Eye health strategy

Achieving quality eye health services for everyone

Sightsavers

Cataract patient Khadijah before her surgery, north-west Nigeria.

Contents

Cover image

Cataract patient Khadijah, 6, recovering after her eye surgery in Sokoto, Nigeria.

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Acronyms

CHW	Community health workers
CSC	Cataract surgical coverage
DM	Diabetes mellitus
DR	Diabetic retinopathy
FCDO	Foreign, Commonwealth and Development Office (UK)
GIS	Geographic information systems
HMIS	Health management information system
HRD	Human resource development
HSS	Health systems strengthening
IAPB	International Agency for the Prevention of Blindness
IPEC	Integrated people-centred eye care
IRO	Independent research organisation
LMIC	Low and lower middle income countries
MEL	Monitoring, evaluation and learning
NCD	Non-communicable disease
QSATs	Quality standards assessment tools
SBC	Social behaviour change
UHC	Universal health coverage
WHA	World Health Assembly
WHO	World Health Organization

Surgical assistant Isaque works at Nampula hospital, Mozambique.

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A group of patients smile and pose for a photo following successful cataract surgeries in Samburu County, Kenya.

Executive summary

In the world Sightsavers is working towards, no one is blind or visually impaired from avoidable causes, and equitable access to health care – which intrinsically includes eye health care – is available to everyone.

However, the current reality is that 2.2 billion people around the world have a visual impairment, and almost half of those cases are preventable or treatable. Despite progress in the provision of eye health, public health services across the world are failing to meet targets to reduce avoidable sight loss, and progress is not keeping pace with increased need as the ageing population grows.[1 2] Additionally, the socio-economic impact of the COVID-19 pandemic is almost certain to increase pressure on health budgets, which could leave health systems even less able to cope with the increased demand for eye health services.

So why, in the midst of a seemingly uphill battle, do we continue to strive to achieve the ultimate goal of a world free of unnecessary visual impairment?

We do it because good vision affects so many areas of life and it should be, wherever possible, a fundamental human right. Our teams see first-hand, on a daily basis, how visual impairment imposes a profound economic and social burden on individuals, carers, communities, and entire societies.[3]

We continue to strive because the right to quality eye health care is enshrined in international agreements. Sustainable Development Goal (SDG) 3 of the United Nations 2030 Agenda for Sustainable Development is: to ensure healthy lives and promote wellbeing for all, at all ages. Improving eye health for all is critical to making progress towards Universal Health Coverage (UHC), which would give access for all individuals and communities to the health services they need, when and where they need them, without incurring financial hardship.

We do it because evidence shows that the investment required is not excessive; that eye health interventions are, in fact, extremely cost-effective, and considered among the 'best buys' in health and a necessary investment in broader national development processes. And we do it because we know that it is possible to improve coverage and equitable access to quality eye health services, sustainably.

In this eye health strategy, we set out Sightsavers' plans to expand coverage of essential eye health services in the countries where we work; increase the scope and quality of eye health services; and support countries to ensure services are sustainable, resilient, and accessible and affordable to all.

Our strategy is based on two key goals:

1. **To promote sustainable, good quality eye health services and systems that contribute to universal health coverage.**

We will achieve this through investments in required ophthalmic services, alongside government and other partners, in specific districts and countries. We will work within the process of the decentralisation of health care planning and service delivery, as one of the main methods used by the health community to improve effective coverage. We will improve people's lives by promoting healthy eyes and good vision. Our work will focus both on creating and improving services, and also on improving demand for services through social behaviour change and community participation.

2. **To strengthen global, national and sub-national policy and accountability frameworks which facilitate the integration of eye health into universal health coverage.**

We will encourage scale-up of effective coverage by influencing policy and financing systems for eye health, working at global, regional, national, and sub-national levels. We will support the improvement and monitoring of service quality, access and uptake, as well as the strengthening of policy and accountability frameworks – ensuring they are integrated into the health system and that they are resilient.

Across both goals, our work will be based on (and contribute to) available evidence. We will conduct rigorous research and good quality monitoring and evaluation of our interventions to support and inform good practice both within our programmes and in the wider eye health and health sectors.

Equity is a guiding principle, and we will promote access to services by all people, regardless of demographic, economic, social, or geographic considerations – paying particular attention to gender and disability equity.

Our work will be delivered within existing health systems, strengthening and supporting them as they develop – this will include considerations of governance and service quality.

And of course, we will go in pragmatically, with eyes wide open: the varied technical, financial and other resources and capacities of institutions and systems within the countries where we work can be challenging. However, a key part of our strategy will be to work to increase those resources and capacities and engage in work at the global level which filters down and impacts on every strata of eye health care provision.

We are determined that no one will be left behind.

Introduction

Sightsavers' vision is of a world where no one is blind or visually impaired from avoidable causes and where people with disabilities participate equally in society. Good vision is of paramount importance in many aspects of life, and visual impairment imposes a significant economic and social burden on individuals, carers, communities, and societies.

Despite progress in the provision of eye health, public health services across the world are failing to meet targets to reduce avoidable sight loss, and progress is not keeping pace with increased need.[1]

We have learned from past global initiatives, such as Health for all by the year 2000[4] and Vision 2020, and our own experience in decades of eye health development. It is critical to understand the complexities involved, resources needed and effort required to deliver sustainable, good quality and equitable eye health services for lasting impact.

