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(More) Action on Vision, Now!

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(More) Action on Vision, Now!

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A great deal of effort has been invested in addressing global eye health needs since the start of VISION 2020: The Right to Sight initiative in 1999. However, if we want to achieve the Universal Health Coverage targets by 2030 and leave no one behind, there is no time for delay.

WHY THE URGENCY?

In 2020, about 1.1 billion people globally suffered from distance vision impairment and uncorrected presbyopia, and this number is expected to increase to 1.8 billion by 2050.¹ This worrying projection is more than just a numerical measure of vision impairment: it reflects a human cost in suffering and lost opportunities, for instance in the lives of children and young people who lose out in education, in the hardship of working adults who lose their jobs and income, and the risk of falls, reduced cognitive ability and even death among the elderly, as reported in the recent *Lancet Global Eye Health Commission*.²

The highly populous Asia-Pacific region has massive unmet eye care needs. People's lifestyles are changing from active to sedentary due to rapid urbanization, and they are also living longer. This means we are not only trying to address traditional eye care challenges associated with cataract and refractive error, but at the same time, we are now facing emerging age-related vision-impairing conditions such as diabetic retinopathy and age-related macular degeneration. It has been estimated that between 1990 and 2015, the number of blind people globally increased by 17.9%. Two articles in this issues, *Challenges in Eye Care in the Asia-Pacific Region* and *Incidence of Newly Registered Blindness from Age-related Macular Degeneration in Australia over a 21-Year Period: 1996–2016*, explore in detail aging and vision impairment in the regions. To add to the eye care challenges, the prevalence of myopia is on the rise: 53.4% of the population in the high-income countries in the Asia-Pacific region are myopic, and 80% to 90% of children in East Asia.³ About 10% to 20% of this myopic population will develop potentially sight-threatening high myopia.³

So, the obvious question is: what can we do now to prepare for the challenges we will face in the coming decades? To answer this question, we must first understand the eye care needs we face in the Asia-Pacific region. Yusufu et al⁴ have clearly demonstrated that these needs are multi-fold. In the lowest-income countries, people cannot afford to access even basic eye care services. Where services are available, there are discrepancies in quality and outcomes. Furthermore, only 40% of the region's countries have reached the WHO-mandated target of one ophthalmologist per 100,000 people, and there is an obvious maldistribution of human resources for eye health care in the region.⁵

Regional collaboration is the key to addressing these challenges. One example of the kind of collaboration needed is research into the potential of low-cost vision care to drive progress towards achieving the Sustainable Development Goals. An important development in this area is a recently-funded suite of studies called ENGINE (Eyecare Nurtures Good-health, Innovation, drivINg-safety, and Education),⁶ a collaborative international research initiative comprising 29 multidisciplinary partners, including government ministries, NGOs, universities, patient groups, and corporations. Through randomized trials, ENGINE will explore the impact of vision care on safer roads, access to online banking and robust mental health in the elderly across countries in the region, including Bangladesh, India, and Vietnam.

Addressing the issues of affordability and access requires scalable solutions driven by institutions that not only share this vision but are prepared to invest in it as well. One such example described by Yusufu et al⁴ is represented by China's extensive three-tier eye care network⁷ (national-provincial-municipality and county-township-village), which aims to

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make eye health services accessible at the grassroots level. In this mobile and digital era, the use of technology-based solutions such as teleophthalmology, low-cost screening devices, and ready-made glasses are vital to increasing efficiency and impact.

Historically, the provision of eye care services lies largely with ophthalmologists and optometrists. Today, however, this is unrealistic because providing high-quality eye care to patients requires a team of personnel, including opticians, ophthalmic nurses, image graders, and potentially local healthcare workers. Hence there is a need to extend eye care training to ancillary personnel to address both the shortage and imbalanced distribution of human resources for eye health care. This diverse eye care workforce also facilitates task sharing within the team to co-manage work collaboratively.

The challenge in achieving a positive, short-term change in behavior, over 3 to 6 months, in addressing barriers to service uptake (such as misconceptions and lack of awareness) lies in the time required to change knowledge and attitudes. Existing trials^{8–10} show that the effectiveness of interventions to improve eye health-seeking behavior are mixed. However, the way in which behavior and sociocultural factors influence our health care services is evolving continuously, largely due to advances such as mobile phone technology. Improved connectivity to the Internet makes information instantly available through platforms such as social media, used by some 2.82 billion people worldwide.¹¹ Although conventional approaches such as pamphlets and brochures are useful in some settings, there is great potential to utilize digital social media platforms to disseminate engaging and accurate messages effectively.

Enormous eye health burdens and challenges are foreseeable over the next decades in the Asia-Pacific region, but solutions are achievable if we act now, collectively and collaboratively.¹²

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