

VISION FOR THE COMMONWEALTH

In 2015 there were 14 million blind people in the Commonwealth. An additional 70 million had medium to severe visual impairment. A startling 280 million had near-vision impairment, affecting their ability to read and perform tasks such as threading a needle.

The impact on the individuals affected, their families and communities is considerable. But there is also an economic cost in terms of lost productivity: estimates suggest that the global cost, in terms of lost economic productivity plus the costs of health and social care for people with visual impairment, is over USD3 trillion per year, including USD175 billion in lost productivity alone.

Women are disproportionately affected: it is estimated that 55% of people who are blind or visually impaired are women. 89% of visually impaired people live in middle and low income countries.

The investment required worldwide to develop the eye health systems required to eliminate avoidable blindness and treat long term chronic eye disease is a fraction of that. Benefit vs. cost ratios of 4:1 are achievable in low income countries.

The effect of uncorrected poor vision on the educational attainment and life chances of children and young people is severe. A randomised controlled trial in rural China has shown that quality vision care is the most cost-effective intervention for improving child welfare, and leads to large and sustainable increases in learning and school performance.

Simple and inexpensive, tried and tested solutions exist to prevent or treat many types of blindness and poor vision. Improved and innovative solutions are continuously being developed, including at the many centres of excellence across the Commonwealth. Today three out of four people who are blind do not need to be, while 90 per cent of people with poor vision could be helped with a pair of glasses. Cataract surgery, screening for and treatment of sight loss from diabetes, elimination of blinding trachoma, an infectious cause of blindness, improved neonatal care for infants born prematurely to prevent damage to the eyes are just a few of the solutions.

Much progress has been made in the last decades in addressing avoidable blindness and poor vision, through Government engagement and delivering these solutions to people across the world. As a result, the global prevalence of visual impairment has decreased from 4.58% in 1990 to 3.38% in 2015, with some 90 million people being treated or prevented from becoming blind or seriously vision impaired. But because the world's population is increasing and ageing, and because of the rise of myopia and sight loss from diabetes, the overall number of people affected by blindness, visual impairment and poor vision continues to rise. Estimates suggest that if we do not act now, the number of people blind and with poor vision could treble by 2050. Releasing the potential of those affected not only transforms individual lives but creates substantial additional resources for every country of the Commonwealth without exception.

The challenge is to bring eye care and affordable vision correction to everyone, so that no one need suffer from blindness or poor vision when it can be prevented or corrected. Those unavoidably blind, vision impaired or with poor sight need to be able to achieve their full potential. And everyone, regardless of age, needs to be able to remain engaged and connected to the social and economic fabric of their community.

This is our vision for the Commonwealth.

The Commonwealth and avoidable blindness

In 2011 CHOGM gave its blessing to the creation of The Queen Elizabeth Diamond Jubilee Trust; in 2013 CHOGM endorsed the Trust's choice of combating avoidable blindness in the Commonwealth as its main programme and called upon it to work with others to make a "decisive contribution" to the global elimination of avoidable blindness.

The vibrant eye health sector across the Commonwealth has worked with the Trust to deliver this mandate. The Trust has reported on the progress made each year to Commonwealth Health Ministers at their annual meeting in Geneva. CHOGM in 2015 recognised the important work being done to address preventable blindness.

The international framework

The period of the UK chairmanship in office of the Commonwealth, 2018-2020, is particularly significant in terms of addressing avoidable blindness and poor vision.

The World Health Organisation Global Action Plan Towards Universal Eye Health, approved by all WHO member states in 2013, sets a target of a reduction of 25% in avoidable blindness over 2010 levels, by 2019, and focuses on planning, work force development and partnerships.

The WHO Roadmap on Neglected Tropical Diseases sets 2020 as the target date for elimination of multiple diseases, including blinding trachoma, the leading infectious cause of blindness, still endemic in a number of Commonwealth countries.

Vision 2020: The Right to Sight, an initiative of the non-governmental sector backed by WHO, set the date of 2020 for the elimination of blindness from avoidable causes.

