



Vision and eye care strategy

Clear vision and quality eye care for all



Sightsavers



Six-year-old cataract patient, Khadijah, recovering after her eye surgery in Sokoto, Nigeria.

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Cover image

Portrait of Rukayya Salis, 11, with her new spectacles in Kaduna, Nigeria, January 2025.

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Acronyms

AT	Assistive technology
CHW	Community health workers
CRPD	Convention on the Rights of Persons with Disabilities
CSC	Cataract surgical coverage
CSOs	Civil society organisations
DM	Diabetes mellitus
DR	Diabetic retinopathy
eCSC	Effective cataract surgical coverage
eREC	Effective refractive error coverage
FCDO	Foreign, Commonwealth and Development Office (UK)
GBD	Global burden of disease
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 middle-income countries
LNOB	Leave no one behind
MEL	Monitoring, evaluation and learning
MSVI	Moderate and severe visual impairment
NCD	Non-communicable disease
NTDs	Neglected tropical diseases
OPDs	Organisations of people with disabilities
OSH	Occupational safety and health
QSATs	Quality standards assessment tools
RE	Refractive error
SBC	Social behaviour change
SDGs	Sustainable Development Goals
UHC	Universal health coverage
UN	United Nations
URE	Unaddressed refractive error
VI	Visual impairment
WHA	World Health Assembly
WHO	World Health Organization
WRV	World Report on Vision

Minahil's life has been transformed because – thanks to the work of the School Health Integrated Programming (SHIP) project in Islamabad, Pakistan – she can now enjoy the pleasure of reading a book.



Executive summary

Sightsavers' Vision and eye care strategy aims to tackle the global vision crisis by ensuring equitable access to high-quality, inclusive and sustainable vision and eye care services. With over one billion people affected by preventable or unaddressed visual impairment, the strategy responds to a growing global need, particularly in low and middle-income countries where 90 per cent of people with vision impairment live. The strategy aligns with global policy frameworks, including the Sustainable Development Goals (SDGs), universal health coverage (UHC) and the World Health Assembly resolutions. It is guided by principles of equity, inclusion, systems strengthening and partnerships.

The vision and eye care strategy sets out three clear goals to respond to the global vision crisis:

- 1.** Develop and promote equitable and inclusive approaches that increase access to sustainable and high-quality vision and eye care for all.
- 2.** Strengthen global, regional and national policy frameworks that promote vision and eye care as an integral part of universal health coverage.
- 3.** Strengthen and diversify partnerships and alliances that maximise impact, ensure sustainability and scale, and provide value for money to stakeholders.

Goal 1 focuses on increasing access and coverage

It prioritises strengthening vision and eye care services across all levels of health systems to improve coverage and quality. It promotes the internationally agreed approaches of integrated people-centred eye care (IPEC), focusing on effective cataract surgical coverage (eCSC) and effective refractive error coverage (eREC). The goal also recognises that community engagement is central, with targeted efforts to increase demand among women, girls and people with disabilities. Sightsavers will continue to support innovative tech-based

solutions and climate-smart, disability-inclusive, gender-responsive approaches to ensure services are accessible, equitable and impactful.

Goal 2 focuses on evidence and policy for sustainable integration

Sightsavers supports governments and other development stakeholders with embedding eye care into national health and education systems. The strategy emphasises evidence-based programmes and policy development to ensure eye care is embedded as a core component of UHC. It leverages global frameworks such as the WHO's World Report on Vision, World Health Assembly (WHA) resolutions **WHA73.4 (2020)** and **WHA74 (2021)**, and the UN Convention on the Rights of Persons with Disabilities, to guide national implementation and accountability. The strategy is grounded in robust research, monitoring, and learning frameworks. It prioritises data disaggregation by gender, disability and geography to ensure inclusive impact and accountability.

Goal 3 focuses on partnerships to amplify resources and ensure sustainability and scale

Sightsavers will continue to work with existing partners but will also use this strategy as an opportunity to reach out to new partners in the private, education,



A patient being examined at Singida Referral Hospital. in Tanzania.

economic empowerment, women's empowerment, and technology sectors. The strategy also promotes private sector engagement to improve the affordability and quality of vision care and spectacles. Strategic alliances enhance the reach and sustainability of vision and eye care programmes - by working with others, we will have a greater chance of achieving the transformation needed to meet the growing needs of vision and eye care services.

In addition to these ambitious goals, we have set out core principles that underpin our approach and interventions. These principles include a focus on leaving no one behind, the importance of health and education systems strengthening, and Sightsavers' continued commitment to safeguarding staff, beneficiaries and partners.



Vision for the future

Our aim is to improve people's vision and eye health through greater access to inclusive, high-quality vision and eye care services. It is ambitious, but achievable. It will require a step-change in the access and uptake of services, particularly for the poorest people. It will be achieved by working in partnership with governments, civil society, the private sector and communities. Sightsavers looks forward to facing the challenges – and grasping the opportunities – that lie ahead as we realise this ambition.

Context

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 and eye health are critical for many aspects of life - including health, education, economic productivity, safety and broader sustainable social development. Yet, today, many people, families and communities continue to suffer from the consequences of poor access to quality, affordable eye care and assistive products - resulting in visual impairment and blindness.

Globally, at least one billion people have a visual impairment that is unaddressed or could have been prevented.¹ In 2020, an estimated 596 million people worldwide had distance vision impairment, of whom 43 million were blind. Another 510 million people had uncorrected near vision impairment, simply because of not having near vision spectacles.² We know that the burden of vision impairment is not distributed equally. Women and girls account for 55 per cent of people with visual impairment.³ More than 90 per cent of people who are blind live in low and middle-income countries (LMICs).

Cataract and uncorrected refractive error (URE) are the leading causes of avoidable blindness and vision impairment in child and adult populations. There is a worldwide increase in diabetic retinopathy, high myopia, retinopathy of prematurity, and chronic eye diseases such as glaucoma and age-related macular degeneration. The global need for eye care is projected to increase dramatically in the coming decades, posing a considerable challenge to health systems.⁴ By 2050, population ageing, growth, and urbanisation might lead to an estimated 895 million people with distance vision impairment, of whom 61 million will be blind.

The leading cause of mild and severe visual impairment (MSVI) globally is uncorrected refractive error. The need for refractive error services and spectacles is projected to rise considerably due to the increasing prevalence of presbyopia (expected to affect 2.1 billion people by 2030) and myopia (expected to affect 3.36 billion people by 2030).^{5 6 7} By 2050, myopia is expected to affect five billion people, more than half of the projected global population at that time. This demand will pose a significant challenge to national eye health systems.

Vision impairment also poses an enormous global financial burden in terms of productivity loss. Addressing preventable vision impairment in low and middle income countries could **boost the global economy by US\$447 billion every year.**⁸

Addressing challenges of vision and eye care would improve people's lives and health outcomes, improve learning outcomes and enhance employment opportunities for people with avoidable blindness and vision impairment. It would contribute to more productive societies, support progress towards UHC and help to ensure we leave no one behind.

