on UHC at the UN General Assembly in September 2019, where heads of state committed to strengthen efforts to address eye health conditions as part of UHC<sup>3</sup>.

The WHO has similarly made eye care integral to its plan to achieve UHC. It uses the measures of ‘effective coverage of refractive error’ and ‘effective coverage of cataract surgery’ in monitoring global progress towards UHC<sup>4</sup>. This means that the quality of a country’s health care system is measured and determined on the basis of its eye care service.

**“Including eye care in national health plans and essential packages of care is an important part of every country’s journey towards universal health coverage.”**

*Dr Tedros Adhanom Ghebreyesus,  
Director-General World Health Organization*

While significant challenges lie ahead for eye health, they are not insurmountable. The *World Report on Vision* recognises the following:

**Vision is a universal issue.** Everyone, if they live long enough, will experience at least one eye condition in their lifetime which will require appropriate care. By starting to calculate both the met and unmet needs, the *World Report on Vision* demonstrates the magnitude of eye health conditions and establishes eye health as a **global population health issue**.

**Cost-effective health solutions exist.** Eye care is an area of health care with many highly cost-effective interventions for health promotion, prevention, treatment and rehabilitation. This includes refractive errors and cataract which can be corrected overnight by a simple pair of glasses or low-cost surgery.

**But this is not just a health issue.** The *World Report on Vision* recognises the important contribution of eye health to the SDGs, highlighting the close links between eye health and virtually every major issue in development, from education and economic growth, to reduced inequality and sustainability. Accordingly, it calls for a more holistic approach to eye health that necessitates a coordinated, multi-sectoral response.

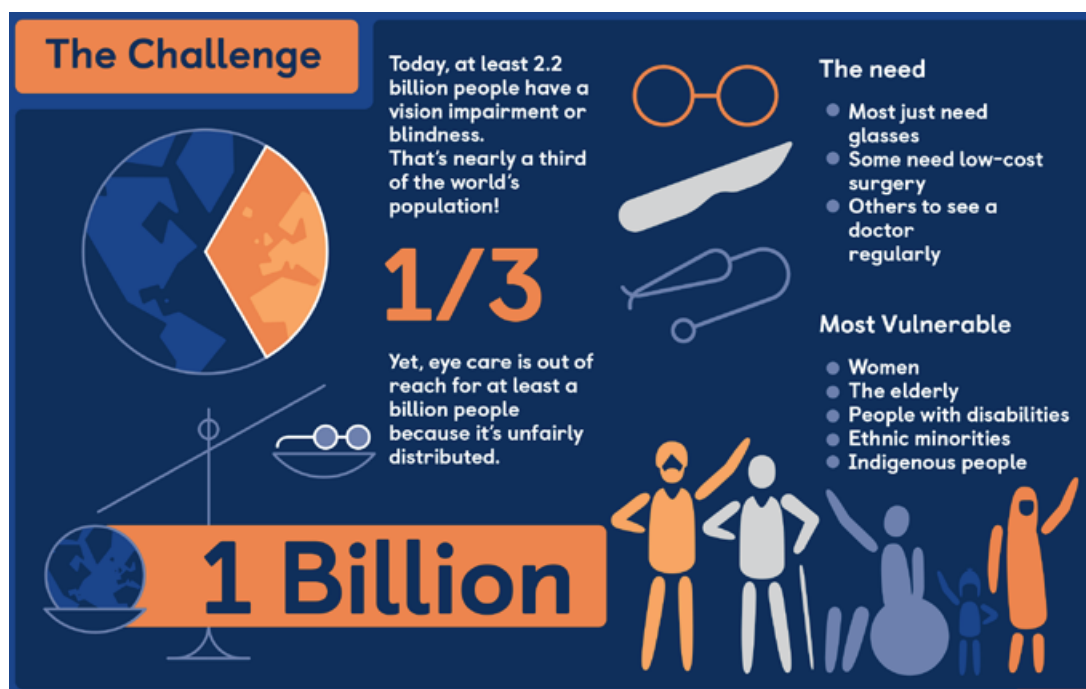
**The economic cost is overwhelming.** In addition to the impact on the individuals, families and communities, vision poses an enormous global financial burden due to productivity loss. For example, annual global costs of productivity losses associated with vision impairment from uncorrected myopia and presbyopia alone were estimated to be US\$ 244 billion and US\$ 25.4 billion, respectively<sup>5</sup>.

