

**EDITORIAL**

## Defining eye health for everyone

Definitions matter. As we prepared the recent *Lancet Global Health Commission on Global Eye Health*,<sup>1</sup> we recognised that establishing a clear definition of eye health could help galvanise the eye health community towards its ambitious aims in the coming decade. Here, we provide the context into which this new definition speaks, before elaborating on the main ways in which we believe the definition can help strengthen global eye health.

The United Nations declared this the 'Decade of Action' to deliver the Sustainable Development Goals (SDGs) and accelerate sustainable solutions to the world's biggest challenges of peace, planet and prosperity by 2030.<sup>2</sup> The global eye health movement has responded to this call by demanding a fresh approach to ensuring eye health for everyone, everywhere.

In its inaugural World Report on Vision, the World Health Organization highlighted major challenges to improving eye health.<sup>3</sup> These challenges include the large and growing number of people with vision impairment—estimated to be 1.1 billion people in 2020<sup>4</sup>—the lack of data on eye conditions not causing current vision impairment, and the need for a continuum of services to meet the full range of eye health needs of communities.<sup>3</sup> The proposed solution outlined in the report and adopted by all 194 national governments of the 75th World Health Assembly in 2020, is to establish eye health as a core element of efforts to achieve Universal Health Coverage (UHC) through implementing Integrated People-centred Eye Care (IPEC) across the spectrum of promotive, preventative, curative and rehabilitative services, both within and beyond health.<sup>3</sup>

The *Lancet Global Health Commission* further advanced this shift by calling for eye health to be reframed as a development issue and putting forward new evidence that improved eye health contributes to realising the SDGs, particularly those related to poverty, education, economic growth, equity and sustainable cities.<sup>1</sup> Evidence provided by the Commission contributed to the foundation of the first UN General Assembly resolution on Vision adopted in July 2021 'Vision for everyone: Accelerating action towards achieving the Sustainable Development Goals'.<sup>5</sup> This landmark resolution firmly establishes the strategic role that eye care plays in advancing health, social wellbeing and economic development, as well as asserting the instrumental and intrinsic value of eye health.

Historically, international definitions relating to eye health have focussed on biomedical disease classifications

and associated levels of blindness or vision impairment (e.g., International Classification of Diseases). These globally accepted definitions permitted the quantification of the magnitude of avoidable vision loss, which in turn enabled advocacy and interventions to be designed to address this need.

However, good eye health is about more than eye diseases and vision loss. Current definitions fall short of describing all the aspects of eye health that are needed to achieve good quality, people-centred eye care that enables everyone to achieve their full potential.

The *Lancet Global Health Commission on Global Eye Health* addressed this gap by defining eye health thus:

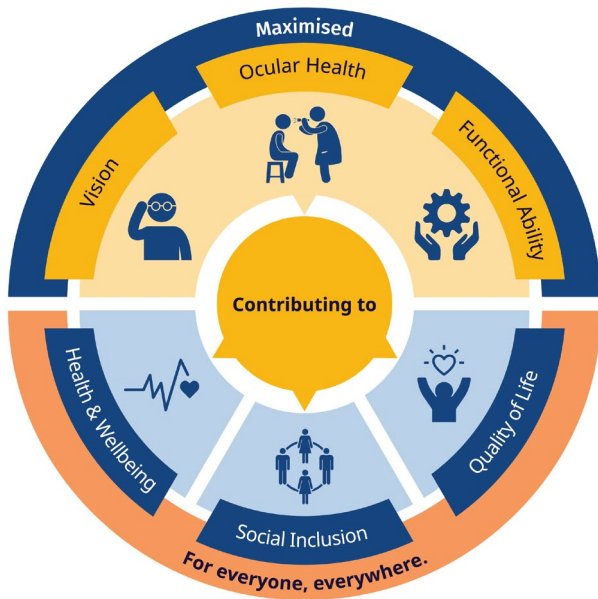
Eye health is the state in which vision, ocular health, and functional ability is maximised, thereby contributing to overall health and well-being, social inclusion, and quality of life (Figure 1).<sup>1</sup>

Correspondingly, eye health services *are all types of interventions that improve eye health, encompassing the spectrum of promotion, prevention, treatment and rehabilitation.*

This broader definition aligns eye health with the pursuit of Universal Health Coverage and sustainable development. The *Lancet Global Health Commission* outlined ten recommendations for how to deliver high quality eye health services as part of Universal Health Coverage, leaving no one behind.<sup>1</sup> To further support this aim, below we outline what we consider to be intrinsic principles of the definition of eye health proposed in the Commission, along with some key considerations for how it can help us strengthen global eye health.

First, there is a need to generate and meet demand for the full range of eye health services. We must continue to improve access to high quality services for conditions that cause vision impairment, while also addressing the ocular health needs of the vast number of people with conditions that do not impair vision. We must also elevate vision rehabilitation as an equal pillar of the eye health service continuum aligning improved functional ability alongside preventative and restorative care. This will require integrated partnerships across public, private, philanthropic and community sectors to harness the power of shared goals, resources and expertise to ensure all aspects of eye health are addressed.

## EYE HEALTH



**FIGURE 1** Circular infographic showing the definition of eye health, which is “maximised vision, ocular health, and functional ability, contributing to overall health and well-being, social inclusion, and quality of life for everyone, everywhere”

Second, we should not consider eye health interventions an end unto themselves, but as a means to better health and wellbeing, and greater inclusion. A focus on these outcomes places equal value on interventions that improve the ability of people to function in society, such as through improving vision, through improving mobility in the physical environment with a white cane, or through reading using braille. Achieving these outcomes will require us to routinely consider the policy, regulatory, physical and social environment within which people live and eye health is situated.

Third, people must be at the centre of eye health services and equal importance should be placed on what they think, feel and do resulting from accessing services. We must engage people and communities in service design, delivery, review and innovation, especially people with lived experience of blindness and vision impairment. Designing services around people rather than specific interventions will lead to services being much better integrated, to be in the settings most relevant to people and communities and for them to meet the needs of both individuals and the group.

Finally, we need better evidence. We must better quantify the full extent of eye health needs in populations with a particular focus on the historically neglected—people with non-vision impairing conditions, with near vision impairment and those with vision-related disability in need of rehabilitation services. We must monitor inequality in eye health across population subgroups by routinely disaggregating data by social axes relevant in the local context, including

but not limited to gender, disability, place of residence, ethnicity and socioeconomic status. We must also generate and use evidence that identifies how to implement accessible, high-quality eye health services at scale to meet the needs of the population, with equity and inclusion embedded, and financed in ways that do not create financial hardship, thus aligning with Universal Health Coverage.

It is time to change our view on eye health. We believe this new definition provides a holistic and universal perspective that can help shape our priorities and actions across development and delivery of services, research and advocacy. We challenge all eye health stakeholders to use this definition to help achieve eye health for everyone, everywhere.

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