Given our overall strategic approach of strengthening and influencing systems to deliver quality, sustainable health care, it is vital that our work is informed by, and informs, wider international policy frameworks. These global frameworks serve as commitments from United Nations Member States, global standards setting, and best practice guidance for our work.

Long-distance truck driver Moses tries on new near vision spectacles during an eye-screening event in Bungoma County, Kenya.





Ameer feeling happy after receiving his spectacles at LRBT Hospital in Pakistan.

Sustainable Development Goals (SDGs)

The 2030 Agenda for Sustainable Development sets out a path for global peace and prosperity for people and the planet. At its heart are 17 SDGs, which require action by countries, companies and civil society.

SDG Goal 3 is to ensure healthy lives and promote wellbeing for all, at all ages. It guides global action on health with targets for universal health coverage, reducing mortality and protecting from financial insecurity. Eye health and vision correction make an important contribution to the 2030 Agenda and cut across many of the SDGs. Our vision and eye care strategy contributes to a range of different SDGs and targets.

SDGs	Connection with vision and eye care
SDG 1: No poverty	Provision of vision and eye care services enables people to work safely - boosting productivity and earning potential that can lift people out of poverty. ⁹ This relationship is likely to be connected with poverty as both a cause and a consequence of poor eye health.
SDG 3: Good health and wellbeing	Good vision and eye health are key to ensuring good health and wellbeing. It helps sustain mental health and contributes to UHC (SDG 3.8). Good vision and eye health also play a significant role in road safety, contributing to SDG target 3.6 (to reduce the number of global deaths and injuries from road traffic accidents).
SDG 4: Quality education	Educational performance is linked to access to eye care services, spectacles and other assistive products. Early detection of vision problems and provision of refractive correction contribute to SDG 4 by increasing retention rates among students with refractive error and facilitating active participation to improve academic performance.
SDG 5: Gender equality	Women make up 55 per cent of those who are blind or visually impaired. ¹⁰ Fighting avoidable blindness and vision impairment contributes to greater gender equity, enabling women and girls to access education, employment and a fulfilling community life. An educated and economically empowered woman gains her rightful place in society, raising the status of girls and women. Targeted actions are needed to reduce the gender inequity in accessing eye care services.
SDG 8: Decent work and economic growth	In 2020, an estimated 143 million working-age individuals globally had moderate to severe vision impairment, with another 18 million experiencing blindness. Access to eye care enhances economic productivity, increases household income and improves employment prospects. It has been shown that providing a pair of near-vision spectacles can improve work productivity by 20 per cent. ¹¹ These economic benefits, particularly when delivered in low resource settings, can be instrumental in promoting economic growth.
SDG 10: Reduced inequalities	Poor eye health disproportionately impacts low resourced countries and disadvantaged groups within countries. Enabling equitable access to vision and eye care services supports reducing educational, gender and economic inequities, ensuring we leave no one behind.
SDG 17: Partnerships for the goals	Tackling avoidable vision impairments and ensuring inclusive access to eye care will only be achieved through strong global partnerships and cooperation. Building global, regional, national and local partnerships with public, private and non-profit sectors will harness innovation, break down social and financial barriers, and accelerate access to high-quality eye care for all.

Universal health coverage (UHC)

A key target under SDG 3 is 'Achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all' (SDG 3.8).

UHC means access for all individuals and communities to the health services they need, when and where they need them, without incurring financial hardship. The centrality of eye health to UHC has been widely acknowledged. The 2024 Political Declaration from the High Level Meeting on UHC recognised the unmet need for eye care and Member States committed to 'Strengthen efforts to address the specific physical and mental health needs of all people as part of universal health coverage, by advancing comprehensive approaches and integrated service delivery', including for eye health conditions. We work consistently to ensure that eye care is included as part of UHC policies, plans and budgets.

UNGA Resolution Vision for Everyone

In July 2021, the United Nations General Assembly adopted the **'Vision for Everyone; accelerating action to achieve the Sustainable Development Goals'** resolution, committing the international community to eye health for the 1.1 billion people living with preventable sight loss by 2030.¹² The resolution was unanimously adopted by all 193 countries of the United Nations. This resolution is significant as it is the first to link eye care to the broader SDG agenda, making explicit links to several SDGs and calling on UN Member States and the broader development agenda to consider integrating vision and eye care into their mandates. Our strategy will support the implementation of the resolution at the national, regional and global levels.

The UN Convention on the Rights of Persons with Disabilities (UNCRPD)

The UNCRPD, adopted in 2006, is an international human rights treaty that addresses the rights of people with disabilities. Article 25 of the UNCRPD, on access to healthcare for people with disabilities, ensures that people with disabilities are treated with dignity and have access to services on an equal basis with others (without discrimination).¹³ Additionally, Article 9 highlights the need to take appropriate measures to ensure access for people with disabilities to medical facilities, transportation, information and communications, both in rural and urban areas.

Disability is commonly left out of national development strategies and action plans and is rarely linked to national health, including eye care and vision rehabilitation strategies. Addressing the needs of people to inclusive and accessible eye care is of utmost importance to ensure optimal everyday functioning. Our vision and eye care work ensures that inclusion is embedded across programmes, research and influencing so the rights of people with disabilities are upheld.



A happy Aafia at home after receiving her new spectacles.

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World Report on Vision 2019 (WRV)

The WHO has guided the development of eye health policies for decades through successive initiatives such as Vision 2020 and the WHO Global Action Plan. In October 2019, the WRV was published. The report, and accompanying WHA Resolution (WHA 73.4), guide policy and programme action for the next ten years and the WHO has developed tools, including a package of eye care interventions (PECI), to support national implementation and achieve faster progress towards UHC.

Recognising the large unmet need and the cost-effectiveness of eye care interventions, in November 2020, at the 73rd World Health Assembly, Member States endorsed the recommendations of the World Report on Vision, with the adoption of resolution WHA73.4: 'Integrated people-centred eye care, including preventable vision impairment and blindness'. The report also introduces integrated people-centred eye care (IPEC) as a new strategy for action. This approach means putting the needs of people and communities, not just diseases, at the centre of health systems.¹⁴

To ensure effective implementation of IPEC, eye care programmes need to be integrated and coordinated with other sectors and levels of care, both within and outside of the health sector. Within this paradigm,

people are seen as beneficiaries and participants of these services throughout their lives. This approach is how we view our vision and eye care work.

This resolution requested WHO, in consultation with Member States, to prepare recommendations on global targets for 2030, focusing on two global tracer eye care indicators - effective cataract surgery coverage (eCSC) and effective refractive error coverage (eREC). The global targets for eCSC and eREC were endorsed in May 2021 at the 74th World Health Assembly.

The targets provide a vital mechanism to monitor global progress on eye health and hold governments to account, and are considered a gold standard in monitoring as they consider both coverage and quality. Sightsavers considers quality across all programmes, supports the programmes that contribute to achieving these targets at the national level and advocates to governments to make progress towards these targets. Our strategic approach to design and deliver refractive error programmes is aligned with the **WHO SPECS 2030** framework – a global initiative that focuses on coordinated global action amongst all stakeholders across five strategic pillars to address the key challenges to improving refractive error coverage.



