



IAPB



**The roadmap to UHC for eye health through Integrated People Centred Eye Care**

The World Health Organization (WHO) World Report on Vision set the strategic framework for the delivery of eye care in health systems.

The key recommendations of the report are to:

- Make eye care an integral part of Universal Health Coverage
- Implement integrated people-centred eye care in health systems.

In August 2020, the World Health Assembly (WHA) adopted a resolution on Integrated People-Centred Care, requiring all countries to implement the recommendations of the World Report on Vision; and giving the WHO the official mandate to provide further technical support to Member States and other stakeholders, and to prepare feasible global targets for 2030.

## Building on successes

The WHO World Report on Vision follows 30 years of concerted action on eye health. Vision 2020: The Right to Sight, launched in 1999 by the WHO in partnership with the IAPB, intensified global advocacy efforts, strengthened national prevention of blindness programmes and supported the development of national eye care plans across the world. This momentum was maintained by “Universal eye health: a global action plan 2014–2019”, which called for universal access to comprehensive eye care services. Despite the many improvements made during this time, significant challenges lie ahead.

## Challenges ahead

- Inequities in access
- Changing population demographics and a growth in demand
- Inadequate government prioritisation
- Fragmented services that are poorly integrated into health systems and coordinated with other health areas
- Insufficient and uncoordinated workforce
- Lack of resources and financial protection
- Gaps in data

## IPEC and the path to Universal Health Coverage

Universal Health Coverage (UHC) means that all people have access to the health services they need, when and where they need them, without financial hardship. UHC is a global priority for the WHO, and the linchpin of the health-related Sustainable Development Goals.

To achieve UHC at a country-level, health systems around the world are adopting an integrated and people-centred approach to health services. This means putting the comprehensive needs of people and communities, not only diseases, at the centre of health systems, and empowering people to have a more active role in their own health.

The WHO recognises that UHC cannot be achieved unless all people have affordable access to the eye care services they need. For eye care to be truly universal will require the adoption of a people-centred and integrated approach.

# What is Integrated People-Centred Eye Care?

## IPEC is defined in the World Report on Vision as

*'services that are managed and delivered so that people receive a continuum of health interventions covering promotion, prevention, treatment and rehabilitation, to address the full spectrum of eye conditions according to their needs, coordinated across the different levels and sites of care within and beyond the health sector, and that recognizes people as participants and beneficiaries of these services, throughout their life course'*

IPEC requires a fundamental shift in the way eye care services are managed and delivered. It calls for the mainstreaming of eye health into national health systems and encourages more primary and community-led strategies.

The World Report on Vision recommends four strategies to implement integrated people-centred eye care that require local adaptation:

1

**Empowering and engaging people and communities**

2

**Reorienting the model of care**

3

**Coordinating services within and across sectors**

4

**Creating an enabling environment**

## An integrated people-centred approach is needed for:

**Equity in access:** For everyone, everywhere to access the eye care services they need, when and where they need them.

**Quality:** Safe, effective and timely eye care that responds to people's comprehensive needs and is of the highest possible standard.

**Responsiveness and participation:** Eye care is coordinated around people's needs, respects their preferences, and allows for people's participation in their eye health.

**Efficiency:** Ensuring that services are provided in the most cost-effective setting with the right balance between health promotion, prevention, treatment, and rehabilitation.

**Resilience:** Strengthening the entire health system, increasing the capacity of health actors, institutions and populations to prepare for, and effectively respond to, public health crises<sup>1</sup>.

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1. WHO, Reforming Health Service Delivery for UHC: *WHO-HIS-SDS-2017.9-eng.pdf*

## What further support and guidance to expect from WHO?

The WHO is in the process of developing a suite of technical tools and guidance to support governments and other stakeholders to move forward and progress this agenda. This includes:

**Strategic Guidance on IPEC:** A complimentary guide to the World Report on Vision which sets out key strategic goals, desired end points, policy and practice interventions, and the roles and responsibilities of different actors. *Expected in March/April 2021.*

**Guide for Action:** A comprehensive guide to assist governments through a phased process of situation assessment; strategic planning; development of monitoring and evaluation; and implementation of the strategic plan. This process utilizes health system strengthening practices with a focus on eye health. It will include an updated version of the Eye Care Assessment Tool (ECSAT); a strategic planning tool and implementation tool. *Expected in October 2021*

**Package of Eye Care Interventions:** A Resource containing evidence-based eye care interventions that can be used by countries to plan (i.e., which interventions to prioritize), budget and integrate eye care interventions at all service delivery platforms. *Expected in late 2021 with the economic component.*

