SPECS 2030 Initiative: Global Progress and Road Ahead

Presented by

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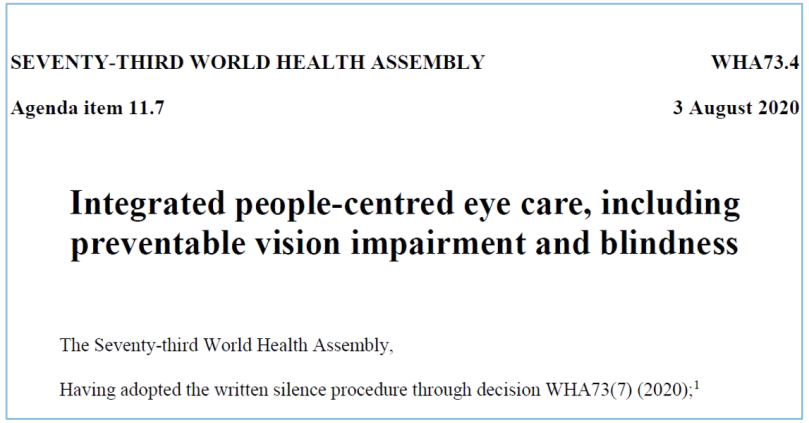
SPECS

WHO-hosted Network

1 Background

Eye care agenda

2020: WHA Resolution 73.4



SEVENTY-THIRD WORLD HEALTH ASSEMBLY WHA73.4

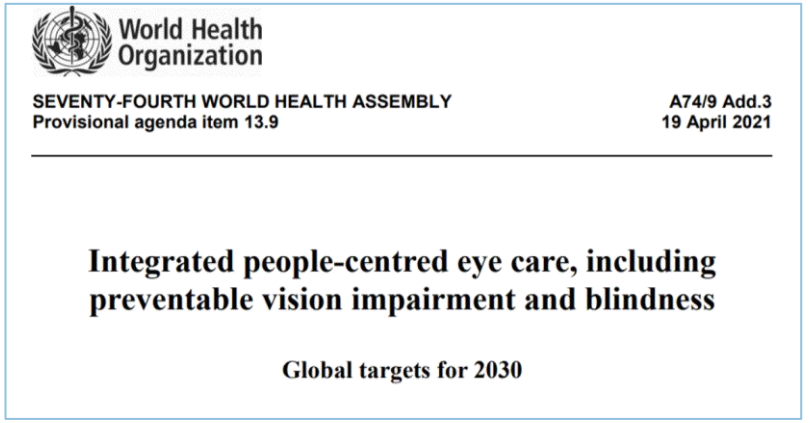
Agenda item 11.7 3 August 2020

Integrated people-centred eye care, including preventable vision impairment and blindness

The Seventy-third World Health Assembly,

Having adopted the written silence procedure through decision WHA73(7) (2020);[1]

2021: WHA 74(12) Global targets



World Health Organization

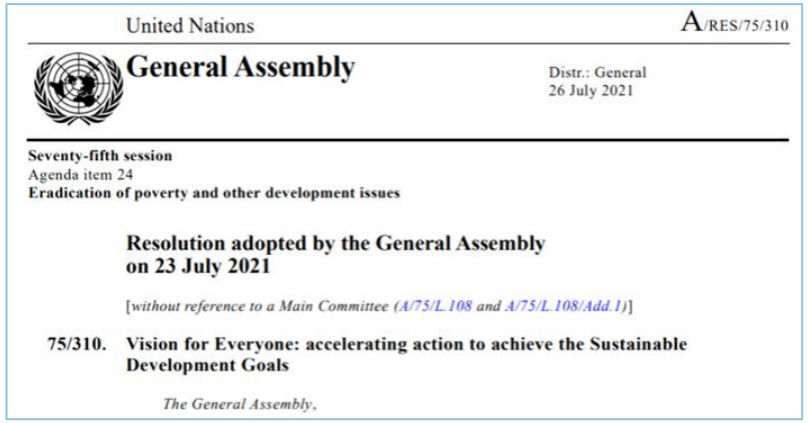
SEVENTY-FOURTH WORLD HEALTH ASSEMBLY A74/9 Add.3

Provisional agenda item 13.9 19 April 2021

Integrated people-centred eye care, including preventable vision impairment and blindness

