

PUBLIC POLICY POSITION STATEMENT: PEOPLE-CENTRED APPROACH TO VISION REHABILITATION AND ASSISTIVE TECHNOLOGY

BACKGROUND

There are more than 2.2 billion people living with blindness or vision impairment around the world, with 1.1 billion living with a condition that could have been prevented or is yet to be addressed. At least 77 million people¹ are estimated to be living with unavoidable vision impairment or blindness. People living with avoidable vision loss and those living with permanent vision impairment or blindness stand to significantly improve their independence and quality of life through vision rehabilitation and assistive technology. Yet these vital services are often overlooked in policy and planning.

Eye health is ‘the state in which vision, ocular health and functional ability are maximised thereby contributing to overall health and wellbeing, social inclusion and quality of life’.² This definition affirms that eye health goes beyond preventing and treating vision loss, it’s about supporting the full functioning and inclusion of people with vision impairment and blindness.

Vision rehabilitation and assistive technology are both aimed at optimising, maintaining or improving an individual’s functioning and independence. Vision rehabilitation focuses on assisting individuals regain, maintain or improving function and independence, while assistive technology – whether in the form of a product, system or service – can support this process by enhancing an individual’s ability to perform daily activities.

Vision rehabilitation services typically include assessment and goal setting, skills training and environmental adaptations, optical and non-optical devices and assistive technologies, support and referral services. Assistive technology for vision impairment and blindness can include spectacles, white canes, magnifiers, braille devices, navigation aids, screen readers, and a range of digital, electronic and low-tech products that support independence and access and more.

ABOUT THE FRED HOLLOWES FOUNDATION

The Fred Hollows Foundation (The Foundation) is an international eye health development agency established with the purpose to deliver bold eye health solutions that transform lives. The Foundation continues to seek a world in which no person is needlessly blind or vision impaired.

The Foundation’s vision is consistent with the legacy of our founder, Professor Fred Hollows, and his belief that everyone should have access to high quality, affordable eye care, no matter where they live. His specific interest that poorer and more marginalised people all over the world be reached remains a core focus.

For further information on this public policy position statement or The Fred Hollows Foundation more broadly please contact Global Policy and Advocacy at: gpa@hollows.org.

¹ Steinmetz, Jaimie D et al. (2021). “Causes of blindness and vision impairment in 2020 and trends over 30 years, and prevalence of avoidable blindness in relation to VISION 2020: the Right to Sight: an analysis for the Global Burden of Disease Study.” The Lancet Global Health, 9(2), p.144–p.160. Accessed via the IAPB Vision Atlas: visionatlas.iapb.org

² Burton, M. J., Ramke, J., Marques, A. P., Bourne, R. R., Congdon, N., Jones, I., ... & Faal, H. B. (2021). “The Lancet Global Health Commission on Global Eye Health: Vision Beyond 2020.” The Lancet Global Health, 9(4), p.489-p.551.

THE ISSUE

Access to vision rehabilitation and assistive technology is a human right and a fundamental precondition for inclusion, independence and participation in society.³ Despite growing recognition, this has not been accompanied by a heightened policy profile nor expanded investment and access at either the global or national level in countries where The Foundation works.

Access to vision rehabilitation and assistive technology remains critically low, particularly in low- and middle-income countries. Globally vision rehabilitation services are only available to approximately 15% of people likely to benefit from these services.⁴ Estimated access to assistive products varies from 3% to 90% with this range impacted by each country's socioeconomic development. As populations age and non-communicable diseases increase demand for these services will rise significantly, further widening existing gaps in unaddressed vision impairment and blindness.

These gaps are driven by structural barriers including underinvestment, limited integration, insufficient workforce capacity, low awareness and affordability constraints. These are worse for people in low- and middle-income countries, people living in rural and remote areas, women and girls, older people, migrants, Indigenous Peoples and persons with disabilities.

As a result, people living with vision-related disability continue to face physical, social and cultural barriers that limit their full participation in education, employment and community life. Without urgent and coordinated action to address both environmental barriers and access to vision rehabilitation and assistive technology, people who are blind or vision impairment will continue to be excluded and left behind.

