

Reaching the 1 billion people with vision impairment in need of spectacles:

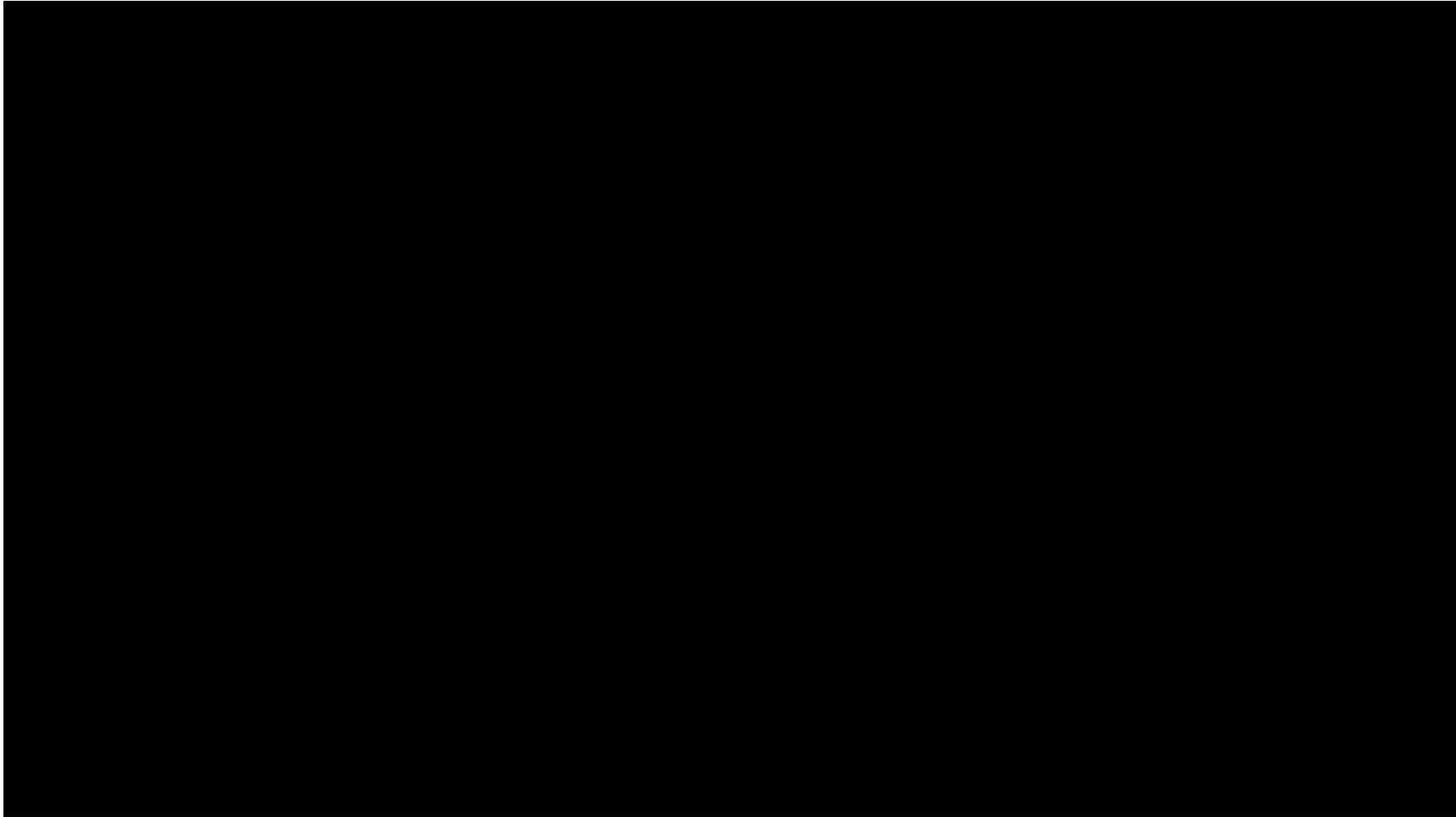
Introducing WHO SPECS



World Health
Organization

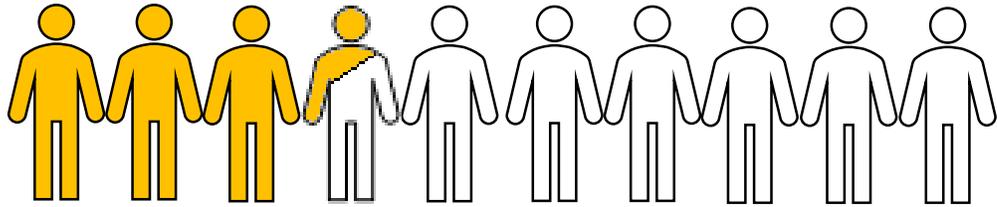
Lived experience

Lived experience: Edith from Uganda

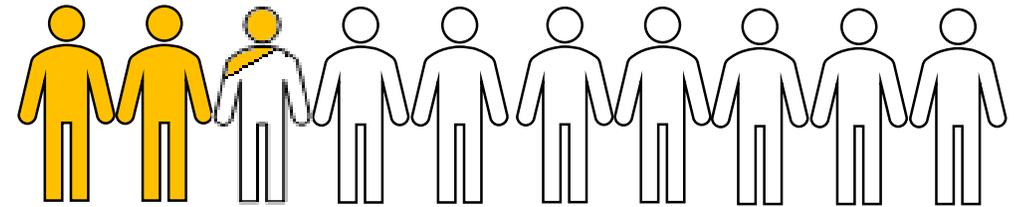


Background

Magnitude



2.6 billion cases of **myopia**



1.8 billion cases of **presbyopia**

1 billion people with vision impairment who need SPECTACLES

Individuals with refractive errors have an ongoing need for eye care services

Projected to increase due to population aging and lifestyle factors

3.36 billion cases by 2030

2.1 billion cases by 2030

WHA Resolution 73.4

SEVENTY-THIRD WORLD HEALTH ASSEMBLY

WHA73.4

Agenda item 11.7

3 August 2020

Integrated people-centred eye care, including preventable vision impairment and blindness

... urges Member States to implement IPEC in health systems ...

REQUESTS the Director-General:

(4) to prepare, in consultation with MS, recommendations on **feasible global targets for 2030 on integrated people-centred eye care**, focusing on **effective coverage of refractive error** and **effective coverage of cataract surgery**.

74th WHA: Global eye care targets endorsed



SEVENTY-FOURTH WORLD HEALTH ASSEMBLY
Provisional agenda item 13.9