To address the challenges involved in improving access to eye health services, we need sustained application of tried-and-trusted interventions, alongside innovative solutions. We also need the mobilisation of increased resources sufficient for interventions to reach the scale required. To accomplish this, a joined-up effort among stakeholders is essential. This is true now more than ever, as the COVID-19 health and economic impacts, the resurgence of other infectious diseases, and the increasing prevalence of non-communicable conditions will put health budgets under severe pressure for the foreseeable future.

Our eye health strategy is ambitious, and we are optimistic that we will eventually reach our organisational vision, but, given these challenges, we are also pragmatic about the timescales involved. The strategy is based on measurable and realistic goals and objectives and outlines how we will work to strengthen health systems for equitable access to eye health, thereby contributing to our vision.

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Global policy frameworks

Given our overall strategic approach of influencing systems to deliver quality, sustainable health care, it is vital that our work is informed by, and informs, wider international policy frameworks.

Sustainable Development Goals and universal health coverage

The 2030 Agenda for Sustainable Development was agreed in 2015 by 191 Member States of the United Nations (UN). At its core are 17 Sustainable Development Goals (SDGs) and a vision for change that encompasses economic, environmental, health, education, equality, and social issues.[5]

SDG Goal 3 is to ensure healthy lives and promote wellbeing for all, at all ages. It guides global action on health, with UHC underpinning the achievement of the goal. UHC means access for all individuals and communities to the health services they need, when and where they need them, without incurring financial hardship.

Visual impairment touches on different SDGs, given that it impacts on many areas of life beyond the absence of sight, ranging from mental health to road traffic safety. Improving access to eye care services for children and young people can enhance their educational outcomes and career opportunities. In the workplace, it can increase wellbeing and productivity. Enabling equal access to eye health contributes to reducing gender inequality, poverty and, in turn, hunger.

Improving eye health for all is critical to making progress towards UHC, but it is often a neglected aspect. Our strategy will contribute to changing this, setting out what we will do to increase access for all by expanding coverage of essential eye health services in the countries where we work; expanding the scope and quality of eye health services; and supporting countries to ensure services are sustainable, resilient, and accessible and affordable to all.

Progressive realisation: the three dimensions of UHC

- Increasing access by expanding coverage (population coverage expansion)
- Increasing scope by improving quantity, range and quality of services
- Increasing financial protection to reduce out-of-pocket expenditure (eventually reaching a point where resource pooling is achieved and out-of-pocket expenditure is eliminated altogether)

For more details, see Sightsavers' eye health technical brief.

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James Cash, a former councillor of Kiryandongo town council in Uganda, photographed at an event to mark the International Day of People with Disabilities.

UN Convention on the Rights of Persons with Disabilities

Article 25 of the UN Convention on the Rights of Persons with Disabilities (CRPD) states that people with disabilities have the right to the highest attainable standard of health, without discrimination on the basis of disability. It aims to ensure that people with disabilities are treated with dignity and have access to services both specific to their impairment, and related to their general health needs, on an equal basis with others.[6]

While governments have begun the process of meeting their obligations under the CRPD, people with disabilities are commonly left out of national development strategies and action plans. They are also rarely involved in the development or implementation of national health strategies, including eye health. People unable to access high-quality eye care and rehabilitation services – including assistive devices and technologies – will likely experience greater barriers to participation in everyday life, and higher degrees of exclusion.[7]

World Report on Vision[8] and The Lancet Global Health Commission on Global Eye Health

The World Report on Vision (WRV) and The Lancet Commission highlight key priority areas for action. These include the integration of eye care into UHC, and integrated people-centred eye health. The integration of eye care into UHC is a critical priority and must be delivered in a way which improves service coverage and reduces inequities of access in order to meet the health needs of the population. To support national implementation and make progress towards UHC, the World Health Organization (WHO) is developing an online data repository, detailing WHO-recommended interventions and their resource implications, as well as a package of suggested eye care interventions in UHC.[8] Every country will adopt its own basic package of essential eye health interventions based on the epidemiology in the country and the level of development and available resources.

The WHO World Report on Vision (2019),[8] and Lancet Commission on Global Eye Health (2021)[3] guide and inform policy and programme action for the next decade. Both documents emphasise:

- the needs of people and communities as beneficiaries and participants.
- the availability of affordable and cost-effective services.
- the need for human resources for eye health.

Learning from Vision 2020

Vision 2020: The Right to Sight[9], launched in 1999, was a global project involving the WHO, the International Agency for the Prevention of Blindness (IAPB), and other stakeholders. Its aim was to intensify and accelerate prevention of blindness activities, so as to achieve the goal of eliminating avoidable blindness by 2020.

Vision 2020 demonstrated clear and unprecedented progress in eye health, with strong evidence of the positive impact of investments: notably, the reduction in prevalence of blindness and visual impairment between 1990 and 2010.[10] However, due to population growth and ageing, the total number of blind and visually impaired people actually rose by two per cent in that time period.

Reviews of the Vision 2020 progress have consistently highlighted two related root problems that need to be further addressed:

- The availability of resources for scaling up eye health investments
- The weaknesses of eye health infrastructure in local health care systems

Guided by and aligned with global policy frameworks, our strategy incorporates means to increase investments in sustainable services for eye health; document and track the availability of these services, as well as the proportions of the population accessing the services; and support the policy frameworks to ensure that services are sustainable and resilient.

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Zamurrad (pictured with her husband Tariq) from Rawalpindi, Pakistan, one year after her cataract surgery.

