Three vitally important global reports and resolutions have together outlined the challenges facing eye care, the impact of vision impairment on achievement of the United Nations’ Sustainable Development Goals, and the inclusion of addressing refractive error correction within Universal Health Care.

The World Report on Vision (WRV), published by the World Health Organization in 2019, has highlighted the impact of changing demographics worldwide, specifically, population growth and ageing, along with the growth and impact of uncorrected refractive error, including presbyopia. The increasing ageing population will increase the absolute number of people with chronic disease that accompanies ageing which includes significant eye health issues that can lead to visual impairment and blindness, as well as increasing the impact of uncorrected presbyopia. Conditions causing vision impairment and ocular morbidity such as glaucoma, diabetic retinopathy, age-related maculopathy, and cataract are other parts of this equation. Other eye care needs such as rehabilitative vision care, other conditions that do not lead to visual impairment such as dry eye, all lead to the need for eyecare services.

The World Report on Vision outlined the statistic that over 1 billion people worldwide experience vision loss primarily because they have no access to vision care. More than 90% of those affected live in low to middle income countries; nearly 75% are over 50 years of age, and 55% are women. Unaddressed poor vision is estimated to have a global productivity loss of US $411 billion annually. These are sobering figures, even more so when it is known that 90% of vision loss is preventable through early detection and treatment. Additionally, for many people significant inequities exist in their ability to access vision care. The burden of preventable vision loss is greater in areas of social and economic disadvantage, in rural areas, for older people, ethnic minorities, indigenous peoples, and women. These inequities are not solely developing world issues. They exist in countries where health systems and eye care systems are relatively well developed and established.

Related to this, the 75th Session of United Nations General Assembly in July 2021, at Agenda item A/75/L.108, calls on member states “to ensure access to eye care services for their population and to mobilize the necessary resources and support...to contribute to global efforts to reach, by 2030, at least 1.1 billion people who have a vision impairment and currently do not have access to the eye care services they need”. The UN General Assembly further recognizes eye care is essential to achieving Sustainable Development Goals 1, 2, 3, 4, 8 and 11. Both the World Report on Vision and the UN General Assembly have indicated the need to include eye care as part of Universal Health Coverage, and to implement integrated people-centred eye care in health systems across promotive, preventative, curative, and rehabilitative services. Improved eye care not only leads to improved healthcare outcomes for society, but also to improved social, financial, and educational outcomes as well.

In many regions, eyecare is delivered predominantly in secondary and tertiary healthcare settings, which can restrict access. The WHO proposal for integrated people-centred eyecare (IPCEC) is an approach to health care services which are managed and delivered so that people receive a continuum of health interventions covering promotion, prevention, treatment and rehabilitation; which address a full spectrum of eye conditions according to individuals’ needs; which are coordinated across different levels
and sites of care within and beyond the health sector; and which recognize people as participants and beneficiaries of these services, throughout their life course. This emphasis on health service delivery within communities is the strength of optometry across the world.

Further, the 74th World Health Assembly (April 2021) in Agenda item 13.9 has endorsed global targets for effective coverage of refractive errors, requiring a 40% increase in effective coverage of refractive error by 2030, and where countries currently have a 60% or higher effective coverage rate, they should strive for universal coverage. Countries should also aim for an equal increase in coverage of distance and near refractive error across the population.

The World Council of Optometry, representing professional associations of optometrists from across the world, affirms its commitment to working with optometric organisations, optometrists, optometric education, industry, government, and non-government organizations to realize the goals of the World Report on Vision, the UN General Assembly, and the World Health Assembly.

To meet these goals, the World Council of Optometry seeks to support optometry in delivering improved health outcomes through:

- Recognition of optometry as an autonomous primary health care profession
- Advocacy for legislation of who can practice optometry to improve public safety, and for legislated scope of practice to be commensurate with the level of education, and for legislation to permit optometrists access to the necessary diagnostic and management tools to address future needs
- Recognition of optometry designed to improve access to eye care services at the primary care level, leading to expanded services, with increased efficiency, access, and feasibility – the development of people centred health care
- Considering the impact of current and future technology on the delivery of eye care, and how these tools can be utilized by optometry to improve equity, access, and outcomes
- Recognizing the diversity of optometry worldwide, to support the further development of number and depth of academic programs to support the knowledge, skills and competencies in refractive error management, ocular disease, clinical and management skills, teamwork, leadership, and advocacy that will enable the profession to participate fully in healthcare systems to address the magnitude of the problem and to improve health and societal outcomes
- Involvement in leadership in eyecare by actively joining global efforts
- Developing partnerships to deliver care – government, local ministers of health and minister of education, hospitals, clinics
- Integrating eye care into the country health team
- Ensuring eye care is included as primary care in health care systems with a focus on universal health coverage
- Expanding the role of optometry as the primary profession to address the myopia epidemic/pandemic – both from a perspective of the refractive needs, as well as eye health components – including at a minimum - detection, prevention, control, treatment, monitoring, research
• Planning for the multi-disciplinary team-based approach to deliver the continuum of eye care services within the health system where needed with the optometrist as a core decision maker in the process
• Advocating for increased investment in eye care to remove barriers and ensure equitable, affordable, and accessible care
• Raising awareness, engage and empower people/community about the needs for eyecare

In many countries, optometry is well prepared for a role in this space and is ready to contribute to both the management of the increasing burden of refractive error and disease, and to the public health agenda so that optometry both recognizes and contributes to the wider public and social needs of health care in terms of health care teams, prevention, detection, and management. In other countries, a wider role for optometry in improving healthcare outcomes will require legislative change to reflect the scope of optometric education; in others, expansion of optometric education to equip future optometrists with the necessary increased skills will be required.