There are many linkages between avoidable blindness and poor vision, and the Sustainable Development Goals, particularly those covering poverty reduction, good health, quality education, gender equality and decent work.

The progress to date

Huge progress has been made in addressing avoidable blindness in the Commonwealth; progress has accelerated in the last five years. There are now programmes to tackle blinding trachoma in 15 Commonwealth countries; 11 are on track to reach elimination thresholds by 2020. Governments are increasingly recognising the need for system wide approaches to tackle avoidable blindness and correct poor vision. Some are adopting ground-breaking innovative approaches.

In **Botswana**, a partnership between the Government of Botswana and Peek Vision will deliver comprehensive school eye health to every school child (and teacher) in the country by 2020, the first country in the world to do so. This will use both innovative human centred design and technology to deliver an accountable and effective

programme as well as an innovative financing model that aligns all partners around the delivery of impact. This model could be replicated elsewhere to support Commonwealth Governments' taking control of planning and delivering comprehensive, sustainable eye services for their populations.

Bangladesh has made significant progress in collating, analysing and reporting data on eye health. Bangladesh recognised that in order to plan, budget for, implement, monitor and evaluate national eye health care, it needed comprehensive eye health data. In 2016, Bangladesh developed and introduced ten new eye health indicators into the National Health Management System.

Rwanda is becoming the first developing country in the world to provide access to vision screenings and affordable glasses to anyone who needs them. It has embraced self-adjustable glasses and has eased its rules to allow 2,500 community nurses to be trained to carry out sight tests and diagnose patients in just three days rather than attending a four-year university-level degree course in optometry. Meanwhile, Rwanda has deregulated the sale of eyewear so they are available throughout the country and not just in opticians, removed cost-increasing taxes and import duties on glasses, and developed an outreach programme in 15,000 villages to break down cultural barriers.

In **Pakistan**, responsibility for health is devolved to each of the country's five provinces. In Punjab, Lady Health Workers, the country's cadre of health workers do not collect detailed data, including by gender and age. This data supports planning for eye health services within that province. In 2016 Pakistan created a range of new eye health posts at all decentralised levels – provincial, district and rural. In Punjab and Khyber Pakhtunkhwa provinces, 78 mid-level eye health positions were created, including new ophthalmic nurses and technicians' posts.

In 2016 **Zambia** developed a new four year Eye Health Strategic Plan (2017-2021). For the first time this plan integrates eye health with the wider health system, with a particular focus on collecting data about children. This will enable effective planning to prevent childhood blindness. The plan also focuses on equity of access to eye health services, with collection of relevant data, which is essential if disadvantaged groups such as women or people with disabilities are to access services.

The provision of adequate, affordable and accessible eye health services in the **Commonwealth Pacific Island Nations** is a particular challenge because of the vast distances between islands compounded by lack of human and financial resources in the smaller countries. They have addressed this through strong collaboration: with each other and with eye health partners. Programme planning underpinned by research and data; training to develop human resources; targeted programmes for trachoma and sight loss from diabetes; outreach services to remote communities both within countries and across the region, are some of the ways in which advances in eye health are being made.

Malawi is making rapid progress in eliminating blinding trachoma. Whereas only four years ago half the population, some 8 million people, were at risk of losing their sight to the disease, today no one is.

The Commonwealth encompasses a very broad range of countries, from small island developing states to large densely populated ones, at all income levels. A range of approaches are called for to address eye health in such diverse settings; the knowledge gained in doing so is a valuable resource to tackle avoidable blindness and poor vision globally.

Progress possible 2018-2020

Building on the progress to date, with commitment by and leadership from Commonwealth Governments, by 2020 the member countries of the Commonwealth could:

- Each take one significant, relevant step to address avoidable blindness and poor vision; some examples are such steps are set out above;
- Refresh the national eye plan, take new steps towards implementation and to capture data to monitor performance, including progress towards reaching all parts of the population.