Epidemiological trends in eye health

The most recent Global Burden of Disease (GBD) study published by The Lancet estimated that in 2018, 595.8 million people worldwide lived with visual impairment. At that time, 43.2 million people were blind, 295.3 million had moderate to severe visual impairment, and 257.3 million had mild visual impairment. Millions more people around the world have eye conditions that are not visually impairing but may require medical care. Ocular morbidity studies, which measure the prevalence of any eye condition, typically find that 25% to 30% of the population experience an eye problem at any one time.[11 12 13 14]

The GBD analysis of trends in the prevalence of blindness and visual impairment over the past thirty years showed some positive global trends, with a 29% reduction in global age-standardised prevalence of blindness in older adults (50 years and above). This reflects the significant efforts that governments, service providers and their international non-governmental organisation partners have put into programmes focusing on avoidable blindness.

Despite these efforts, the analysis also shows that the growth and ageing of the world's population has led to a substantial

increase in the absolute number of people with blindness and visual impairment, and this appears to be accelerating. This trend will continue up to 2050.

The analysis of burden of disease by years lived with disability (YLDs) shows that in 2019, blindness and vision loss resulted in 22.6 million YLDs, globally – a 20.3% increase since 2010.

Geographically, the burden of visual impairment is greater on low to lower middle income countries. (LMIC), with the crude prevalence of blindness ranging from 0.18% in high-income North America to 0.88% in southeast Asia.[8] [2] Within countries, the burden tends to disproportionately affect communities living in areas with limited availability of services.[15] [16] [17] [18] [19] [20]

Demographically, although issues with eye health can be experienced at any stage of life, the risk of potentially blinding diseases increases sharply with age.[8] The distribution of visual impairment also varies significantly by gender, with women being disproportionately affected in most regions – although there are variations by context and eye conditions. [21] [22] Overall, women account for 56% of all cases of blindness and 55% of moderate to severe visual impairment.

In 2018, the annual global economic burden of vision impairment was estimated to be $411 billion US dollars.[3]

The number of people with blindness in the global population is predicted to increase from 43.2 million to 61 million by 2050. The number of people whose visual impairment is either mild, or moderate to severe, and the number of people with uncorrected presbyopia, will increase to 360 million, 474 million and 865 million, respectively.

As many as 2.2 billion people may experience some visual impairment. Nearly half of this visual impairment is preventable or treatable.

For full details of epidemiological trends in eye health see:

- Sightsavers' eye health strategy technical brief
- The Lancet Global Health Commission on Global Eye Health
- The Lancet Global Burden of Disease Study
- The World Report on Vision

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Cataract patient Khadijah undergoes eye screening before surgery in Sokoto, Nigeria.

Geopolitical context

Fragile environments

The terms 'fragile', 'conflict-affected', and 'vulnerable settings' broadly describe situations of crisis.[23] People living in these contexts may experience health, humanitarian or climate crises, significant armed conflict, or acute, protracted or complex emergencies.[23] In such settings, the health system faces significant challenges, including the fragmentation or prolonged disruption of health services. Women, children, people with disabilities, older people and indigenous people typically face diverse challenges in accessing health services, including eye care.[24]

Opportunities exist for Sightsavers to support health sector planning and national preparedness and response plans, as well as national health workforce planning. By collaborating with organisations that work with marginalised or displaced populations during crises, including organisations for people with disabilities, essential eye health services can be provided safely and effectively in many of the most challenging contexts and particularly within long term displaced communities.

Climate change

Climate change directly impacts on health, largely through three pathways:

- Weather variables, such as extreme heat, storms, and flooding
- Natural systems, like disease vectors
- Human systems for example, undernutrition[25]

Addressing the environment and the health risks related to climate change is challenging, but in practical ways, we are making progress. By recognising the challenges and realities of the contexts in which we work, we can take tangible steps to reduce our climate footprint. Some of the ways we are doing this are through developing more efficient supply chains, purchasing energy-efficient equipment for all of our programmes, and where possible, using renewable sources of energy (solar) to reduce the need for diesel and gasoline generators.

Goals and objectives

The overarching goal of this strategy is to improve coverage and equitable access to quality eye health services.

Guiding principles:

Our eye health strategy is guided by the following core principles:

- **Leave no one behind (equitable access to sustainable eye health services):** We will aim to achieve this central principle of the SDGs: that it is not enough to make progress through our programmes unless that progress includes all people within the communities where we work, with a particular focus on disability, gender, age, and income.

- **Coherence:** Our strategies in thematic areas are coherent and aligned (as described on p.34).

- **Sustainability:** Our programmes will make sustainable impact (as described on p.29).

- **System strengthening:** Our eye health work will always be undertaken using the WHO health systems framework and 'systems thinking' to develop an appropriate solution in each context and contribute to more effective and resilient services (as described on p.28).

- **Quality:** We see achieving good quality outcomes as an ongoing process and not a fixed point. We recognise that the perception of quality is a key driver in decisions made by individuals and that to be effective and sustainable, changes in systems and services must be perceived as good quality (as described on p.30).

- **Evidence-based:** Sightsavers' activities and all our work in programmes, policies and plans will be informed by evidence (see p.32).

- **Partnership and participation:** We will work in partnership with local administration, education, and other non-health sector stakeholders. We will work with general development actors and the private sector, where relevant, to support the development of sustainable and scalable eye health investments and interventions. Development of programmes, plans and policies will promote equity and will be done through processes inclusive of communities, stakeholders and people with disabilities. Our work will be done with respect to best practice for equitable gender access and equitable financial access to the services.