Global targets for 2030

2021: UN GA Resolution 75/310



United Nations A/RES/75/310

General Assembly Distr.: General 26 July 2021

Seventy-fifth session

Agenda item 24

Eradication of poverty and other development issues

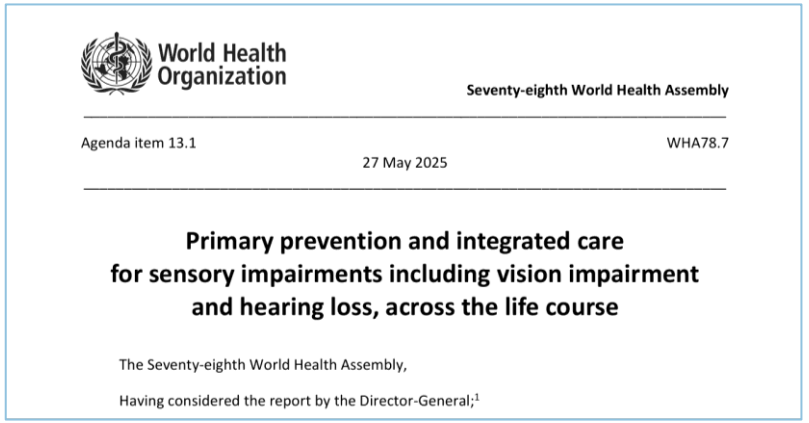
Resolution adopted by the General Assembly on 23 July 2021

[*without reference to a Main Committee (A/75/L.108 and A/75/L.108/Add.1)*]

75/310. Vision for Everyone: accelerating action to achieve the Sustainable Development Goals

The General Assembly,

2025: WHA Resolution 78.7



World Health Organization

Seventy-eighth World Health Assembly

Agenda item 13.1 WHA78.7

27 May 2025

Primary prevention and integrated care for sensory impairments including vision impairment and hearing loss, across the life course

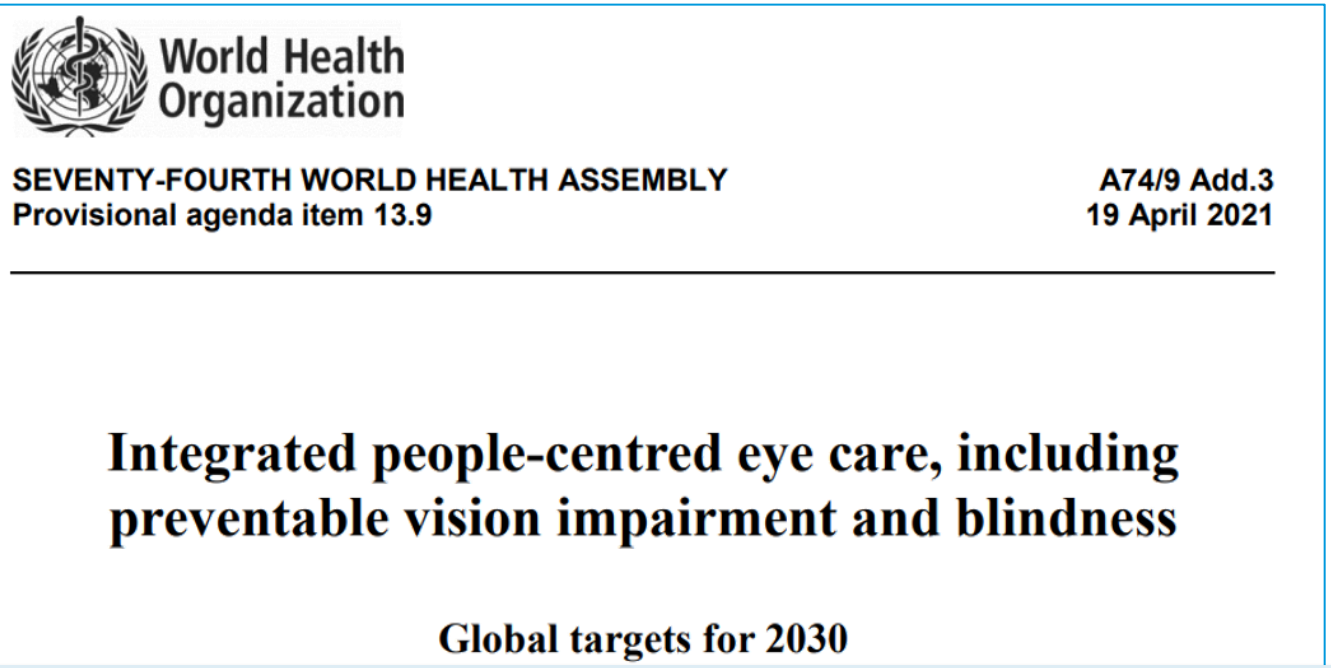
The Seventy-eighth World Health Assembly,

Having considered the report by the Director-General;[1]

SPECS 2030

First-ever global target for refractive error

Eyeglasses are a **highly cost-effective intervention**.