Global Report on Assistive Technology

Assistive technology (AT) enables people to live healthier, more productive, independent and more dignified lives than before, and to participate in education, the labour market and their communities. Today, 2.5 billion people globally need to use at least one type of AT, such as spectacles, low vision devices, wheelchairs, hearing aids, prostheses, or digital services. In low-income countries, only ten per cent of people have the AT they need, in stark contrast to the 90 per cent of people in need in high-income countries who do.¹⁵

The Global Report on Assistive Technology outlines how improving the AT system means developing and strengthening its four key components - products, provision, personnel and policies. Our strategy works towards addressing these four key components of the Global Report by integrating the provision of spectacles and other vision-related AT to support eye care and vision rehabilitation into health and social care systems. We work to ensure that the provision of AT is close to people's own communities and that the assistive products provided are affordable, available and of high quality.

In line with the recent global consensus on strategies to accelerate progress towards IPEC and achieving the global eye care targets, a strategic shift in our approach is required. This shift will reposition Sightsavers' vision and eye care strategy to focus more on improving access, quality, effectiveness and sustainability of vision and eye care services based on the principles of equity, systems strengthening and inclusion, as well as tailored approaches to innovation and private sector engagement.

The focus on private sector engagement is in line with the WRV 2019, which highlights that health systems involved in eye care cannot deliver effective services without addressing the role of the private sector in all aspects of planning, development, implementation and review. The **Vision and eye care strategy**, building on achievements to date, aims to accelerate access to, and use of, equitable and inclusive vision and eye care services by strengthening health and education systems, leading to long-term sustainable socio-economic impact for individuals, communities and societies.



Today, **2.5 billion** people globally need to use at least one type of assistive technology



12-year-old Sa'id wearing his new spectacles at his school in Kaduna, Nigeria.

Challenges and opportunities

The challenges

Key barriers that perpetuate the current situation of low access to, and use of, eye care, refractive and optical services in LMICs include:

- Low levels of investment by governments.
- High costs to the end-users.
- Complex in-country supply chains.
- A service delivery model that requires high levels of resources in terms of eye health workforce and infrastructure.
- Limited number of services.
- Ineffective coordination with the private sector.
- Low awareness and acceptance of services and spectacles.

There are unique challenges when it comes to the uptake of eye care and refractive error services. Even when services are available, people do not get their vision tested because they are unaware that their vision problems can be solved, have learned to compensate or may be subject to negative attitudes and stigma around wearing spectacles, especially for women and girls. People with low incomes often understand the importance of eye health but prioritise other needs, leading them to delay or limit treatment - such as only operating on one eye or not getting spectacles - because of resource constraints rather than lack of awareness.

In most LMICs, optical markets are unregulated. There is limited public provision of spectacles, even though

the WHO recommends that spectacles should be provided within the context of comprehensive eye care and integrated within the health care system and national health plans. The supply chain for prescription spectacles is also complex, due to the level of customisation required to meet a prescription. Regulatory barriers and high import duties also inhibit the reduction of delivery costs around the world. Until these challenges are addressed by national governments, quality and affordability will remain issues for many people.

Climate change is also significantly impacting eye health and the healthcare systems that support it, primarily through increased exposure to UV radiation, rising temperatures, and more frequent extreme weather events. These factors lead to a rise in eye diseases like cataracts, macular degeneration, and various infections, while also damaging infrastructure, straining healthcare resources and potentially creating climate migrants with compromised access to eye care.

The sector is currently facing extreme challenges as a result of ongoing global economic challenges in the donor environment since the start of 2025. The dissolution of the United States Agency for International Development (USAID) and reductions in overall foreign aid have had a significant negative impact on global health, potentially leading to millions of preventable deaths and hindering efforts to combat diseases. These cuts disrupt funding for vital health programmes - including disease prevention, treatment and supply chains - and can also weaken international partnerships and long-term sustainability mechanisms.



14-year-old student Humair, from Multan, Pakistan.

The opportunities

While the challenges are complex, there are known cost-effective solutions and many strategic opportunities that can facilitate increased access to eye care globally. Sightsavers' vision and eye care strategy provides an overview of how we will engage with and amplify these opportunities. It outlines the overarching guiding principles and strategic framework to sustainably increase access to, and use of, high-quality, inclusive vision and eye care services in the countries where we work.

It also sets out our strategic objectives and priorities for a high-impact and evidence-informed programmatic approach to improve the accessibility, availability and affordability of inclusive vision and eye care services and assistive products. To mitigate the impact of the current financial environment, our strategy will focus on diversifying resource mobilisation, promoting cross-sector cooperation, focusing on cost-effective and evidence-based interventions, exploring innovative financing mechanisms, and fostering greater accountability and transparency.



Faryal smiles with joy at being able to read clearly after the correct lens is placed in the optometrist's trial frame she's wearing.

Strategic framework

The overall aim of the vision and eye care strategy is to increase equitable and sustainable access to inclusive and high-quality vision and eye care services. Our work is guided by a set of core **guiding principles** that underpin our approach and interventions.

An evidence-informed, multi-sectoral, systems-focused and inclusive approach is critical to ensuring that people with vision impairment have access to high-quality services, spectacles and the continuum of care they need. This requires bringing

together the public and private sectors, multilateral organisations, donors and the communities themselves. The following section highlights the key elements of the strategic framework that will help us achieve our strategic goals and objectives.

Goals and objectives

Goal 1: Develop and promote equitable and inclusive approaches that increase access to sustainable and high-quality vision and eye care for all.

Objective 1.1: Strengthen vision and eye care services at all levels of the health system to improve coverage and equitable access to high-quality and integrated people-centred eye care.

Objective 1.2: Support the government and other key stakeholders to improve the quality of care and monitor effective coverage of cataract and refractive error services.

Objective 1.3: Increase demand and use of vision and eye care services and assistive products in communities, especially for women and girls, and people with disabilities.

Objective 1.4: Develop and test innovative approaches of climate-smart, gender-responsive and disability inclusive vision and eye care services and generate evidence on their feasibility, effectiveness and impact.



Gindu having her eyes examined by Dr. Noel outside her home in Iramba District, Tanzania.

Goal 2: Strengthen global, regional and national policy frameworks that promote vision and eye care as an integral part of universal health coverage.

Objective 2.1: Support governments and other development stakeholders to integrate inclusive eye care services and assistive products into national health and education systems and plans at all levels to improve health, inclusion, productivity and learning outcomes for all.

Objective 2.2: Support and promote research, policy engagement and learning uptake on universal health coverage and access to vision and eye care services.



11-month-old Ebenezeri being prepared for surgery at Singida Regional Referral Hospital in Tanzania.



A boy with vision impairment inspects his spectacles.

Goal 3: Strengthen and diversify partnerships and alliances that maximise impact, ensure sustainability and scale, and provide value for money to stakeholders.

Objective 3.1: Strengthen partnerships and alliances to advocate for, and galvanise more, and better, domestic and external investment for financially sustainable vision and eye care programmes.

Objective 3.2: Increase access to vision and eye care through private sector engagement to ensure delivery of affordable services and high-quality spectacles.