- **Alliances:** We will continue to work in strategic alliances with other like-minded organisations and institutions at global, regional, and national levels to drive the eye health agenda. We believe our alliances are key to ensuring large scale change and more sustainable impact on health systems. Collaboration with a range of actors, including the private sector, will support the development of sustainable and scalable eye health investments.

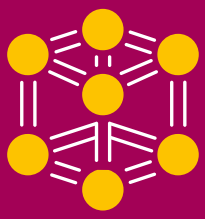
- **Safeguarding:**
  We recognise the potential of power relationships involved in any development programme and the potential for exploitation or abuse by those holding the power. Our operating model, focused on local and national partnerships and programme staff up to the most senior levels, working in their country or region of origin, reduces some of the risks inherent in other models. Nevertheless, significant risks remain. Our approach is focused on a clear code of conduct, risk assessment of both partners and programmes (including our own role within these), training of our own and partner staff, rigorous reporting mechanisms and swift and proportionate action when incidents occur.

- **Do no harm:**
  We carefully evaluate our interventions so that we do not inadvertently cause harm through our activities. For example, weakening sustainable local health services through the provision of unsustainable benefits in the short term. Benefits though well intended, only help a few, while the majority lack the services they need in the long term.

Goals:

1

Promote sustainable, good quality eye health services and systems that contribute to universal health coverage.



2

Strengthen global, national and sub-national policy and accountability frameworks that facilitate the integration of eye health into UHC.

Goal 1: Promote sustainable, good quality eye health services and systems that contribute to universal health coverage

Objective 1.1: Implement district eye health services that will demonstrably improve coverage and equitable access to a comprehensive package of eye health interventions.

To deliver the optical and surgical services required for eye health, it is essential to ensure adequate access. The decentralisation of health care planning and service delivery is one of the main methods used by the health community to improve effective coverage. Eye health services may be provided by either multi-specialty health facilities or purely specialised eye hospitals and vision centres. In either of these settings, adequate planning is required to ensure the necessary networks to provide for integrated patient-centred eye care.

Sightsavers will work with partners to develop good quality district eye health services. To make this financially possible, we will explore public-private partnership options, as well as global fundraising efforts to resource the development of district eye care services, and advocate for increased health budgets. We will also support government ministries to scale up district services and more effectively manage and grow the coverage and equitable use of services in eye health in their countries.

Surgical tools for a cataract operation in Nampula, Mozambique.

Objective 1.2: Support government, public and private partner facilities provide good quality, people-centred eye health services.

We will ensure supported facilities are safe for public use, with rigorous application of suitable quality standards and monitoring frameworks for clinical and non-clinical aspects of quality.

Objective 1.3: Support eye health facilities we work with to be disability- and gender-inclusive.

Sightsavers programmes will be disability inclusive, and we will work towards ensuring compliance with accessibility standards. Our programme and policy interventions will work towards gender balance in staff and leadership and to ensure that the facilities are patient-friendly and responsive – including to gender and disability. This will contribute to our commitment of leaving no one behind.

Objective 1.4: Develop and test innovative strategies with evidence for improving public eye health services, including diabetic retinopathy and glaucoma.

Sightsavers is working with stakeholders on innovations for diabetic retinopathy screening and improving access to glaucoma services. We are doing this through social behaviour change and the use of low-cost technology to introduce structures and systematic screening for glaucoma into vision screening activities. Lessons learned will be implemented in district programmes to improve earlier diagnosis of glaucoma patients, allow earlier access to glaucoma services, and inform policy development to scale up successful methodologies to reduce blindness from glaucoma.

Objective 1.5: Strengthen links with education programmes to increase access to vision rehabilitation services for children in need.

We will work closely with education programmes and explore links to establish long-term systematic cooperation between ministries of health and education. Through building and strengthening systems that deliver school eye health programmes, we will contribute to improved eye health and learning.

The availability of sustainable, accessible, and inclusive eye health care at district health level is pivotal for achieving universal coverage for eye health.

The district health service is the general unit of health care delivery. It comprises one or more district hospitals and a number of smaller health clinics and primary health centres. The district health facility may be public, private, or a combination.

For more details, see Sightsavers' eye health strategy technical document.

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World Sight Day celebrations in Senegal.

Goal 2: Strengthen global, national and sub-national policy and accountability frameworks that facilitate the integration of eye health into UHC

Objective 2.1: Work effectively with partners to integrate equitable eye care into national health policies, strategies and plans and accountability frameworks.

Our health, education and disability initiatives promote sustainable and equitable change, and it is our mission to support national governments and global development partners to deliver policies that promote equity and accessibility.

We will influence the development of national health, inclusive education and disability policy, and promote the implementation of global and national policy frameworks. We support governments to deliver their national commitments, and we work with national civil society – particularly OPDs – to hold governments to account.

Policy integration contributes to ensuring coverage of essential eye care services across the population (leaving no one behind). It also contributes to ensuring financial risk protection is in place to protect people against catastrophic health expenditure and national health insurance schemes cover eye care services, including spectacles.

Objective 2.2: Support governments and other stakeholders to strengthen multisectoral collaboration and support integration of eye health into policies and plans of other relevant sectors.

As well as integrating eye health into wider health programmes, such as neonatal care, non-communicable diseases, primary care and rehabilitation, Sightsavers will work with other sectors, including ministries of education, to ensure the integration of eye heath into their plans.