World Health Organization

SEVENTY-FOURTH WORLD HEALTH ASSEMBLY
Provisional agenda item 13.9

A74/9 Add.3
19 April 2021

Integrated people-centred eye care, including preventable vision impairment and blindness

Global targets for 2030

40-percentage point increase in **effective refractive error coverage** by 2030

Measures **access + quality**: how many people with refractive error, have access to **a good quality pair of eyeglasses**.

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Impact of vision loss

Children and adolescents

Responsible **6.3 million** equivalent years of schooling **lost.**

Working age adults

Annual global **productivity loss** from vision impairment is approximately **US$ 410.7 billion**.

Older adults

Significantly **impacts on well-being** and a **modifiable risk factor for dementia**.

SPECS 2030

Strong health economic rationale

World Health Organization

Correction of myopia with spectacles will return $10.50 for every $1.00 spent.

unesco
International Institute for Capacity Building in Africa
Education 2030

School eye health has a benefit cost ratio as high as 26.4 in some settings.


PLOS ONE

RESEARCH ARTICLE

The effect on income of providing near vision correction to workers in Bangladesh: The THRIVE (Tradespeople and Hand-workers Rural Initiative for a Vision-enhanced Economy) randomized controlled trial

Abstract

Introduction

Presbyopia, the leading cause of vision impairment globally, is common during working years. However, no trials have assessed presbyopia's impact on income.

Methods

In April 2017, we conducted a census among 59 Bangladesh villages to identify persons aged 35 to 65 years with presbyopia (presenting distance vision > = 6/12 bilaterally and correctable inability to see 6/13 at 40 cm with both eyes), who never had owned glasses. Participants were randomized (1:1) to receive immediate free reading glasses (intervention) or glasses delivered 8 months later (control). Visual demand of different jobs was stratified into three levels. Outcomes were between-group differences in the 8 month change in: self-reported monthly income (primary) and Near Vision Related Quality of Life (NVRQOL, secondary).

Results

Among 10,884 census participants, 3,655 (33.6%) met vision criteria and 863 (23.6%) comprised a sample enriched for near vision-intensive jobs, but 39 (4.52%) could not be reached. All participants allocated to intervention (n = 423, 51.3%) and control (n = 401, 48.7%) received the appropriate intervention, and follow-up was available for 93.4% and 96.8% respectively. Groups were similar at baseline in all characteristics: mean age was 47 years, 50% were male, 35% literate, and about half engaged in "most near vision-intensive" occupations. Glasses wear at 8-month follow-up was 88.3% and 7.81% in intervention and

Increase average median income of people in low-income communities by 33.4%.

Spectacles are a **highly cost-effective intervention.**

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Key challenges to reaching this target?

- **Limited governmental sector provision** of refractive and optical services
- Insufficient availability of **human resources**
- High out of pocket **costs**
- **Insufficient cross-sectoral collaboration** (e.g., private, education, labour sectors)
- **Lack of awareness** and commonly **poor demand**
- Comprehensive **data systems are lacking**

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World Health Organization

2 Data on effective refractive error coverage

Lancet Global Health Publication

Articles

Effective refractive error coverage in adults: a systematic review and meta-analysis of updated estimates from population-based surveys in 76 countries modelling the path towards the 2030 global target