**Global Targets and Menu of Indicators:** A monitoring framework for eye care fully aligned to Universal Health Coverage. This includes:

- The adoption of global targets for 2030, focusing on the effective cataract surgical coverage (eCSC) and effective refractive error coverage (eREC) for 2030 at the 74th World Health Assembly 2021. *Expected in May 2021*
- Technical guidance and a tool to facilitate the collection data on the global indicators by Member States.
- A menu of 30-40 eye care indicators which countries can select to better monitor progress against national and sub-national priorities. *Expected in July 2021*

**Myopia Toolkit:** A handbook containing and evidence-based message library and technical guidance to support governments and other organizations to develop scale mHealth programmes for their citizens on the topic of myopia. *Expected in August 2021*

**Eye Care Competency Framework (ECCF):** A tool to provide a global standard of eye care competencies that will assist in workforce planning and development, informing education institutions in preparing workers for practice, and setting practice standards for employers, policy makers and regulatory bodies. *Expected in April 2022*



## The action we can take now

The success of this agenda depends on the extent the eye care sector embraces advancing eye health as part of UHC through implementing IPEC and advocates for its adoption. The IAPB Secretariat is in the process of developing a programme of activity to support and equip IAPB members to drive this change at a country level. In the meantime, we encourage any interested IAPB members to:



Attend WHO and IAPB webinars on this topic, including IAPB's *Advocacy to Action* series which aims to engage and support the eye health sector in working together to effectively advocate at global, regional and national levels



Begin discussing this agenda at Prevention of Blindness Committee meetings and share resources with stakeholders to start building a common understanding



Promote this agenda to national government stakeholders, and begin identifying opportunities to shape government strategies, plans and policies



Get in touch with your relevant IAPB Regional Chair or Coordinator about supporting a national policy dialogue/ national implementation process.

## To find out more:

1. **WHO World Report on Vision:** <https://www.who.int/publications/i/item/world-report-on-vision>
2. **The IAPB Vision Atlas tool is available here:** <https://www.iapb.org/learn/vision-atlas/>
3. **The Lancet Global Health Commission on Global Eye Health report is available here:** <https://globaleyehhealthcommission.org/reports/report/>
4. **Key facts and figure on eye health and why it matters:** [https://www.iapb.org/wp-content/uploads/2021/02/Eye-Health\\_Why-it-matters\\_24022021.pdf](https://www.iapb.org/wp-content/uploads/2021/02/Eye-Health_Why-it-matters_24022021.pdf)

# Key Messages

## 1. Eye health is essential to Universal Health Coverage

Eye health is key to ensuring good health, mental health and well-being; and to building strong and resilient health care systems.

People living with vision impairment have an increased risk of mortality (up to 2.6 times); have higher rates of depression and anxiety; and are more likely to suffer from health conditions such as dementia, cardiovascular disease, and lung cancer – posing a considerable challenge for health systems.

## 2. An integrated people-centred approach to eye care is the only way to address the challenges ahead

Eye care needs to be mainstreamed into national health systems. Integrated people-centred-eye care is the only way to meet the growing demand, the wider demographic and lifestyle changes, and the challenges ahead for eye health. Without it, the risk is that eye care becomes increasingly siloed, fragmented, and ineffective - and more people get left behind.

## 3. Leave no-one behind

A staggering 90% of all unaddressed vision loss is in low- and middle-income countries, with the poor and extreme poor among the furthest left behind. Women and girls (55% of vision loss), older persons (74% are aged over 50 years old) as well as persons with disabilities, indigenous peoples, refugees and internally displaced persons and migrants are among those most affected.

Increased efforts aimed at reaching those furthest left behind and to target the immediate factors driving the vast inequity which exists in eye health (geographical accessibility, acceptability, cultural, socioeconomic) is a critical component of integrated people-centred eye care.

## 4. Eye health is essential to achieving the Sustainable Development Goals

Investing in eye care services is a realistic and cost-effective way of unlocking human potential by improving health and wellbeing, education, work and the economy.

The WHO estimates the cost of covering the coverage gap for eye health at \$24.8 billion. The return on investment is substantial; unlocking \$411 billion per year for the global economy in productivity gains (The Lancet Global Health Commission).

See further:

**Key facts and figure on eye health and why it matters:** [https://www.iapb.org/wp-content/uploads/2021/02/Eye-Health\\_Why-it-matters\\_24022021.pdf](https://www.iapb.org/wp-content/uploads/2021/02/Eye-Health_Why-it-matters_24022021.pdf)