All policies need to be in line with the CRPD and we will make a point of ensuring that health policies explicitly include the right to health for people with disabilities. Our work with the WHO will promote the development and implementation of disability-inclusive health system tools, as well as the meaningful engagement of people with disabilities and their representative organisations in health service planning, decision-making and allocation of resources.

Objective 2.3: Develop and strengthen partnerships to deliver increased domestic, private sector and international financing and investment in eye health and universal health coverage.

A crucial part of this process will be finding more resources for eye health. It is critical to find ways of addressing the resource gap and ensure that there are means identified and implemented to track investments and the better allocation and efficient use of those investments towards sustainable and resilient eye health delivery systems. Specialist surgical services, such as ophthalmic care, face challenges in the financial allocation process, and the financial and human resources required to deliver them are not available in many LMIC contexts.[5 26]

Without supportive financial instruments such as loans, hire purchase and leases, the cost of health care equipment in most low income country health systems presents a major challenge and constraint to the development of services.

Understanding these inherent challenges against the successful integration of eye health services is important for developing pragmatic solutions, advocacy, and timelines for mobilising the resources required.

We will work with global, regional and national partners to mobilise resources required for expanding eye health coverage, and advocate for increased public spend on health and eye health, as well as more efficient uses for resilient eye health delivery systems.

Theory of change

Quality eye care is universally available as an integral part of wider health systems

High quality eye care services are accessible and affordable to all improving health and wellbeing, learning outcomes and economic productivity

Inclusion and equity

High quality eye care services, systems and policies are equitable

Eye health facilities are disability inclusive and gender sensitive

Policy initiatives reflect equitable principles with particular focus on gender and disability

Access and quality	Policy and accountability	Collaboration and partnerships
Increased geographic and population coverage of quality eye health services reduces unaddressed eye care needs	**Strengthened policy, planning and accountability frameworks support the provision of integrated eye care services**	**Strengthened partnerships and increased collaboration facilitates the availability, affordability, and sustainability of quality eye health services**
Eye health service development and system strengthening at district level increases the coverage, sustainability, affordability, and equitable access of eye health interventions	Governments and service providers are held accountable for the sustainability, scale and quality of eye health policies, plans, accountability frameworks and services	Strong partnerships with domestic and external stakeholders support integration of eye health in UHC
Supported government, public and private partner facilities provide high quality, people-centred eye health services	Effective advocacy and policy engagement results in the integration of eye health into emergency preparedness and response plans, increasing the resilience of eye health provision	Partnerships and private sector engagement improve the coverage, affordability, sustainability and quality of services and products
Innovative service delivery approaches increase the accessibility, quality, inclusion and sustainability of eye health services		Effective advocacy and policy engagement lead to increased domestic and external investment for UHC
Eye health workforce delivers high quality, easily accessible eye health services		Linking eye health and education programmes leads to increased access to vision rehabilitation services for children

High quality research and data supports better, evidence-informed decision-making

Global and health trends: population growth, ageing, non-communicable diseases, emerging infections, concentration of poverty, climate change
Policy environment: SDGs, leave no one behind, World Report on Vision, Universal Health Coverage, evidence-informed decisions
Underlying principles: evidence based, system strengthening, inclusive and equitable, collaborative, do no harm

Ophthalmologist Cornelia Denise Jorge Chilundo Toure works at Nampula hospital in Mozambique

Winesi, from Malawi, can see his wife again after having his sight restored by cataract surgery.

Strategic considerations

Equitable access to affordable and quality eye care services

Given our overarching goal of improving coverage and equitable access to quality eye health services, we recognise the importance of ensuring that gender equality and disability inclusion are cross-cutting objectives in all we do.

Sightsavers' overall aim is that governments ensure quality eye care is universally available as an integral part of wider health systems.

Gender equity

Gender equity is a pressing global issue with huge ramifications – not just for the lives and livelihoods of girls and women but for human development, productivity, economic growth, and inequality. The WHO recognises that gender is an important determinant of health.[27]

Eye health inequity is sustained and reproduced by interlinking factors, including gender,[28] ethnicity,[29] and socio-economic status.[30] Women represent about 56% of the world's blind people and 55% of people with moderate and severe visual impairment (MSVI).[2] Men are twice as likely to have access to necessary eye care as women, and this gender and eye health disparity is found globally,

The literature suggests that the cataract surgical coverage (CSC) rate may be 1.2 to 1.7 times higher for men than women.[31] For example, CSC among women in sub-Saharan Africa and South Asia is almost always lower – sometimes only half that for men.[32] Traditional social norms and gender roles (especially prevalent in developing countries) also increase risks for females at all stages of life, putting them in a situation of particular vulnerability, and meaning they lack access to the treatment and services that could prevent and restore vision loss.

Sightsavers' approach

Gender is a cross-cutting objective in all Sightsavers' work. Creating opportunities for women's participation as change agents in the community and across eye health cadres plays an important part in our equity-based approach. We work with women's organisations, women's agencies or ministries in government, and schoolteachers and students to roll out gender-responsive programmes and ensure women's participation in the decision-making process for eye health development.

We will use a systematic and evidenced social behaviour change (SBC) approach to better understand and influence gendered norms, power dynamics, roles, responsibilities, and attitudes that can impact the demand for and use of eye health services and treatment.

A gender equity framework (including guidelines) will steer the development and implementation of our gender-responsive programmes.