Objective 3.3: Leverage innovative and cost-effective technologies to improve access, efficiency and sustainability of vision and eye care programmes to achieve scale.

Objective 3.4: Strengthen links, internally and externally, with education, inclusion, economic empowerment and NTDs' strategies to maximise the impact of vision and eye care programmes.

Theory of change

Integrated people-centred eye care is available for all, contributing to universal health coverage.

All people, of all ages, have equitable access to high-quality, affordable eye care and assistive products, thereby improving wellbeing, learning outcomes and economic productivity.



Access and quality

Improved equitable access to high quality, inclusive vision and eye care services that are climate smart and responsive to population needs.

A competent and adequately resourced workforce delivers high quality, accessible, and gender and disability inclusive, vision and eye care services.

Government and private sector engagement strengthens access, affordability and quality of services and assistive products.

Innovative approaches drive down costs and increase the accessibility, quality, inclusion and sustainability of vision and eye care services.

Reduced stigma and increased demand for vision and eye care services and spectacles strengthen the uptake and use of services.



Evidence and policy

Policy and planning frameworks are evidence-based and support the integration of vision and eye care services into the wider health and education systems.

Research and programme data support evidence-based decision-making and interventions.

Advocacy and policy engagement promote integration of vision and eye health services into health, education and labour systems.

Governments and service providers are held accountable for the sustainability, scale and quality of vision and eye care services and assistive products.



Sustainability and scale

Strong partnerships and alliances facilitate financial investments, maximise impact, sustainability and scale for vision and eye care services.

Strong partnerships with domestic and external stakeholders lead to improved and effective coverage and delivery of affordable vision and eye care services.

Increased domestic and external investment for vision and eye care services through diverse and effective partnerships and collaboration.

Use of innovative, cost-effective technologies through partnerships improves the efficient delivery and scalability of vision and eye health services.

Underlying principles: Leave no one behind. Coherence. Sustainability. Systems strengthening. Quality. Evidence-based. Partnership and participation. Alliances. Safeguarding.

Access and quality

Systems strengthening

According to the WHO, health system strengthening interventions are those that ‘implement changes in policy and practice in a country’s health system’ and improve one or more of the functions of the health system and that lead to better health through improvements in access, coverage, quality, or efficiency’. To address the challenge of access to vision and eye care services, countries require effective, functional health and education systems that can deliver essential vision and eye care services to those in need.

A systems strengthening approach is critical to achieve the strategic goals of our vision and eye care strategy. This approach appreciates that all components of the health ecosystem are interconnected and essential for long-term sustainable impact - including governance, workforce, service delivery, health information, medicines and technology, and health financing. Focusing on a systems strengthening approach and making vision and eye care services an integral part of health, education and labour systems can help address some of the challenges faced by countries. To facilitate this, we will:

- Support long-term systematic cooperation between the ministries of health, education, finance, labour and gender for systems strengthening, leading to sustainable solutions that can be scaled up.
- Work with a range of stakeholders and partners to integrate the WHO Package of Eye Care Interventions at all levels of care and ensure alignment with the WHO’s quality standards for care and products.
- Support the availability and distribution of a competent eye health workforce to provide vision and eye care services to meet the existing and projected needs.
- Build on Sightsavers’ School Health Integrated Programme (SHIP) to scale and test integration of hearing screening and other health interventions to increase the scope and reach of services.
- Build on Sightsavers’ vision and road safety approach to improve vision for drivers and transport workers, leading to reduced risk on the roads and supporting the people whose livelihoods depend on safer transportation.
- Deploy innovative high-volume market shaping models to deliver high-quality and affordable refractive error services and attractive spectacles to low-income communities.
- Collaborate with employers, worker collectives and government agencies to improve access to vision and eye care services at workplaces.
- Help address both supply and demand challenges in the delivery of vision and eye care services and spectacles by testing and incorporating innovative solutions in programmes.
- Support efforts to improve partnerships and alliances that facilitate financial investments, maximise impact, and scale, for vision and eye care services.



Amna examines an older patient with an ophthalmoscope. The INSPIRE (Improving National Systems in Pakistan for Integrated action on Refractive Error) Project aims to develop a comprehensive approach to strengthening refractive and optical services in Pakistan.

Sightsavers will not endorse:

1. Screening without the availability of examination and follow-up clinical and surgical interventions - including refraction, spectacle provision and appropriate referral mechanisms.
2. Sporadic cataract and refraction camps independent of the health and education systems.
3. The use of personnel who are inadequately trained, supported or supervised.
4. The use of glass lenses for children (we strongly recommend the use of polycarbonate/plastic lenses).
5. The use of recycled spectacles.
6. Self-refraction with adjustable spectacles.
7. Any programmes or activities that systematically, or by design, exclude specific population groups.



Sightsavers' safeguarding approach is designed to identify and minimise the risks of harm or abuse to adults and children from any planned programme and activity. Our vision and eye care strategy recognises the significance of ensuring that our interventions, operations and programmes do no harm. As a guiding principle, to minimise the risk of harm in our programmes, we will not endorse and support any projects, activities or partners that don't follow **Sightsavers' safeguarding policy and practices.**



Siddiqan at home with her daughter-in-law following her successful cataract surgery in Khanewal District, Pakistan.

Quality of care and products

The ultimate success of interventions to improve the eye health of the population is heavily influenced by the quality of outcomes. For this reason, parameters such as eCSC and eREC, are being recommended by the WHO, as these provide a composite picture about the accessibility and quality of vision and eye care service delivery.



To qualify as **'good quality'**, services must be effective, safe, people-centred, timely, equitable, efficient and integrated into wider health systems. Our implementation strategies are based on the WHO's guidance and quality standards for services and products, standards we helped to develop. These strategies are context-specific and designed to ensure the effective implementation of core quality aspects, covering both clinical and non-clinical dynamics.

Innovation and technology

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 the ability to increase impact.

The appropriate use of digital health can improve healthcare for all, including patients and service providers. Technology and digital health provide concrete opportunities to tackle health system challenges and thereby offer the potential to enhance the coverage and quality of health practices and services.¹⁶ Innovative use of technology (such as artificial intelligence, digital health information systems, telemedicine, mHealth) will help to address the barriers to access and uptake of vision and eye care services.

Innovative technologies that will facilitate the development, testing and scaling of cost-effective and high-impact vision and eye care services and products; screening, diagnosis and monitoring tools; and efficient delivery mechanisms, will greatly accelerate the pace of scale-up. So, too, will innovations to overcome the significant supply chain challenges that exist globally and within countries.

Incorporating innovation and digital eye care solutions in to our programmes involves the use of screening and diagnostic applications, electronic health records (EHRs), data analytics and infrastructure to improve the quality and efficiency of vision and eye care services for better patient outcomes. We will focus on embedding digital eye health interventions in our programmes by:

- Leveraging digital technologies to increase access and equity, thereby enhancing accessibility to vision and eye care services, particularly for individuals in remote and hard-to-reach locations. The use of telehealth platforms will enable remote consultations, allowing the eye health workforce to reach underserved areas.
- Analysing the data within EHRs and other digital systems to enhance quality and efficiency, including the integration of real-time data, surveillance systems to enable data-driven decision-making and create more evidence-based knowledge.
- Incorporating remote monitoring, automated processes to streamline operations and reduce the cost of vision and eye care services.
- Employing skills development to improve the competence of the health workforce through online, simulation-based and blended learning resources such as the WHO's online **Training in Assistive Products (TAP)**, to enhance the overall quality and efficiency of vision and eye care services.