Rupert Richard Alexander Bourne*, Maria Vittoria Cicinelli*, David A Selby*, Tabassom Sedighi, Ian H Tapply, Ian McCormick, Jost B Jonas, Mohammad H Abdianwall, Mukharram M Bikbov, Tasanee Braithwaite, Matthew J Burton, Vera Carneiro, Robert J Casson, Ching-Yu Cheng, Nathan G Congdon, Catherine Creuzot-Garcher, Leon B Ellwein, Mohammad Hassan Emamian, Akbar Fotouhi, Timothy R Fricke, David S Friedman, João M Furtado, Ronnie George, Noopur Gupta, Xiaotong Han, Hassan Hashemi, Mingguang He, Abba Hydara, Aiko Iwase, Gyulli Kazakbaeva, Rajiv B Khandekar, Rohit C Khanna, Fatima Kyari, Luisa C Luque, Srinivas Marmamula, Andreas Müller, Vinay Nangia, Kovin S Naidoo, Jacqueline Ramke, Paisan Ruamviboonsuk, Solange R Salomão, Hugh R Taylor, Yih C Tham, Fotis Topouzis, Rohit Varma, Lingam Vijaya, Ningli Wang, Ya Xing Wang, Tien Y Wong, Hua Yan, Seth R Flaxman†, Stuart Keel†, Serge Resnikoff† on behalf of the Vision Loss Expert Group of the Global Burden of Disease Study‡ and the RAAB International Co-Author Group‡

Summary

Background In 2024, WHO included effective refractive error coverage (eREC) into the results framework of the 14th General Programme of Work, which sets a road map for global health and guides WHO's work between 2025 and 2028. eREC is a measure of both the availability and quality of refractive correction in a population. This study aimed to model global and regional estimates of eREC as of 2023 and evaluate progress towards the WHO global target of a 40 percentage-point absolute increase in eREC by 2030.

Methods For this systematic review and meta-analysis, the Vision Loss Expert Group analysed data from 237 population-based eye surveys conducted in 76 countries since 2000, comprising 815 273 participants, to calculate eREC (met need / met need + undermet need + unmet need]) and the relative quality gap between eREC and REC ([REC − eREC] / REC × 100, where REC = [met + undermet need] / [met need + undermet need + unmet need]). An expert elicitation process was used to choose covariates for a Bayesian logistic regression model used to estimate eREC by country–age–sex grouping among adults aged 50 years and older. Country–age–sex group estimates were aggregated to provide estimates according to Global Burden of Diseases, Injuries, and Risk Factors Study (GBD) super-regions.

Findings Global eREC was estimated to be 65·8% (95% uncertainty interval [UI] 64·7–66·8) in 2023, 6 percentage points higher than in 2010 (eREC 59·8% [59·4–60·2]). There were marked differences in eREC between GBD super-regions in 2023, ranging from 84·0% (95% UI 83·0–85·0) in high-income countries to 28·3% (26·4–30·4) in sub-Saharan Africa. In all super-regions, eREC was lower in females than males, and decreased with increasing age among adults aged ≥50 years. Since 2000, the relative increase in eREC was 60·2% in sub-Saharan Africa, 45·7% in North Africa and the Middle East, 41·5% in southeast Asia, east Asia and Oceania, 40·3% in south Asia, 16·2% in Latin America and the Caribbean, 8·3% in central Europe, eastern Europe and central Asia, and 6·8% in the high-income super-region. The relative quality gap ranged from 2·9% to 78·3% across studies, with larger gaps characteristically in regions of lower eREC. Globally, the percentage of those with a refractive need that was undermet reduced between 2000 and 2023, from 10·0% (95% UI 9·5–10·5) to 5·3% (5·1–5·5).

Lancet Glob Health 2025

Published Online May 22, 2025 https://doi.org/10.1016/S2214-109X(25)00194-9

For the French translation of the abstract see Online for appendix 1

For the Chinese translation of the abstract see Online for appendix 2

For the Spanish translation of the abstract see Online for appendix 3

*Contributed equally as senior authors

†Joint last authors

‡Members of the Vision Loss Expert Group of the Global Burden of Disease Study and The RAAB International Co-Author Group and their affiliations are listed in appendix 4 (pp 59-60)

Vision & Eye Research Institute, Anglia Ruskin University, Cambridge, UK (Prof R R A Bourne FRCOphth, T Sedighi PhD); **Department of Ophthalmology, San Raffaele Hospital, Milan, Italy** (M V Cicinelli MD); **Data Science**

Presents **estimates of distance effective refractive error coverage** (e.g. shortsightedness and farsightedness).

Draws on **data from 237 surveys** from **76 countries** covering **815 273 participants**.

Serves as **reference point to continue to monitor progress** towards the 2030 target.