Sex disaggregation and analysis of data will help us understand differences in patterns of service utilisation and behaviours between women and men at different points of the continuum of care (patient journey), such as patient screening, surgery, follow-up, and so on. This will help us to know where to investigate in more detail how and why women and men may be accessing services differently. We are aware that priorities for tackling gender inequity will vary from one location to another and need to be based on gender analysis, sound operational research, and dialogue with partners and communities that involves women, men, boys and girls. Wherever possible, we will consider and analyse the intersection between gender and disability needs.

Disability inclusion

More than one billion people across the globe live with a disability (15 per cent of the world's population). Of these, 80 per cent live in developing countries.[7]

People with disabilities are often subject to stigma and negative stereotyping, which leads to discrimination.[33] They have lower educational outcomes, are less economically active, and experience higher rates of poverty than people without disabilities. People with disabilities are also less able to afford the costs of services and transport, and have poorer health outcomes than the general population.[7] They have more unmet health needs and costs (across gender and age).[7] People with disabilities in developing countries are often caught in a vicious cycle of poverty and disability, each being both a cause and a consequence of the other. The discrimination that people with disabilities experience is often compounded by other factors and identities, such as gender, age, ethnicity, religion or migrant status.[34 35]

Visual impairment can account for over 50 per cent of reported disability in some locations and population groups.[36] The majority of these cases could be treated or reversed if good quality eye health services were available and accessible.

There also remains a lack of reliable and comparable data and research on disability and health systems, nationally and globally. This is a significant barrier for decision-making and impacts on access to mainstream health care and specialised services for people with disabilities.[7]

All too often, we find that disability inclusion is poorly integrated into national eye health and health strategies, plans and budgets. As a consequence, poor policy and legislation often results in inaccessible health services, unable to meet the needs of the population.

Sightsavers inclusive eye health activities

- Strengthening global and national disability policy.
- Disability disaggregation of data.
- Raising awareness.
- Training health workers on disability rights and inclusion.
- Social behaviour change.
- Disability principles in all projects.
- Facility-based accessibility audits.

Sightsavers' approach

Disability inclusion means empowering people with disabilities to participate in, and benefit from, development processes. Inclusion encompasses policies to promote equality and non-discrimination by improving the access for all people, including people with disabilities, to services[37] like eye health.

SBC will be used as an approach to systematically understand and plan to influence the drivers and facilitators, while also supporting people with disabilities and their families to equally access eye health services.

Full and effective participation is a central principle of the CRPD, but it remains one of the most challenging to deliver. Sightsavers promotes the meaningful engagement of people with disabilities and their representative organisations in eye health service and planning and development.

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Six months after having cataract surgery, Lovemore, 9, (in blue and red) plays with his friends in Eastern Zambia.

Stronger health systems

Health system strengthening is action that improves one or more of the functions of the health systems that results in better health through improved access, coverage, quality or efficiency.

The role of governments is key to building effective and resilient health systems – they have a responsibility to provide the leadership and accountability for health system strengthening to happen, ensuring enabling supportive and facilitative policy frameworks and facilitating resources for the best results possible at all times.

Stronger health systems, including eye health systems, are the cornerstone of progress towards UHC, ensuring the necessary services are developed and sustainable in the local context, and are of sufficient quality to be effective, safe and accessible to all.

Health systems approach

A systems approach to eye health service development appreciates that all components (or building blocks) of the health ecosystem are interconnected, including governance, human resources, health financing, health information, medication and technology, and service delivery. They are all essential for long-term sustainable impact on the community.

Governments have the ultimate responsibility of providing the vision for this to happen. They need to ensure that enabling supportive and facilitative policy frameworks are in place, resources are facilitated for the best results possible at all times, services are sustainable in the local context and of sufficient quality to be effective, safe and accessible to the user.

The health systems approach for district eye health

This requires that strengthened, resilient and sustainable district level services are in place, capable of delivering the basic package to all and can offer additional quality services for those eye health needs not covered. The health systems approach includes:

- assessments of district health systems and analysis of baselines using health system building blocks.
- mapping of services and human resources.
- meeting the needs in all health systems' building blocks to ensure a good quality, sustainable and affordable service.
- making quality services for cataract and chronic eye conditions affordable.
- financial management and planning for efficiency, sustainability and affordability.

For more detail, see Sightsavers' eye health technical brief'

Dr Mohammed Nadeem, consultant community ophthalmologist at the eye hospital in Mandra, Pakistan.

Sustainability

We want services to be able to continue well after our initiative or programme has come to an end, and serve future generations. This is essential for the ultimate aim of achieving universal access to eye health.

Sightsavers' approach

Our programmes will:

- demonstrate sustainable and resilient services in districts we support.
- facilitate the expansion of such services through strengthened policy and advocacy, and enable service providers and stakeholders to advocate for and access the resources they require to meet the needs of the communities they serve.
- ensure policies and systems that promote the demand, access, and equity of services.

Our approach to district health systems and to the health facilities in which the services are delivered are examples of sustainable public, private or public-private partnerships working well. An appropriate business model for the environment must be developed and sustained, whether non-profit or for profit. Sustaining specialist eye health services in low income settings is a major challenge and the consideration of appropriate business models for public and private facilities and systems should be considered and implemented early. There is evidence that it is possible to sustain services in LMIC settings,[38 39] as long as the proper business model is applied to the health system structure, with particular attention to the financial and governance structures and a strong well-trained workforce.

Governance

Governance in eye health means the capacity of government to formulate policies and provide oversight, and ensure accountability for the eye health system, stakeholder participation, and eye health system responsiveness and regulation. All eye health system actors, private sector and civil society included, need to work together towards the eye health goals set for that country.