Rushpa sitting outside Sitapur Eye Hospital in Uttar Pradesh, India, with husband Balram following her cataract surgery.

Evidence and policy

Successful delivery of our vision and eye care strategy will rely on a solid evidence base for integration into the wider health and education systems to influence the right policy change.

Research and evidence uptake

For Sightsavers, research is a core organisational activity that contributes to sectoral and organisational learning, improved quality of programmes and effective influencing. We support research that generates new evidence and

addresses knowledge gaps for use by our programmes, partners and the global eye health community. An evidence-based approach helps us to make well-informed decisions by putting the best available evidence at the heart of what we do.

In the previous strategic period, we significantly expanded our eye health research portfolio, particularly visual impairment surveys and national eye health system assessments. We will continue to invest in high-quality research to gather evidence for effective vision and eye health programming and advocacy - focusing on access, quality, efficiency, sustainability and impact of vision and eye care services. Driven by the objectives outlined in this strategy, our vision and eye health research will focus on:

- The epidemiology of eye diseases.
- Eye health system assessments.
- Refractive error situation analysis.
- Health-seeking behaviour and demand for vision and eye care services.
- Sustainable and equitable eye health financing and service delivery models.
- Measuring outcomes, impact, costs and cost-effectiveness of vision and eye care interventions.

More specifically, we will continue supporting vision impairment surveys and measuring eCSC and eREC, two global indicators for monitoring universal health coverage. One of our operational research priorities will be measuring equity of access by different population groups, with a focus on gender, poverty, disability and geography. We will expand research into the drivers of socio-economic inequities, intersectionality between different characteristics of disadvantage, and the effectiveness of interventions to increase access for marginalised and hard-to-reach population groups.

We will continue supporting eye health system and facility assessments with a focus on monitoring changes in the eye care infrastructure and capacities over time. Where appropriate and feasible, we will integrate accessibility audits with other system and facility assessments and use digital technology and artificial intelligence innovations to maximise the efficiency and impact of such assessments.

With regards to health-seeking behaviour, we will continue investing in research which aids understanding of the individual, social and cultural factors influencing the demand for vision and eye care services. Given the persistent gender inequity found in the environments we are in, access and uptake of cataract and refractive error services by women and girls in these settings will be one of our top priorities. Our research on refractive error in children will continue focusing primarily on school-based delivery platforms and their efficiency and sustainability. 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 identifying and testing sustainable financing models for eye health. This knowledge will be critical to support evidence-informed decision-making and scale-up of services that are equitable and deliver value for money.

Also, in the next strategic period, in collaboration with our research uptake and learning team, we will continue strengthening the relationship between research and programmes and will work with other teams across the organisation to ensure a coordinated approach to the effective capture, triangulation, communication and use of evidence from different sources. Effectively engaging stakeholders, within and outside Sightsavers, with quality data will facilitate a more effective evidence uptake and help us to achieve the ambitious goals articulated in this strategy.

Policy and advocacy

Central to Sightsavers' approach is influencing policy change at the national, regional and global levels, meaning we can have a long-term and sustainable impact. By making policy change central to our approach, we can ensure we have an impact beyond the geographic coverage of our programmes and beyond their active period.

Sightsavers' influencing focuses on ensuring that global, regional and national policies, agreements and frameworks are in line with our objectives, as set out in this strategy. We are also guided by best practice recommendations such as the World Report on Vision and the Global Report on Health Equity for Persons with Disabilities. The existence of policy frameworks is not sufficient, so we also advocate for the resourcing and implementation of policies and hold governments and development actors accountable for their commitments. Across all our advocacy, we build constructive partnerships and ensure the voices of people who are marginalised are heard in policy development and associated action plans.

To deliver this strategy, our overall influencing objective is to ensure that high-quality vision and eye care services are delivered through national, regional and international policy frameworks that promote access to effective, accessible, safe and inclusive health care services for all. We will continue to influence the development of national health, inclusive eye health and vision care policies, and promote the implementation of global, regional and national policy frameworks. We will support governments to deliver their national commitments and work with national civil societies, particularly organisations of people with disabilities (OPDs), to hold governments to account.

In this strategy cycle, our policy and advocacy direction is, and will continue to be, aligned with global standards through our engagement with the WHO, UN agencies and IAPB. We will continue to work to promote the integration of vision and eye care into universal health coverage and to promote integrated people-centred eye care and other global frameworks that promote sustainability and scale.

- At the regional level, we will continue to work with regional forums, including the WHO and regional development actors, to ensure that vision and eye care are integrated within their actions and mandates.
- At the national level, we will continue to engage with all national stakeholders, including other sectors, to influence the integration of vision and eye care into education, rehabilitation, labour, child and neonatal health, non-communicable diseases, and assistive technology plans.
- To ensure our advocacy is strategic, we will develop long-term advocacy plans, based on in-depth analysis of the policy environment, to guide our work at the national level. We will utilise these to continue to integrate advocacy into the design of programmes and throughout the programme cycle.



Fiza 12 years from Islamabad, Pakistan smiles after receiving her first pair of spectacles through the Sightsavers SHIP project.

At Fana Hospital, Kany Sangare, accompanied by her father Molo, returns the day after her cataract surgery for the removal of the bandage and wound care.



Sustainability and scale

We aim to develop sustainable vision and eye care programmes in partnership with organisations that already exist, including formal duty-bearers in the countries where we work, so that changes will continue effectively once our direct inputs have ended. This involves considering the political, financial, technical, technological, socio-cultural, institutional, and environmental and climate change-induced aspects of our programmes. In particular, we intend to work more closely with governments to ensure they factor in the future financial resourcing of vision and eye care programmes that we develop in collaboration with them.

Collaboration and partnerships

Partnerships, alliances and collaborations are essential for the successful delivery of vision and eye care interventions. Working closely with a wide range of partners enables us to create sustainable change and long-lasting impact on the vision and health conditions of the people we serve.

To successfully deliver on the strategic goals of our vision and eye care strategy, we build cross-sectoral partnerships with domestic and external stakeholders - including education, economic development, women's empowerment agencies, OPDs, business and transport, civil society, technology and the private sectors. We focus on coordinated and intersectoral interventions which systematically improve the status of vision and eye care at various levels by establishing strategic partnerships and alliances, engaging with the private sector and industry leaders, and building the capacity of professional associations and South-South cooperation.

We will also focus on influencing broader maternal and child health, non-communicable diseases, gender and climate-focused stakeholders through broadening our programmatic partnerships. Central to successful coalitions is establishing a supporting structure that maintains focus on a shared strategy. We will continue to collaborate with global initiatives and alliances - such as WHO SPECS 2030 and The Coalition for Clear Vision - that focus on ensuring access, scale, advocacy, awareness and resource mobilisation.