A74/9 Add.3
19 April 2021

Integrated people-centred eye care, including preventable vision impairment and blindness



40% Increase Effective Coverage of Refractive Error by 2030



30% Increase Effective Coverage of Cataract Surgery by 2030

Usual key pathway



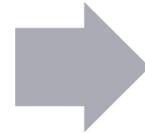
Step 1. Screening or self-identification



Step 2. Refraction conducted



Step 3. Spectacles procured



Primary, Secondary, Tertiary

Referral



Secondary, Tertiary

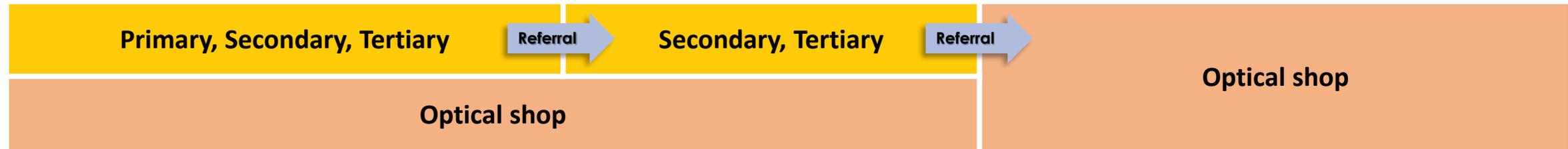
Referral



Optical shop

Optical shop

Key challenges



Challenges			
Lack of screening opportunities	Few professionals and equipment	Scarce services points , predominantly located in urban areas	High OOP cost
Low population awareness	Lack of accreditation of optometrists / MLP	Spectacles not perceived as health/medical items and monopolized supply chain	Limited government oversight and unregulated private sector

Economic rationale



Estimated cost of **addressing the unmet need of vision impairment due to uncorrected refractive error** by providing spectacles

=

US\$ 16 billion



Estimated **annual global productivity losses associated** with vision impairment from uncorrected myopia and presbyopia alone

=

US\$ 269,4 billion

Summary: what is needed?