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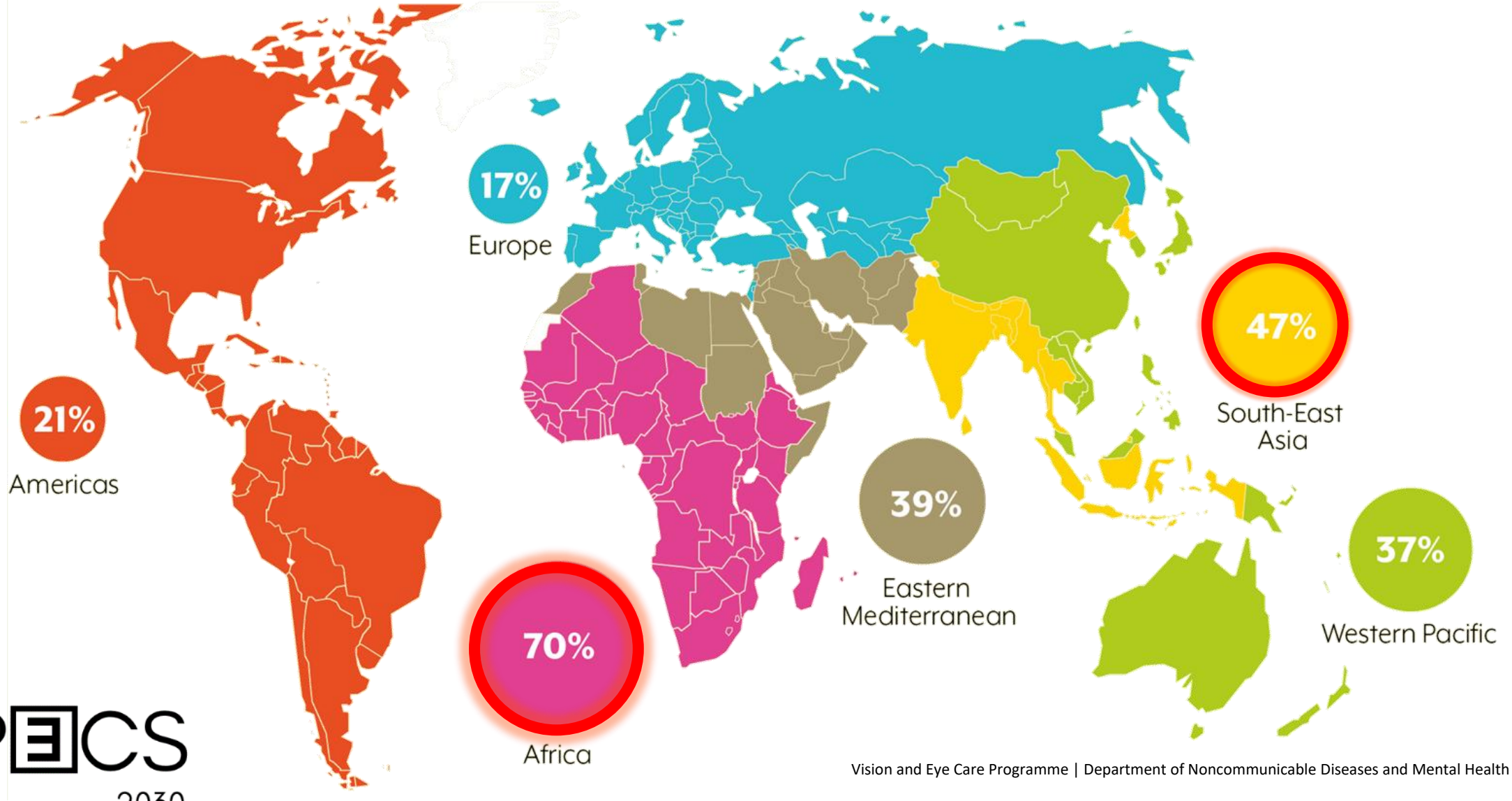
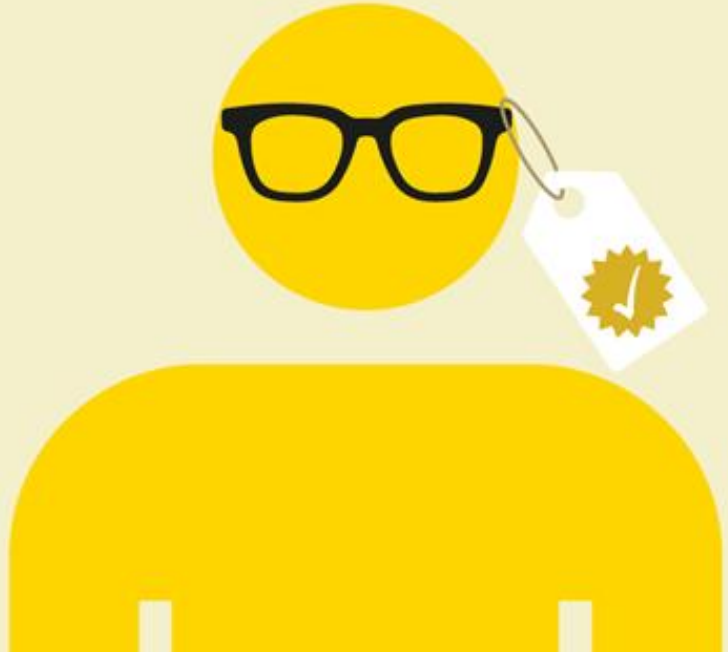
Unmet need by WHO region