Sightsavers' approach

Eye care planning and appropriate budgeting at national and district level is essential to wider health provision across the board. We will work with partner countries to monitor the implementation of national eye care plans and how they are delivered, through supporting the development of strong integrated health management information systems (HMIS), and also through national management systems, including the use of national eye health committees.

Policy and accountability for eye health in the health system requires:

- a suitable policy and accountability framework to facilitate eye health in UHC
- national level policy and advocacy based on global best practice
- pooled financing systems to reduce out of pocket expenditures
- advocacy for implementation

For more detail, see WRV/The Lancet Commission on Eye Health

Quality

The ultimate success of interventions in improving the eye health of the population is heavily influenced by qualitative outcomes. For this reason, parameters such as effective cataract surgical coverage for cataract surgery (eCSC), are being recommended as tracking indicators of progress towards universal eye health,[40] as this provides a composite picture about the accessibility and quality of (cataract) service delivery.

Sightsavers' approach

To qualify as 'good quality', services must be effective, safe, people-centred, timely, equitable, efficient, and integrated into wider health systems.[41] Our implementation programmes and policy activities will be designed in line with these qualities.

From a programme design and implementation perspective, quality of service delivery is multi-dimensional. It touches almost all components of health systems – from supportive policies, skilled HR, compliant infrastructure and supply systems to effective health information tools to monitor quality-related data. It also includes components like health financing provisions that encourage higher quality (such as performance-based financing). Sufficient resources must be allocated to all of these aspects to ensure the measurement and improvement of quality at every level.

Sightsavers quality framework is based on the WHO domains covering clinical and non-clinical aspects of quality. We will also work with suitable partner frameworks where they exist.

Priority eye health conditions

With the epidemiological projections described earlier, both cataract and unaddressed refractive errors (UREs) (including presbyopia) remain operational priorities.

Chronic eye conditions like glaucoma and diabetic retinopathy (DR) have been projected to increase in the next few decades. These emerging challenges require new strategies to provide the comprehensive range of treatments and long-term follow-ups that are needed. Integration with the existing NCD systems and using innovative solutions to screen and track these patients may be a viable way for us to prepare our programmes for these.

Sightsavers' approach

We continue to learn from existing projects (DR in South Asia and glaucoma in both Africa and South Asia) and will use these as basis for responsive scale-ups in projects where basic eye care services, such as cataract and URE, are well established.

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After surgery at Lusaka Eye Hospital in Lusaka, Zambia, Lovemore Tembo (9) and Florence (5) can play again.

© Sightsavers/Jason Mulikita

Sightsavers-trained ophthalmic clinician Lizzie Mututeka, at Lusaka eye hospital, Zambia.

Strengthening human resources for eye health

A well trained and well-motivated workforce in sufficient numbers and in the right places is essential for the delivery of eye health. Insufficient human resources for eye health and poor distribution remain a major challenge to eye health delivery. The WHO Global Atlas of the Health Workforce [42] [43] notes: "The critical shortage of health workers is now widely recognised as one of the most fundamental constraints to achieving progress on health and achieving wider development goals".

Sightsavers' approach

Sightsavers will work with strategic regional and national partners in the development and implementation of initiatives to scale up the production of human resources for eye health delivery. We will continue to work with these organisations on initiatives to promote eye health policy and strategies, develop training capacity and institutions, and adopt curricula that will help to up-skill and sustain the human resource pool for delivering and managing eye health.

We will also invest directly in development of the eye health workforce as a part of our work in districts where we support eye health projects for increasing coverage of eye health services.

Evidence and learning in eye health

An evidence-based approach is central to our organisational strategy. It helps us to make well-informed decisions by putting the best available evidence (from a variety of sources) at the heart of our programme investments, design, and implementation.

Sightsavers' approach

Data and evidence from our programmes are gathered through research, monitoring and evaluations, quality standard assessments, quarterly output statistics, and research integrated into our programme cycle.

Our research uptake and learning team will work closely with other parts of the organisation to ensure a coordinated approach to the effective capture, communication, and use of evidence in our programmes and advocacy.

In the previous strategic period, we significantly expanded our eye health research portfolio, particularly our visual impairment surveys and national eye health system assessments.

We will continue to invest in high quality research to gather evidence for effective eye health development, including – but not limited to – strategies that help improve knowledge on sustainability, quality and maximising efficiency of eye health services. We will also prioritise research into the economics of eye health and eye health financing generating evidence on the costs and cost-effectiveness of interventions, and to identify and test sustainable financing models for eye health.

We will continue investing in eye health research on visual impairment surveys; eye health system assessments; equity of access and eye health outcomes, with a focus on gender; and disability and poverty and the economics of eye health.

In the next strategic period, we will continue to invest in generating and using programme data to support our interventions and advocacy.

Our focus in eye health will include:

- improving facility-level data collection and use, with a specific focus on data links and inclusive data management.
- strengthening systems for quality assurance and ensuring good quality of eye care services. This will include strengthening partner hospital monitoring systems, and promoting a culture of constant improvement of their services to achieve optimal outcomes at all times – including the clinical and non-clinical aspects of quality.
- improving systematic and standardised approaches to measuring programme costs, and outcomes and impact, including the impact of accessibility of health services.
- strengthening approaches for engaging with the communities and people we serve.
- cross-country analyses of data for the purpose of learning.