Resourcing and strategic investments

In many countries, due to competing priorities, there is limited government ownership, prioritisation and financial resourcing for vision and eye care services, especially for people who cannot access or afford them. As a result, most national vision and eye care programmes are dependent on external donor support and private sector financing. To expand effective coverage of vision and eye care services for all, there is a need to: raise sufficient funds for both capital investments and ongoing service delivery costs; pool funds to spread the financial risks and protect those least likely to be able to afford out-of-pocket expenditure; allocate and use funds efficiently and equitably; and define the benefit package of services, including refractive error services, that can feasibly be financed and provided.



Most national vision and eye care programmes are dependent on **external donor support and private sector financing.**

Keeping the current financial environment in mind, we aim to diversify our funding pool and leverage additional funds to support the delivery of our vision and eye care strategy. We plan to execute a robust funding strategy to secure long-term resources for vision and eye care programmes. Accelerating global cross-sector collaboration and diversified partnerships will be key to our success. We will continue:

- Advocating for more and better allocated public funding to make progress towards UHC.
- Embedding vision and eye care interventions into donor-funded health, education, livelihood and road safety programmes to improve efficiency, effectiveness, inclusivity and sustainability.
- Advocating with our partners to galvanise more, and better, domestic and external investment for vision and eye care services.
- Partnering with other NGOs and private sector partners to combine technical, operational and strategic skills - delivering on an unprecedented scale.
- Working with emerging coalitions that have an interest in assistive technology and rehabilitation initiatives to develop pooled funding approaches for refractive error and vision rehabilitation services.



14-year-old Ivania trying out her new spectacles in Nampula, Mozambique.

Private sector engagement and development

Many stakeholders are involved in making UHC a reality and the private sector is a key player in many countries, particularly for service delivery and the provision of spectacles. Engaging the private sector should be part of the efforts to increase access to high quality vision and eye care services - governments and other stakeholders need to engage with the private sector and identify common interests.

Sightsavers will continue to work collaboratively with the public, private and social enterprise sectors and will explore opportunities to strengthen our work to:

- Increase access to inclusive, high quality, affordable refractive error services and spectacles within the health value chain.
- Influence their focus to provide services and spectacles to low and middle-income population segments.
- Pilot innovative approaches and positive disruptive technologies to address the unmet need for vision and eye care.
- Support efforts to address the barriers regarding regulations, supply chain, awareness and demand generation.
- Facilitate cross-sector learning that leads to more holistic and effective interventions and social business models.

Cross-cutting priorities

Gender equity in eye care

Sightsavers takes a gender mainstreaming approach to our work, as outlined in our **Sightsavers' approach to gender**. This is recognition that women and girls would otherwise be left behind in the work we do due to their gender roles, gendered expectations and the power relations which influence their social, economic and political outcomes. By considering gender as a cross-cutting, human-rights issue, Sightsavers can address the different needs, priorities and experiences of women and girls, men and boys. Sightsavers

also recognises the multiple forms of discrimination faced by women and girls with disabilities, which significantly reduce their access to health, education, employment and decision-making spaces.

Vision impairment is both a contributor to gender inequities and an outcome of gender inequity. Vision impairment disproportionately affects women and girls - women account for 55 per cent of people with visual impairment and projections suggest that women will experience an



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Zainab choosing her new frames at the optical shop established as part of INSPIRE project in Pakistan.

increasing proportion of vision loss. The average life expectancy of women is longer than that of men and many eye conditions, including cataract and presbyopia, are associated with ageing. Yet, they are the least likely to receive treatment and face barriers to accessing services.

In many countries, women and girls have less access to eye care services due to various socio-economic and cultural challenges. This gender and eye health disparity is found globally, in the contexts of all treatable eye conditions, and the numbers are even greater at a young age.¹⁷ The stigma associated with spectacle use is more apparent for girls and women in some communities.¹⁸ The pledge to leave no one behind, the goal of achieving health and wellbeing for all and efforts to achieve UHC cannot be successful unless we address gender inequity in eye care. Effective vision and eye care programmes are those that respond to the different needs and situations of women, men, girls and boys, and benefit everyone equitably.

To ensure the gender equity of our programmes, we will be intentional in operationalising Sightsavers' approach to gender and integrating the recommendations from the UN Women's policy brief **No Woman Left Behind: Closing the Gender and Inclusion gap in eye health** in our work. We will continue to apply a gender lens in our programming, policy and advocacy work; and assimilate new global thinking and put it into practice in the local context. To strengthen our positioning along the gender continuum - sensitive, responsive or transformative - we will pilot positioning vision and eye care programmes along the gender continuum to assess our current position, define our desired future direction, and use this to measure progress.

We will continue to focus on:

- Embedding gender equity into programme objectives, interventions, success measurement and impact assessment.
- Prioritising gender analysis and using data to analyse differences in patterns of service utilisation and behaviours at different points of the continuum of care, and designing evidence-informed interventions.
- Tapping into the expertise of others by partnering with gender-focused and women's organisations.
- Engaging men and boys as allies and agents of change to promote mutual trust, growth and lasting social change.
- Influencing negative gendered social norms that prevent girls and women from using spectacles and taking up treatment options, by using approaches such as social behaviour change and social marketing.
- Testing and integrating technologies and innovations that increase access to care for women and girls, including medical advancements to improve patient outcomes and access to assistive technologies.
- Supporting the creation of policies and incentives to increase the number of women in eye health leadership positions and have them sitting at the table when decisions are made.

Climate smart eye care for all

Climate change continues to affect the world, posing a significant risk to health systems and facilities, including hospitals and communities. The risks exacerbate poverty and health inequality and affect the progress towards UHC.¹⁹ Studies have shown that high temperatures and low rainfall, both resulting from the negative impact of climate change, are associated with the increasing prevalence of trachoma infection.²⁰ Vitamin A deficiency is increasing, likely from the increase in food shortages due to changes in predictable rainfall, causing flooding and drought that eventually affect harvest.

Eye conditions such as allergic conjunctivitis, glaucoma and age-related macular degeneration have all been associated with traffic-related air pollution.²¹ The loss of the ozone layer due to global warming was linked to the early onset and accelerated progression of cataracts.²² At the same time, climate hazards disrupt health service delivery, further impeding the most vulnerable populations' access to health services. Health facilities have been destroyed because of storms, hurricanes and cyclones, and the supply chain system has been disrupted, resulting in a delayed supply of medicines, spectacles and surgical consumables.