Eye care quality upgraded

World Health Organization



50% improvement in quality over the last two decades*

*(quality gap: 10% in 2000 vs. 5% in 2023)

More people than ever are now receiving the **correct prescription** for their eyeglasses.

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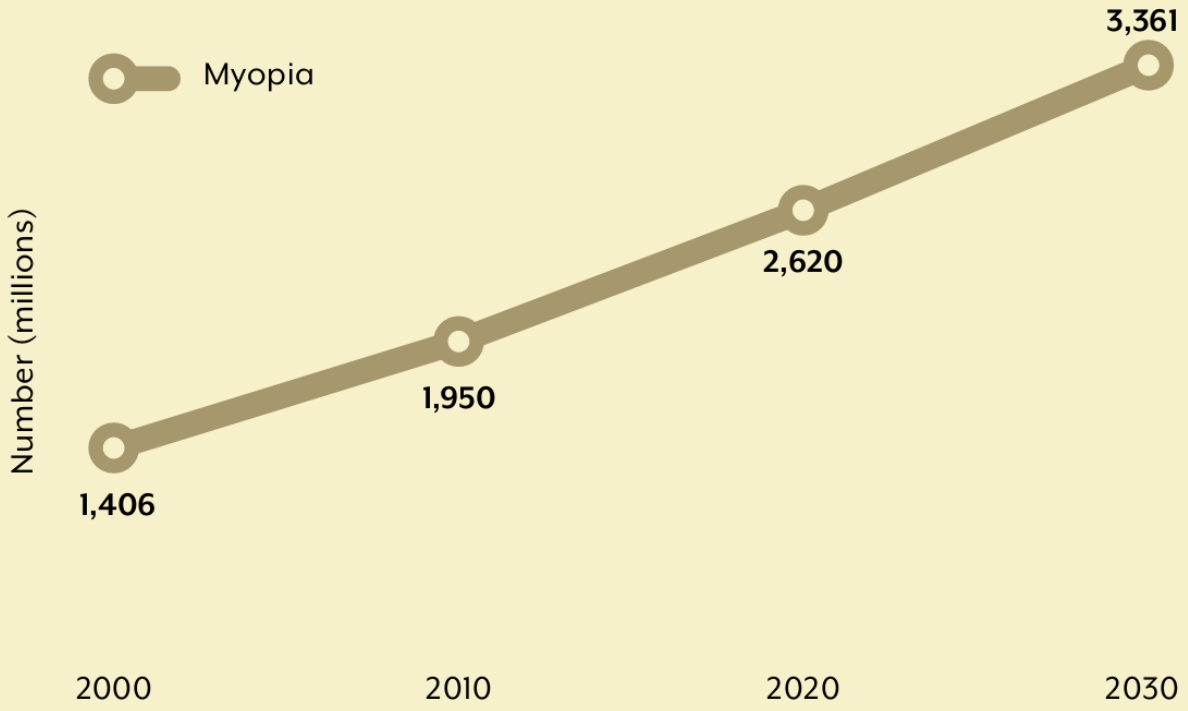
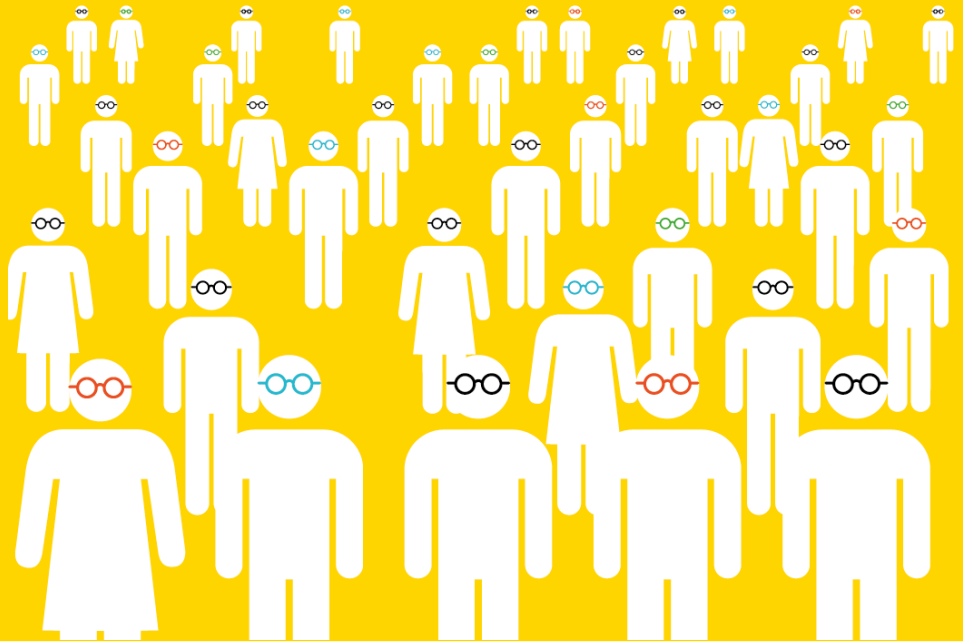
Rising need