**But so is the return on investment.** The investment required worldwide to develop the eye health systems required to eliminate avoidable blindness and treat long term chronic eye disease as part of UHC is a fraction of the productivity losses. The *World Report on Vision* estimates that only US\$14.3 billion is required to address the gap for tackling unaddressed refractive errors and cataract globally.

## THE CHALLENGES

The major challenge in eye health remains reducing the inequality in coverage. Currently, **1 billion people are being left behind in eye health**. Sadly, blindness and vision impairment tends to be concentrated among the poorest and most socially disadvantaged members of society. For example, in low- and middle-income regions of western and eastern sub-Saharan Africa and South Asia, the rates of blindness are eight times higher than in all high-income countries<sup>6</sup>. Women and girls, older people, people with disabilities, ethnic minorities and indigenous populations are among those most disadvantaged and can experience cultural and socioeconomic barriers to eye care services.

In addition, eye care remains poorly integrated into national



health systems. Currently, **eye health is not included in 191 out of 194 of national health strategic plans** received by the WHO. Workforce shortages as well as gaps in data, particularly related to monitoring trends and evaluating progress, also significantly hinder the planning and delivery of effective eye care services. These challenges will only be exacerbated as eye care needs continue to rise exponentially.

## THE WAY FORWARD

The *World Report on Vision* offers clear proposals to address the challenges in delivering eye care. It builds on the concerted efforts of the past 30 years to propose an integrated, people-centred approach that strengthens health systems and meets population needs so that people receive a continuum of



promotive, preventive, treatment and rehabilitative interventions. As we move towards the year 2020, now is the time for all of us to galvanise our efforts around a set of crucial political messages. We encourage all our members and partners to call on heads of state and national governments, who have committed to UHC and the SDGs to take action and ensure universal access to eye health.

***Everyone, Everywhere should have access to quality and affordable eye care services***



### **KEY ASK 1: Implement IPCEC in health systems**

Integrate and scale-up 'people-centred eye care'<sup>7</sup> as part national health system strengthening by empowering people and communities; focusing on primary health care; ensuring better coordination of services and creating an enabling environment.

### **KEY ASK 2: Make eye health an integral part of UHC**

Ensure eye health is part of every country's journey towards UHC. Take steps to ensure eye care services are provided according to population needs, while ensuring protection from financial hardship.

### **KEY ASK 3: Reframe eye health within the SDG Framework**

Adopt a multi-sectoral and whole-of government approach to fully address the social and economic aims of the SDGS while placing eye health alongside other development priorities.

### **KEY ASK 4: Invest more in eye health**

Increase financing and domestic resources for eye health so that everyone can access the eye care services they need without financial hardship; and invest more in strengthening the eye care work force.

### **KEY ASK 5: Leave no one behind**

Incorporate the eye health needs of vulnerable populations, particularly in rural settings, in the national and local health care policies and plans, with an increased focus on integration into primary health care.

### **KEY ASK 6: Strengthen monitoring and accountability**

Institutionalise and standardise data collection, particularly concerning the WHO's UHC indicators on effective coverage of refractive error and cataract surgery. Include eye health indicators in national health information systems and programme evaluation.

### **KEY ASK 7: Work together**

Introduce processes for structured and meaningful coordination amongst governments, international organisations, the private sector and civil society and across the different levels and sites of eye care delivery within and beyond the health sector.

## OUR STRATEGY

The *World Report on Vision* will be the cornerstone of IAPB's global advocacy strategy. To make 2020 a meaningful year of change, we will work with our members to implement our *World Report on Vision* Action Plan:

### Communications

We have a quick snapshot of the report's key messages in the form of an infographic and short film, available here: <https://www.iapb.org/news/what-exactly-is-the-world-report-on-vision/> the infographic should fit into an A4 sheet and the video is a minute long.



### Country Launches

We will be working with the WHO to coordinate around 50 national launches across all six WHO regions. The launches will be critical to the implementation process of the report and will enable key stakeholders to discuss country specific challenges and agree to key actions and strategic planning to progress towards achieving universal access to eye health.

## **World Health Assembly Resolution 2020 & 2021**

We will be championing a resolution on 'Integrated People-Centred Eye Care' at the 73<sup>rd</sup> World Health Assembly (WHA). This will draw political attention to the World Report on Vision, necessitate action by member states and provide a mandate for the WHO to develop the technical tools and accountability framework for eye health.

