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

Introducing WHO SPECS
Lived experience
Lived experience: Edith from Uganda
Background
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

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

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**

- **Step 1.** Screening or self-identification
- **Step 2.** Refraction conducted
- **Step 3.** Spectacles procured

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Primary, Secondary, Tertiary</th>
<th>Secondary, Tertiary</th>
<th>Optical shop</th>
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</thead>
<tbody>
<tr>
<td>Lack of screening opportunities</td>
<td>Referral</td>
<td>Referral</td>
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<td>Few professionals and equipment</td>
<td>Optical shop</td>
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<td>Scarce services points, predominantly located in urban areas</td>
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<td>High OOP cost</td>
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<tr>
<td>Low population awareness</td>
<td>Few professionals and equipment</td>
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<tr>
<td>Lack of accreditation of optometrists / MLP</td>
<td>Spectacles not perceived as health/medical items and monopolized supply chain</td>
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<td>Limited government oversight and unregulated private sector</td>
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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.
WHO Approach

**SURVEILLANCE**
- Health system and policy research agenda
- Monitor progress towards global target eREC
- DHIS2 sensory functions module

**SPECTACLES**
- Include in WHO priority medical device list
- Models of service delivery
- International quality standards

**PERSONNEL**
- Guidance on minimum competencies
- Training resources
- Foster innovative technologies

**EDUCATION**
- WHO vision testing APP
- Awareness materials
- WHO refractive error ambassador

**COST**
- WHO package of eye care interventions
- Model for sustainable production and distribution
- Investment case

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World Health Organization

Vision and Eye Care Programme - Sensory Functions, Disability and Rehabilitation Unit - Noncommunicable Diseases Department
Implementation

WHO-ITU

MyopiaEd

Include eye care in health promotion programmes

Periodic collection and report on eREC

Spectacles in health insurance schemes

Accreditation and regulation

Legislative changes

Standardized training mid-level eye care personnel

PHC integrated

Implement WHO-ITU MyopiaEd

Include eye care in health promotion programmes

Policy for myopia prevention*

Spectacles in health insurance schemes

Eliminate trade barriers

Integration of procurement (inventory management)

Periodic collection and report on eREC

Integrate RE indicators

Adopt international quality standards

Accreditation and regulation

Standardized training mid-level eye care personnel

PHC integrated

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

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
2021 UN GA Resolution 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
Report of the 2030 eye care targets

Launch in 12 October 2022
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

<table>
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<tr>
<th>Outputs in 5 years</th>
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<tr>
<td>▶ Fund created by the sale of glasses for use by MoH.</td>
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<tr>
<td>▶ 2,707 nurses had been trained.</td>
</tr>
<tr>
<td>▶ 168,909 glasses dispensed (woman benefited most.</td>
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<tr>
<td>▶ 15,000 villages and communities visited as part of village outreach.</td>
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Thank you

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