Rising response

Eyeglasses coverage has increased by
5 percentage-points per decade



SPECS 2030

Universal access to eyeglasses

But at the current pace, universal access to eyeglasses will not be achieved until **the end of the century**.

3 SPECS 2030 Initiative

Launched in May 2024

SPECS 2030

SPECS 2030 initiative: vision, mission and focus

Vision

WHO SPECS 2030 envisions **a world in which everyone who needs spectacles has access** to quality, affordable and people-centred refractive error services.

Mission

To **support the achievement of the World Health Assembly endorsed 2030 target** on effective refractive error coverage.

Strengthen the **provision of refractive error services in the government sector**.

SPECS 2030: Five strategic pillars

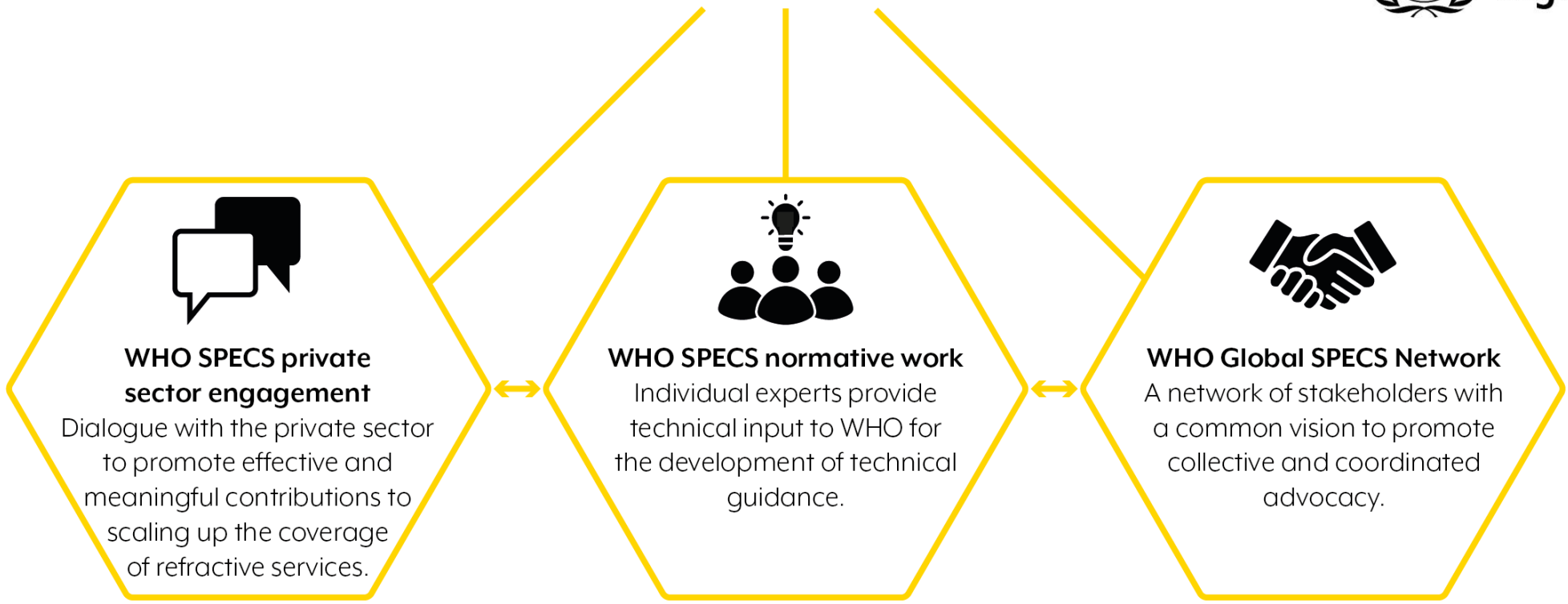
World Health Organization

SPECS 2030

SPECS 2030

a WHO initiative

World Health Organization



Country policy dialogues and coordination

Activities to accelerate progress and bridge the gap between global eye care commitments and country implementation, such as WHO-led policy dialogues with governments, country-level workshops, or capacity-building and awareness-raising activities.

SPECS 2030

Global SPECS Network: objectives

To **unify all stakeholders under a common vision** of the actions needed to achieve the 2030 global target for refractive error.