Conversely, the healthcare industry, including the eye care sector, significantly contributes to greenhouse gas emissions and the production of large amounts of environmental waste, which negatively impacts the environment. High volume outpatient interventions associated with vision and eye care services produce waste, which further exacerbates this situation. Incorporating climate-smart and environmentally sustainable approaches in our vision and eye care programmes can

put health systems on a climate-resilient development path, aligning with global and organisational climate action goals. To achieve these goals, in our vision and eye care programmes, we aim to:

- Follow **Sightsavers' global overarching environmental policy**.
- Proactively operationalise **Sightsavers' climate-resilient and environmental sustainability toolkit for vision and eye care programmes**.
- Align our approach with the IAPB's call to action for environmentally sustainable practices in the eye health sector, with a focus on leadership, advocacy, sustainable procurement, facility management, education, research and collaboration.
- Actively assess the vulnerability of our vision and eye care programmes and facilities, and integrate adaptation approaches to current and future climate risks to protect and improve the health of the communities in an unstable and changing environment.
- Follow a contextualised 'climate-smart' approach, focusing on strengthening the health system to decrease greenhouse gas emissions and increasing resilience to the negative impact of climate change.
- Actively engage in climate action forums at the national level, in the context of broader health and education action plans.
- Focus on sustainable procurement, ensuring our suppliers also strive towards environmental excellence.
- Support our partners to manage waste in an environmentally sustainable manner.

Rwenzori Mountains,
Uganda





Awa showing her National ID card and Disabled ID card in Kaolack, Senegal.

Disability inclusion and OPD engagement

Inclusion is at the heart of Sightsavers' vision and eye care strategy. We work collaboratively with people with disabilities, in all their diversity, and their representative organisations using participatory and inclusive processes with a focus on the most under-represented constituencies. Our vision and eye care programmes are always co-created to have the maximum positive impact on the lives of people with disabilities. To ensure that vision and eye care services are provided in a barrier-free environment, and are inclusive and sustainable by design, we will continue to:

- Actively collaborate with local stakeholders to ensure that people with disabilities are included in our processes and programmes.
- Identify entry points to make eye health and education systems more inclusive.
- Generate evidence on what works and build on the existing body of knowledge and learning.
- Follow Sightsavers' six principles on how we, as an organisation, engage with people with disabilities.

Spectacles, magnifiers, screen readers, audioplayers with DAISY capability and white canes are essential assistive products included in the **Priority Assistive Products List developed by WHO through the GATE initiative**.²³ We will continue to promote access to affordable assistive products by working with governments, the private sector, organisations of people with disabilities, civil society organisations, and others, and engaging both the demand and supply sides of vision and eye care services.

We will also focus on adapting interventions to address the vision and eye care needs of other marginalised groups who experience multiple levels of exclusion and discrimination, and whose full and effective participation in society will not be possible unless all inequalities they face are addressed. We will promote the meaningful engagement of people with disabilities and OPDs in sector planning and engage and empower them to be aware of their eye care needs and demand services.

Social norms and stigma reduction

Social norms are the informal, unwritten rules that define acceptable and appropriate actions within a given group or community. Social norms can bind communities and groups together by fostering cooperation, trust, boundaries and social cohesion. However, they can also serve as significant barriers because they affect individual choices and can lead to stigma, exclusion and harmful behaviours. This is especially true for many people with disabilities, including people with vision impairment, and can impact their ability to fully participate in society - affecting individual choices, decisions and actions related to health and inclusion, and the use of services and systems that Sightsavers supports.

Low uptake of vision and eye care services, and adherence to the use of spectacles and other assistive products, is a common challenge in many countries where we work and is often influenced by a lack of knowledge and negative perceptions, attitudes and misconceptions. There is also a clear link between the quality of vision and eye care service delivery (which includes staff attitudes) and patients' perceptions of services, which then influences their individual decisions on whether or not to use the services and products.

To address these challenges, we aim to:

- Systematically gather evidence and understand stigma, social and gender norms in the contexts we work, to inform decisions on interventions we prioritise.
- Use Sightsavers' social and behaviour change and stigma reduction guidance to test approaches to reduce stigma in a variety of settings and to influence, complement or challenge social and gender norms.
- Embed social behaviour change innovation as a key pillar of programme design to address deeply rooted social and cultural norms that can create discrimination and inequity in access to services by people with disabilities, women and other marginalised groups.
- Engage not only our primary target audience, which includes people and children who need access to eye care, but also their families, communities and wider influencers who drive and reinforce social and gender norms.
- Local partners and leaders often reflect the social norms and stigma of that context. We will support local partners, including OPDs and women's organisations, to understand and address barriers created by social norms and stigma.
- Engage with the private sector to design and pilot context-specific social marketing approaches to encourage the use of spectacles among girls, based on the evidence that they are a group at particular risk of non-use of spectacles.
- Use participatory and local design for interventions and messages that are accessible and suitable for local audiences.

Measurement, learning and accountability

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

To deliver on our strategy, Sightsavers will ensure that its vision and eye care programmes are evidence-informed 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 that our interventions are contributing to the overall vision and mission of Sightsavers and the key programmatic goals and objectives of the strategy.

Regular monitoring and assessment of progress will include qualitative and quantitative data and analysis derived from projects, operational research, quality assessments 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 continue to strengthen the collection and use of data with a particular priority in this strategic period for disability, sex, age and geography. We will continue to develop our ability 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 vision and eye care programmes. We will create routine opportunities for stakeholders to provide feedback in ways that are meaningful to them and integrate lessons from Sightsavers' experiences with adaptive management.



We will **regularly review our theory of change** and amend it as necessary



The road to Ruangwa from Dar Es Salaam - an eight hour journey that's very beautiful but also highlights how remote some communities are.

Thematic links

Sightsavers' health, education and inclusion work go hand in hand. The thematic connections between eye health, neglected tropical diseases (NTDs), education, social inclusion and economic empowerment work are critical. It is imperative that we build on them to enhance the reach and integration of vision and eye care services.



Neglected tropical diseases

Following a systems strengthening approach, the vision and eye care strategy explores links with our NTDs programmes through:

- Collaboration in school and community screening between NTD and refractive error programmes, particularly integration of vision screening into deworming programmes.
- Joint health promotion and prevention interventions for impactful social behaviour change.
- Exploring opportunities to support innovative digital solutions, the use of artificial intelligence and strengthen information management systems.
- Further explore the integration of eREC indicators into trachoma surveys.



Inclusive education

Access to quality education and essential health services are fundamental child rights. They are critical to realising the full potential of all children, including children with disabilities, enabling them to live a happy and opportunity-rich life. We know that the prevalence of strabismus, nystagmus and reduced contrast sensitivity is higher in children with disabilities.²⁴ Early vision screening, visual function assessment, correction of refractive error and follow-up are critical to ensure that children with disabilities have access to high-quality eye care, spectacles and assistive technology. We will continue to work closely with education programmes to:

- Establish long-term systematic cooperation between the ministries of health and education to build and strengthen systems.
- Integrate inclusive education principles into school health integrated programmes.
- Explore the potential to do capacity building of teachers on inclusive education in our school health integrated programmes.
- Jointly promote close collaboration between health professionals, educators, the broader social sector and organisations of people with disabilities for the establishment of effective support mechanisms for all children.



Social inclusion

Inclusion and equity are the underpinning principles of our vision and eye care strategy.