Innovations in eye health

Sightsavers defines innovation as developing and testing creative solutions to known challenges, driven by learning and adapting from successes and challenges, and supported by a vision of scalability and ability to increase impact.

We have invested in innovative approaches to eye care service delivery, including disability-inclusive eye health programmes, glaucoma screening in the community, low-cost fundus cameras for diabetic retinopathy, integrated eye health and neglected tropical diseases delivery platforms, and performance-based financing of cataract services.

We will specifically focus on innovations that can improve the quality of our eye care services, reach more people – particularly those from disadvantaged groups – and improve the efficiency and sustainability of services. We will test the effectiveness of our innovations using rigorous research methodologies with the view of scaling up and maximising impact. These innovations include, but are not limited to, social behaviour change approaches to increase demand for eye health, and low-cost diagnostic equipment that will increase access to affordable technology, and sustainable finance mechanisms to increase resources available to eye health.

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A health worker collects data on a tablet from 70-year-old Gul at LRBT hospital in Pakistan.

Thematic links

Sightsavers' health, education and inclusion programmes work together to ensure lasting impact at policy and programmatic levels. The inter-thematic connections with refractive error, neglected tropical diseases, education and social inclusion work are imperative to enhance the reach and integration of our eye health programmes so we can effectively respond to the various needs of communities.

Refractive error

Provision of refractive services is an integral part of our comprehensive and inclusive eye health programmes. Collaboration between eye health and refractive error programmes will continue to be further strengthened as we move towards achieving the targets of UHC by:

- ensuring that refractive services are integrated into eye health programmes and interventions to facilitate a continuum of care.
- exploring and implementing collaborative eye health promotion and prevention interventions for impactful social behaviour change – making sure that the importance of vision correction and compliance to wearing spectacles are part of eye health messaging, and vice versa.
- integrating refraction and vision screening training programmes into competency-based eye health workforce development initiatives.
- jointly supporting the strengthening of HMIS and monitoring, and accountability framework at national levels.
- jointly advocating for the integration of eye health – including refractive services – into national health policies and plans.
- exploring opportunities for collaborative learning, evidence generation, and impact assessments.

Neglected tropical diseases

As neglected tropical diseases (NTD) programmes move towards elimination and a greater focus on impact assessment and surveillance, the benefit of eye health system strengthening becomes increasingly relevant. Key system capacities, such as HR, information systems, and equipment and medicine need to be developed and strengthened. In addition, patients need to be properly diagnosed and documented in the field, post-elimination. Our eye health and NTD programmes will work collaboratively where there is scope for synergy, such as with the strengthening of health information systems in primary eye care.

Bithi (left) takes part in a free eye screening at school in Rangpur, Bangladesh.

A nurse dispenses medication to patients after their trachoma operations in Turkana, Kenya.

Disability inclusion

When it comes to designing, implementing and reviewing programmes, the involvement of people with disabilities, OPDs and CBOs is fundamental.

Our aim is to promote more holistic and inclusive eye care by developing and testing innovative models of gender-responsive and disability-inclusive eye health services within health and rehabilitation systems. These models include components of training, facility accessibility audits, and demand generation. By strengthening the eye care component within primary health and rehabilitation care, we can bring services closer to communities. And through collaboration with social inclusion programmes, we can have a significant impact in increasing access to vision rehabilitation services and assistive technology. Ultimately, we want to build the capacity of eye health workforces in public and private sectors so that inclusive eye care models and communication practices are integral to their systems – not an occasional consideration.

Inclusive education

Early vision screening, visual function assessment, correction of refractive error, and frequent follow-up should be standard for children with disabilities. Likewise, children should have access to continued high-quality eye care, spectacles, and assistive technology.

Working with mainstream and inclusive education programmes, we will work to increase demand for accessible, high-quality eye health and vision rehabilitation services for all, and advocate for close collaboration between health professionals, educators, the broader social sector, and OPDs. In doing this, we will put an effective multi-disciplinary approach in place.

Measurement, learning and accountability

We will measure the progress we make as we move towards the changes and outcomes required to meet our strategic goals and objectives. We will regularly review our theory of change and amend it as necessary to reflect new developments, opportunities, challenges and increased knowledge and learning.

To deliver on this strategy, Sightsavers will ensure that its eye health projects and programmes are evidence based and that any innovative or new approaches are piloted to generate learning to inform implementation. Sightsavers has specifically developed indicators for success within the wider monitoring, accountability and learning framework. These indicators help provide the necessary evidence to show our eye health interventions are contributing to the overall goals of the eye health strategy, as well as the key programmatic objectives.

Regular monitoring and assessment of progress will include qualitative and quantitative data and analysis derived from projects, operational research, quality assessments (such as eye health QSATs) and engagement with the people and communities we serve. To complement the data collected for core indicators, we have developed, and will continue to develop, learning questions to respond to identified and emergent evidence needs.

Grounded in best practices, we will strengthen the collection and use of data with a particular priority in this strategic period on coverage, disability, sex, and age. We will continue to learn from and be accountable to the people and communities we serve by ensuring that local stakeholders – including people with disabilities – actively contribute to the design, implementation, ongoing monitoring, evaluation, and impact assessment of eye health projects. We will make sure that there are routine opportunities in place for stakeholders to feed back in ways that are meaningful for them and integrate lessons from Sightsavers' experience with adaptive management.

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Cataract patient Nene (right), from Senegal, undergoes final checks the day before surgery.

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We work with partners in developing countries to eliminate avoidable blindness and promote equal opportunities for people with disabilities.

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