Avoidable blindness and the 2018 CHOGM theme “Towards a common future”

Tackling avoidable blindness and low vision dovetails with the CHOGM themes:

- **A more sustainable future:** the inclusion of eye health and vision in health systems strengthens countries' preparedness to deal with emerging threats such as sight loss from diabetes and the rise in myopia and to address adequately the needs of their ageing population.
- **A fairer future:** blindness and poor vision affects women and the poor disproportionately. Tackling them contributes to greater fairness in society.

- **A more secure future:** Blindness and poor vision have an impact on poverty and educational outcomes, known to lead to marginalisation and potentially extremism and violence. Tackling drivers of marginalisation in all forms helps to enhance personal and national security.
- **A more prosperous future:** tackling low vision and avoidable blindness releases the potential of those affected, raising educational attainment and enabling individuals – and those who would otherwise be engaged in caring for them - to make a full contribution to the economy, breaking the cycle of poverty and disability and reducing the welfare burden.

And enabling young people with blindness, vision impairment and poor vision to engage in education, get and keep a job and participate in civil, political, social, economic and cultural aspects of their communities contributes to a strong and prosperous Commonwealth.

Our asks

That at the Heads of Government meeting in April 2018, the Commonwealth:

- Expresses a vision of a Commonwealth free of avoidable blindness and poor vision, where everyone has access to quality eye care, and where those with irreversible vision loss can reach their full potential;
- Takes ownership to realise this vision and recognise its relevance to attaining the Sustainable Development Goals of ending poverty, achieving good health, inclusive education, gender equality and decent work, and leaving no one behind;
- Celebrates the good progress achieved thus far, and acknowledges the significant effort required now to meet the eye care challenge of a growing and ageing population and ensuring the release of human potential, commits to/gives impulsion for specific progress 2018-2020:
 - Each country to take one significant step by 2020 to make a real difference;
 - Each country to have an up to date eye plan, take new steps towards implementation and to capture data to monitor performance, including progress towards reaching all parts of the population.

AVOIDABLE BLINDNESS AND LOW VISION

- **Refractive error and glasses** – Refractive error is a leading cause of vision impairment including severe vision impairment. Treatment requires only an eye examination and a pair of spectacles.
- **Cataract** – Cataract surgery is a cost effective operation, requiring no general anaesthetic, which can be completed in minutes. The World Health Organization says this is one of the most cost effective of all health interventions.
- **Diabetic Retinopathy (DR)** – People with DR whose sight is at risk can be treated, most commonly with laser, to prevent visual impairment and blindness. However, there is no treatment that can restore vision that has already been lost. Many people with diabetes are not aware that their condition may affect their vision and lead to blindness. Regular screening and early intervention is critical.
- **Blinding Trachoma** – Blindness caused by the Neglected Tropical Disease Trachoma can be treated with simple surgery to address the trichiasis (inturning of the upper lid and eye lashes). The infection and its spread can be tackled with the SAFE strategy - Surgery, Antibiotics, Facial cleanliness and Environmental improvement.
- **Onchocerciasis (river blindness)** – Treatment involves spraying the breeding sites of the blackfly which transmits the parasite, and providing medication to communities affected by this Neglected Tropical Disease. The drug used is ivermectin (Mectizan). Treatment must be carried out annually to halt progression.
- **Retinopathy of Prematurity** – Control entails improving neonatal care, in particular the delivery of oxygen (which wrongly provided causes the damage to the blood vessels in the eye) to premature babies in incubators, and detecting infants who develop the treatable stages of disease, followed by laser to the peripheral retina.
- **Macular Degeneration (MD)** – is now the most common cause of blindness in high income countries. Obesity and smoking can be contributory factors, and MD is strongly associated with ageing. Health education programmes to increase awareness about modifiable risk factors; regular eye examinations and prompt referral to centres with appropriate facilities and personnel for diagnosis and treatment.
- **Glaucoma** – Treatments are available but require long term medical and surgical interventions in more advanced cases. Free eye tests soon reap dividends in terms of savings to social and healthcare.



THE QUEEN ELIZABETH DIAMOND JUBILEE TRUST
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