Multisectoral approach



Focus on increasing the demand for spectacles



Raising the number of access points for screening and provision



Accelerating the availability of affordable products that are of good quality



Generation of high-quality surveillance and monitoring data to ensure robust monitoring

The WHO SPECS

WHO SPECS

Aim:

To support countries to **address the huge unmet need for spectacle** coverage while delivering quality care.

Equitable delivery
of **Spectacles**



Build capacity of
Personnel



Improve population
Education



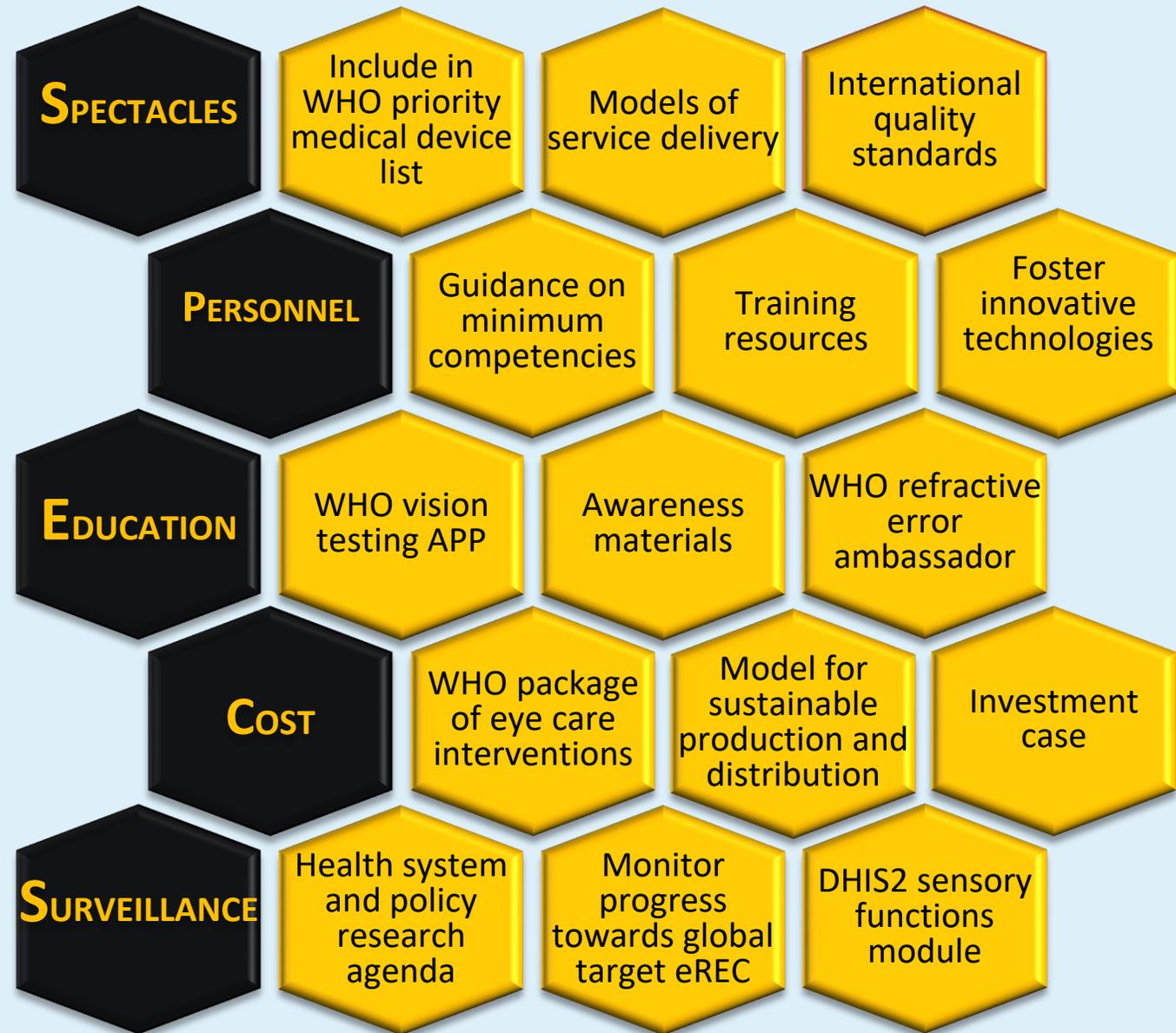
Reduce the
Cost of spectacles



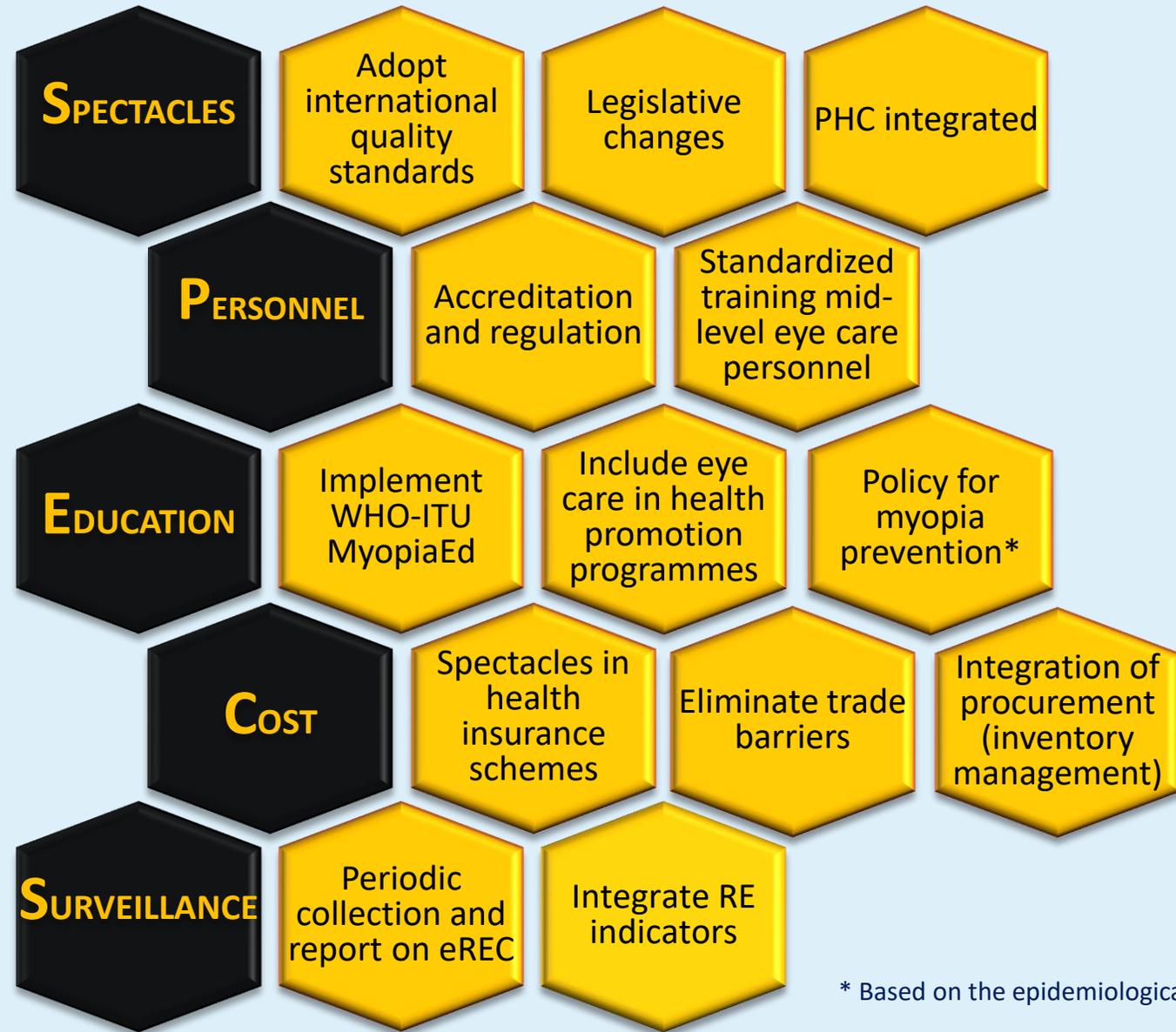
Strengthen
Surveillance



WHO Approach



Delivery plan in countries



* Based on the epidemiological context

Next Steps



Governance **structure and partners.**



Operationalize activities and actions for each component.