THE FRED HOLLOWES FOUNDATION'S PUBLIC POLICY POSITION

The Foundation asserts that vision rehabilitation and assistive technology must be viewed on a continuum, as complementary yet distinct components, and centred on people's needs across the life course. Vision rehabilitation and assistive technology should be anchored within the health system and coordinated across other sectors including social services, education and employment.

People's individual needs should determine their position within, and frequency with which they engage along this continuum. This ensures people are supported holistically, and that services and technologies are appropriate and adaptable to the individual, changing needs, and their environment.

An ecosystem must be deliberately built which is wrapped around the people that use them and the environment in which these tools and services are delivered, supported and used. At the same time removing the physical, social and cultural barriers remains essential. Vision rehabilitation and assistive technology must be recognised not only as supports but as critical enablers in inclusion, participation and equity in a just society.

Investment in vision rehabilitation and assistive technology must be recognised as an investment in human capital driving health outcomes, greater education and employment in the broader economic and social development.

Overcoming barriers to access helps people address and adapt to their vision impairment, maintain engagement in work, education and leisure, access available support and enhance overall wellbeing and quality of life.

³ Universal Declaration of Human Rights and United Nations Convention on the Rights of Persons with Disabilities.

⁴ WHO (2017). WHO International Consensus Conference on Vision Rehabilitation Standards. Retrieved from: [international standards for vision rehabilitation-international consensus conference-report.pdf](https://www.who.int/publications-detail/international-standards-for-vision-rehabilitation-international-consensus-conference-report)

KEY ACTION AREAS FOR VISION REHABILITATION AND ASSISTIVE TECHNOLOGY

The Foundation is calling for governments, the private sector, and civil society and community actors to ensure that vision rehabilitation and assistive technology is prioritized, people-centred, integrated, adequately resourced, and universal.

1. Prioritized

Governments and policymakers recognise vision rehabilitation and assistive technology as public health priorities and are explicitly considered in national health plans and accompanied by dedicated funding in national health budgets. The global eye health sector plays an active leadership role, partnering with governments to integrate vision rehabilitation and assistive technology into mainstream policy and service delivery as core components of integrated people-centred eye care.

2. People-centred

Governments, the private sector and the global eye sector strengthen models of care for vision rehabilitation and assistive technology that are built around the individual living with vision impairment and blindness, ensuring patient choice and involvement in decision-making, and that they are responsive to changing needs. People-centred models also integrate social and behaviour change approaches to address stigma, discrimination, and other barriers to access.

3. Integrated

Governments and policymakers integrate vision rehabilitation and assistive technology within and outside the health system, for example they are planned as core health services in the national and sub-national levels of the health system and there is cross coordination between ministries of health and ministries of social services, education, and employment. Policies and plans prioritise strong, coordinated referral pathways to ensure timely access to rehabilitation and ongoing support.

4. Adequately resourced

The vision rehabilitation and assistive technology workforce is sufficiently resourced and critical workforce capacity gaps are addressed through targeted investment in training, remuneration, and scaling of specialist and multi-disciplinary workforces. Governments, the private sector, and the global eye health sector work together to build an enabling environment that includes appropriate infrastructure and facilities; reliable access to products, equipment, and consumables; sustainable procurement and supply chains; and strong data systems to support planning, monitoring, and accountability.

5. Universal

Sustained action is taken to make good quality vision rehabilitation and assistive technology universally available, affordable and accessible to all, with a focus on dismantling physical, geographic, and sociodemographic barriers to access. This must include integration in broader attempts towards Universal Health Coverage, for example essential health service packages incorporate assistive technology to reduce high out-of-pocket costs. Universal design principles⁵ are embedded within integrated vision rehabilitation and assistive technology models of care to ensure services and products are usable, appropriate and responsive to end-users' needs.

⁵ Article 2 of the United Nations Convention on the Rights of Persons with Disabilities defines universal design as the design of products, environments, programs and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design.