### **Collection of data**

We will be advocating for all countries to be collecting and submitting their GAP data for reporting at the WHA 2020. This data is essential for showcasing the achievements of Vision 2020 and the GAP and vital for establishing the baseline for the strategies set out by the *World Report on Vision*.

### **Other International Forums**

We will work to promote eye health in other key forums – notably at the UN and the Commonwealth Heads of Government Meeting. We believe that establishing global level mechanisms for holding key players accountable will be crucial for creating change at the national level.

To that end, we will be working towards a UN General Assembly Resolution in 2021; and pressing the Commonwealth Heads of Government to give solid expression to their 2018 commitment to achieving quality eye-care for all by including on the CHOGM 2020 communique a commitment to achieve the objective of sight tests, affordable glasses and other treatments for all schoolchildren, giving every child the best start in life.

# World Health Organization WORLD REPORT ON VISION



## The Challenge



Today, at least 2.2 billion people have a vision impairment or blindness. That's nearly a third of the world's population!

# 1/3

Yet, eye care is out of reach for at least a billion people because it's unfairly distributed.



## The need

- Most just need glasses
- Some need low-cost surgery
- Others to see a doctor regularly

## Most Vulnerable

- Women
- The elderly
- People with disabilities
- Ethnic minorities
- Indigenous people

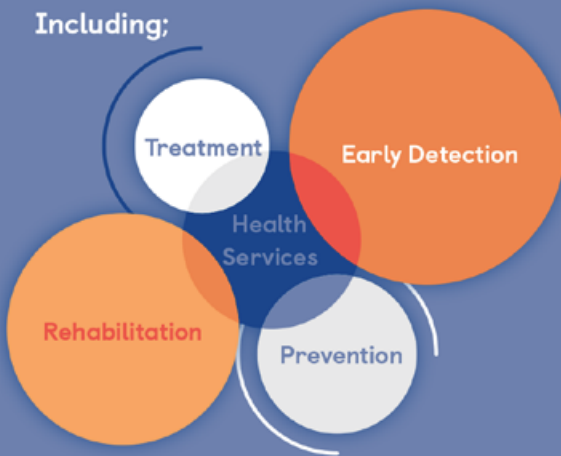


# 1 Billion

## What can be done?

Governments need to integrate eye care into health services.

Including:



Crucially, eye care needs to be 'people-centred'



Putting  
**people & communities**  
not diseases, at the  
centre of health

## Let's see change - Act now

## REFERENCES

1. Gordois, A., Cutler, H., Pezzullo, L., Gordon, K., Cruess, A., Winyard, S., Hamilton, W., Chua, K. (2012). 'An estimation of the worldwide economic and health burden of visual impairment'. *Global Public Health*, 7 (5), 465-481
2. Holden et al.: *Global prevalence of myopia and high myopia and temporal trends from 2000 through 2050 (Ophthalmology 2016;123:1036-1042)*
3. *General Assembly Resolution, Political declaration of the high-level meeting on universal health coverage A/RES/74/2 (18 October 2019)*
4. *WHO Universal Health Coverage Index*
5. Frick KD, Joy SM, Wilson DA, Naidoo KS, Holden BA. *The global burden of potential productivity loss from uncorrected presbyopia. Ophthalmology. 2015;122(8):1706–10; Naidoo KS, Fricke TR, Frick KD, Jong M, Naduvilath TJ, Resnikoff S, et al. Potential lost productivity resulting from the global burden of myopia: systematic review, meta-analysis, and modeling. Ophthalmology. 2019;126(3):338–46*
6. Bourne RRA, Flaxman SR, Braithwaite T, Cicinelli MV, Das A, Jonas JB, et al. *Magnitude, temporal trends, and projections of the global prevalence of blindness and distance and near vision impairment: a systematic review and meta-analysis. The Lancet Global Health. 2017;5(9):e888-e97; Ackland P, Resnikoff S, Bourne R. World blindness and visual impairment: despite many successes, the problem is growing. Community Eye Health. 2017;30(100):71-3.*
7. *IPEC refers to eye care services that are coordinated across and beyond the health sector; and are delivered so that people receive a continuum of promotive, preventive, treatment and rehabilitative interventions.*



Universal Eye Health  
[www.iapb.org/](http://www.iapb.org/)

Find us on     

Cover photo by Remo Naegeli | Page 2 photo by Bruce Redman and other graphics - IAPB - WRV Infographic

IAPB Registered Charity No.: 110559. Company Limited by Guarantee no: 4620869. Registered in England and Wales • Designed by divacreative.com