Resource mobilization

A focus on surveillance

74th WHA: Global eye care targets endorsed



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Integrated people-centred eye care, including preventable vision impairment and blindness



40% Increase Effective Coverage of Refractive Error by 2030



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2021 UN GA Resolution 75/310

United Nations

A/RES/75/310



8. *Invites* the Inter-Agency and Expert Group on Sustainable Development Goal Indicators to review and consider in the context of the global indicator framework for the Sustainable Development Goals, at the fifty-sixth session of the Statistical Commission, to be held in 2025, the feasible global indicators on eye health included in World Health Assembly resolution 73.4, as a mechanism for monitoring and reporting on progress towards Vision for Everyone and its contributions to the 2030 Agenda for Sustainable Development;³

Seventy-fifth session

Agenda item 24

Eradication of poverty and other development issues

**Resolution adopted by the General Assembly
on 23 July 2021**

[without reference to a Main Committee (A/75/L.108 and A/75/L.108/Add.1)]

75/310. Vision for Everyone: accelerating action to achieve the Sustainable Development Goals

The General Assembly,

Report for the 2030 targets on effective coverage of eye care



Launch in 12 October 2022

Report of the 2030 eye care targets



Report for the 2030 eye care targets: Scope



Present **estimates of eCSC and eREC** to serve as a basis to monitor progress towards the 2030 global targets.



Includes estimates of eCSC and eREC at the **global level**, by **WHO region**, **sex** and **World Bank income level**, and the **relative quality gap**.



Highlights **key gaps in current data** and presents suggestions for **additional efforts required for increasing the coverage** of eye care interventions.

Report for the 2030 eye care targets: Gaps in data

Comprehensive national **data for the global tracer indicators are lacking** for most countries, in particular:



European, Eastern Mediterranean Region and Americas regions;



High income countries;



Younger populations (refractive error is common amongst the child and working age populations).

WHO actions



Eye care indicator menu | DHIS2
Package



WHO STEPS



WHO World Health Survey Plus



WHO Sensory Functions Survey
Methodology

Case example

Case example: Rwanda



1 in 10 Rwandans do not have access to the reading spectacles needed.

This traps families in a **cycle of poverty**, particularly women:

- ▶ Employed in coffee bean sorting;
- ▶ ~ 45 years: loss in productivity and income;
- ▶ Young girls are pulled out of school to help family.

Acceptance of vision loss as part of the ageing process.

Case example: Rwanda

Awareness building

- ▶ Improving public knowledge of eye health issues through radio and poster campaigns.
- ▶ Community outreach to all 15,000 villages to raise awareness of eye health and provide PEC.
- ▶ Widening understanding of how, where and when to access eye care services.

Training

- ▶ Developing training methods & materials.
- ▶ Training new & existing nurses to provide PEC in local health centres.
- ▶ Integrating PEC into nursing school's curriculum.
- ▶ Support and supervision of nurses once practising.
- ▶ Refresher training courses.

Service delivery

- ▶ Conducting vision screenings.
- ▶ Dispensing glasses and eye drops.
- ▶ Referring more complex cases to secondary eye care structures.

Supply chain

- ▶ Developing sustainable supply chains for the provision of glasses and eye drops.

Capacity building

Building the knowledge and expertise of local organisations and health ministries in delivery primary eye care services.

Sustainability

Fund created by the sale of glasses for use by MoH.

Case example: Rwanda

Outputs in 5 years

- ▶ Fund created by the sale of glasses for use by MoH.
- ▶ 2,707 nurses had been trained.
- ▶ 168,909 glasses dispensed (woman benefited most).
- ▶ 15,000 villages and communities visited as part of village outreach.

Thank you

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**World Health
Organization**