Treatable visual impairment is common in people with disabilities, and detection and management of these ocular conditions, including URE, are part of the responsibility of vision and eye care programmes. By creating links with social inclusion work, we aim to promote more holistic and inclusive vision and eye care programmes by:

- Developing and testing innovative models of gender-responsive and disability-inclusive vision and eye care services within health, education and rehabilitation systems.
- Reorienting the model of care towards strengthening eye care in primary health and rehabilitation care and bringing inclusive services closer to communities.
- Engaging with people with disabilities, OPDs and community-based organisations in programme design, implementation and review processes to ensure that accessible and inclusive vision and eye care services are in place.
- Building the capacity of the eye health workforce to incorporate inclusive vision and eye care models and communication practices in systems.



Inclusive Economies and Citizenship

Around the world, over 13 million people live with vision impairment linked to their work, with an estimated 3.5 million eye injuries occurring in the workplace every year.²⁵ This places work-related vision impairment as the third-largest causal factor of vision-related conditions. By creating links with our inclusive economies work, we aim to:

- Increase knowledge and awareness of occupational safety and health issues, focusing on vision and eye health, among worker organisations and their members.
- Promote collaboration between public health specialists and workplace occupational safety and health (OSH) specialists.
- Increase the capacity of unions to conduct vision and eye health screening with access to follow-up care.
- Improve workers' accessibility to information and knowledge about eye health in the workplace.



Our vision and eye care strategy specifically focuses on strategic interventions to effectively reach out-of-school children - particularly girls, people with disabilities, internally displaced people, climate-affected communities, refugees, communities on the move and other high-risk population groups. Strong thematic links will help us to develop and deliver inclusive and integrated vision and eye care programmes that are equitable, high-quality, people-centred, and sustainable.

Joining our efforts will help us to ensure that we leave no one behind.

References

- World Health Organization (2019). World Report on Vision. World Health Organization. Available at: www.who.int/publications/i/item/9789241516570
- Adelson J, Bourne RRA, Briant PS, Flaxman S, Taylor H & Jonas JB et al (2020). Causes of blindness and vision impairment in 2020 and trends over 30 years, and prevalence of avoidable blindness in relation to VISION 2020: The Right to Sight: An analysis for the Global Burden of Disease Study. *The Lancet Global Health* 9, e144-e160 .
- The Lancet Global Health (2021). Trends in prevalence of blindness and distance and near visual impairment over 30 years: An analysis for the Global Burden of Disease Study. *The Lancet Global Health* 9 (2), e130-e143. Available at: [www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30425-3/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30425-3/fulltext)
- World Health Organization (2019). World Report on Vision. World Health Organization. Available at: www.who.int/publications/i/item/9789241516570
- Holden BA, Fricke TR, Wilson DA, Jong M, Naidoo KS, Sankaridurg P, Wong TY, Naduvilath TJ & Resnikoff, S (2016). Global prevalence of myopia and high myopia and temporal trends from 2000 through 2050. *Ophthalmology*, 123(5), 1036-1042.
- Naidoo KS et al (2019). Potential Lost Productivity Resulting from the Global Burden of Myopia: Systematic Review, Meta-analysis, and Modeling. *Ophthalmology* 126 (3), 338-346. Available at: doi.org/10.1016/j.ophtha.2018.10.029
- Fricke TR, Tahhan N, Resnikoff S, Papas E, Burnett A, Ho SM, Naduvilath T & Naidoo KS (2018). Global prevalence of presbyopia and vision impairment from uncorrected presbyopia: Systematic review, meta-analysis and modelling. *Ophthalmology* 125(10), 1492-1499.
- Wong B, Hennessey J, Stern J et al (2025). The Value of Vision: The case for investing in eye health. Seva Foundation, The Fred Hollows Foundation and The International Agency for the Prevention of Blindness. Available at: visionatlas.iapb.org
- Zhang JH et al (2022). Advancing the Sustainable Development Goals through improving eye health: A scoping review. *The Lancet Planetary Health* 6(3), e270 - e280.
- The Lancet Global Health (2021). Trends in prevalence of blindness and distance and near visual impairment over 30 years: An analysis for the Global Burden of Disease Study. *The Lancet Global Health* 9(2), e130-e143. Available at: [www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30425-3/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30425-3/fulltext)
- Reddy PA et al (2018). Effects of providing near glasses on productivity among rural Indian tea workers with presbyopia (PROSPER): a randomised trial. *The Lancet Global Health* 6 (9), e1019-e1027. Available at: [www.thelancet.com/journals/langlo/article/PIIS2214-109X\(18\)30329-2/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30329-2/fulltext)
- Burton MJ et al (2020). The Lancet Global Health Commission on Global Eye Health: Vision beyond 2020. *The Lancet Global Health* 9(4), e489-e551.

16. United Nations (2007). Convention on the Rights of Persons with Disabilities. United Nations. Available at: www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-25-health.html
17. World Health Organization (2025). Integrated People-centred Care. World Health Organization. Accessed 5th August, 2025. Available at: www.who.int/health-topics/integrated-people-centered-care
18. World Health Organization (2022). Global Report on Assistive Technology. World Health Organization and the United Nations Children's Fund (UNICEF). Available at: www.who.int/publications/i/item/9789240049451
19. World Health Organization (2019). Recommendations on Digital Interventions for Health System Strengthening. World Health Organization. Available at: www.who.int/publications/i/item/9789241550505
20. Seva Canada (2012). Gender & Blindness: Initiatives to Address Inequity. Seva Canada. Available at: www.seva.ca/wp-content/uploads/gender_and_blindness_-_low_res_final.pdf
21. Yasmin S & Minto H (2007). Community perceptions of refractive errors in Pakistan. Community Eye Health 20(63), 52–53. Available at: www.ncbi.nlm.nih.gov/pmc/articles/PMC2040252
22. Watts N et al (2021). The 2020 report of The Lancet Countdown on health and climate change: Responding to converging crises. The Lancet 397(10269), 129–170. Available at: pubmed.ncbi.nlm.nih.gov/33278353
23. Ramesh A, Kovats S, Haslam D, Schmidt E & Gilbert CE (2013). The impact of climatic risk factors on the prevalence, distribution and severity of acute and chronic trachoma. PLOS Neglected Tropical Diseases 7(11), e2513. Available at: doi.org/10.1371/journal.pntd.0002513
24. Chua SYL et al (2021). Association of ambient air pollution with age-related macular degeneration and retinal thickness in UK Biobank. British Journal of Ophthalmology 106(5), 705–711. Available at: bjo.bmj.com/content/106/5/705
25. Jaggernath J, Haslam D & Naidoo K (2013). Climate change: Impact of increased ultraviolet radiation and water changes on eye health. Health 5, 921–930. Available at: www.scirp.org/journal/paperinformation?paperid=31952
26. World Health Organization (2016). Priority Assistive Products List. World Health Organization. Available at: www.who.int/publications/i/item/priority-assistive-products-list
27. Vora U, Khandekar R, Natrajan S & Al-Hadrami K (2010). Refractive error and visual functions in children with special needs compared with the First Grade school students in Oman. Middle East African Journal of Ophthalmology 17(4), 297–302. Available at: pubmed.ncbi.nlm.nih.gov/21180428
28. International Labour Organization (2023). Eye health and the world of work. International Labour Organization. Available at: www.ilo.org/publications/eye-health-and-world-work

We work with partners in low
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for people with disabilities

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