

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

**Draft resolution proposed by Australia, Barbados, Burkina Faso, Eswatini, Ethiopia, Indonesia, Israel, Malaysia, Myanmar, Peru, Singapore, South Africa, Thailand, United Kingdom of Great Britain and Northern Ireland, United States of America and the Member States of the European Union**

The Executive Board,

Having considered the report on integrated people-centred eye care, including preventable blindness and impaired vision,<sup>1</sup>

RECOMMENDS to the Seventy-third World Health Assembly the adoption of the following resolution:

The Seventy-third World Health Assembly,

(PP1) Having considered the report by the Director-General on integrated people-centred eye care, including preventable blindness and impaired vision, which summarizes the findings of the *World report on vision*;<sup>2</sup>

(PP2) Recalling resolutions WHA51.11 (1998) on global elimination of blinding trachoma, WHA56.26 (2003) on the elimination of avoidable blindness, WHA59.25 (2006) and WHA62.1 (2009) on the prevention of avoidable blindness and visual impairment, WHA66.12 (2013) on neglected tropical diseases, and WHA66.4 (2013) entitled “Towards universal eye health: a global action plan 2014–2019”;

(PP3) Mindful of the 2030 Agenda for Sustainable Development, in particular Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages), and recognizing the important intersections between eye health and other Sustainable Development Goals, including Goal 1 (End poverty in all its forms everywhere), Goal 4 (Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all), Goal 5 (Achieve gender equality and empower all women and girls), Goal 6 (Ensure availability and sustainable

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<sup>1</sup> Document EB146/13.

<sup>2</sup> World report on vision. Geneva: World Health Organization; 2019 (<https://apps.who.int/iris/handle/10665/328717>, accessed 28 January 2020).

management of water and sanitation for all), Goal 8 (Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all), and Goal 10 (Reduce inequality within and among countries);

(PP4) Recalling the Political Declaration of the High-level Meeting on Universal Health Coverage (2019), including the commitment therein to strengthen efforts to address eye health conditions as part of universal health coverage;

(PP5) Recognizing that at least 2.2 billion people are living with vision impairment or blindness and at least 1 billion people have vision impairment that could have been prevented or is yet to be addressed;<sup>1</sup>

(PP6) Acknowledging that the vast majority of people with vision impairment live in low- and middle-income countries, which often have limited resources and may lack strategies to prevent or correct vision impairment, and bearing in mind higher prevalence of vision impairment in rural and remote areas;

(PP7) Noting the significant impact of vision impairment on the development, educational achievement, quality of life, social well-being and economic independence of individuals, as well as on society, with disproportionate burdens imposed on underserved and vulnerable populations;

(PP8) Aware that the majority of the causes of vision impairment can be prevented or corrected through early detection and timely management, and that cost-effective interventions covering promotion, prevention, treatment and rehabilitation can be made available at primary health care level to respond to needs associated with eye conditions and vision impairment, but that there are significant variations in use of and access to eye care services between and within populations;

(PP9) Noting that cataract and uncorrected refractive error are the leading causes of blindness and vision impairment and that effective interventions exist for both, and emphasizing the need to improve access to these interventions for everyone, everywhere;

(PP10) Concerned by barriers to availability and accessibility of eye care services, such as cataract surgery, refraction services and provision of spectacles, including shortages of trained health personnel, insufficient cross-sectoral collaboration, access challenges for people in rural and remote areas, socioeconomic and cultural factors, inequities, and costs of services;

(PP11) Concerned also by the increasing prevalence of myopia, especially related to lifestyle factors in children, including intensive near vision activity and insufficient time spent outdoors;

(PP12) Noting that achieving global targets for neglected tropical diseases that cause preventable blindness, especially trachoma and onchocerciasis, requires that health systems have the capacity, including adequate resources, to document, identify, screen for, treat and manage these conditions, using defined strategies, and, after verification or validation of elimination, to continue to retain people in eye care in order to manage these conditions and their complications;

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(PP13) Noting also that many eye conditions typically do not cause vision impairment and yet can still lead to personal and financial hardships because of associated treatment needs; and that certain of these conditions, such as pterygium, if untreated, may lead to vision impairment or blindness;

(PP14) Recognizing that global eye care needs are expected to increase substantially in the coming decades due to demographic and lifestyle trends, including ageing populations globally, with the number of people living with blindness projected to triple by 2050, and with substantial increases expected in cataract, glaucoma, diabetic retinopathy, uncorrected refractive error, and age-related macular degeneration, and with half the global population expected to be living with myopia, and stressing the importance of prevention, early detection and treatment to contain and reverse these increases;

(PP15) Noting that scientific and technological advances, including new screening methods and telemedicine, have great potential to benefit eye care further, including early detection, diagnosis and treatment;

(PP16) Recognizing the need to achieve equitable access to safe, effective, quality and affordable eye care services, noting that delivery models differ among and within countries, and acknowledging the need for effective regulation, oversight and collaboration between governments and other stakeholders including the private sector, as appropriate;

(PP17) Appreciating the efforts made by the WHO Secretariat, Member States and international partners in recent years to prevent and address vision impairment, but mindful of the need for further action,

OP1. URGES Member States, taking into account their national circumstances and priorities, to take action to implement the recommendations in the *World report on vision*, including to: make eye care an integral part of universal health coverage; implement integrated people-centred eye care in health systems; promote high-quality implementation and health systems research complementing existing evidence for effective eye care interventions; monitor trends and evaluate progress towards implementing integrated people-centred eye care; and raise awareness and engage and empower people and communities in respect of eye care needs;

OP2. CALLS ON partners, including intergovernmental and nongovernmental organizations, to support Member States, as appropriate, in the national implementation of the recommendations of the *World report on vision*;

OP3. REQUESTS the Director-General:

- (1) to provide technical support to Member States to implement the recommendations of the *World report on vision* as part of support to achieve universal health coverage;
- (2) to develop additional guidance on evidence-based and cost-effective eye care interventions and approaches to facilitate the integration of eye care into universal health coverage, mindful that approaches will need to be tailored to a range of country contexts, budgets and models of health service delivery;

- (3) to support the creation of a global research agenda for eye health that includes health systems and policy research, and technological innovation for affordable eye care, as well as surveillance that promotes cross-country comparisons for monitoring global progress;
- (4) to prepare, in consultation with Member States, 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, for consideration by the Seventy-fourth World Health Assembly, through the Executive Board;
- (5) to report on progress in the implementation of this resolution to the Seventy-seventh World Health Assembly in 2025, and to ensure that eye health is included as part of regular reporting on resolution WHA69.11 (2016).

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