Conduct evidence-based advocacy activities that increase support to WHO public health objectives and raise awareness on refractive error.

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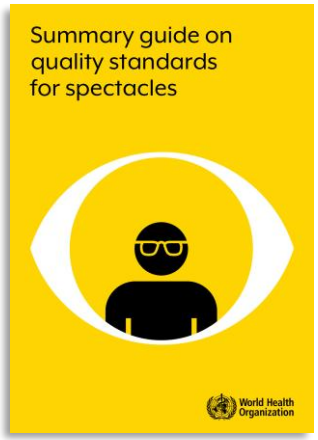
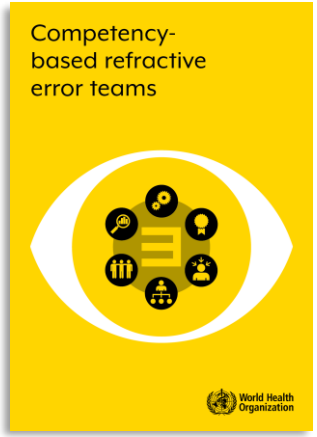
SPECS Normative work

Services



Personnel

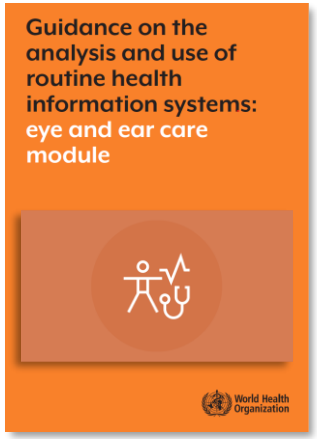


Education

Download here

Cost

Surveillance



Find the comprehensive list of the WHO Vision and Eye Care programme resources here.

Meetings on **private sector engagement** with SPECS 2030

20

private sector entities engaged over 3 meetings

SPECS 2030

Private sector engagement*

World Health Organization

EYE 爱尔眼科 AIER EYE HOSPITAL | ADVANCING EYECARE | Alcon | ZEISS | CooperVision | DOT GLASSES

EssilorLuxottica | eyemed | fielmann | HOYA VISION CARE | Johnson & Johnson VISION | modo.us

National Vision | 20/20 QUEST | Santen | Specsavers | TOPCON Healthcare | VersantHealth | THE VISION COUNCIL

vsp VISION | WARBY PARKER

20 entities have been engaged with WHO SPECS 2030.

* *by alphabetical order*

SPECS 2030

Key topics for private sector contribution

Data sharing

to inform evidence-based advocacy, improve disease surveillance and drive progress.

Technology

to make technology accessible, affordable, acceptable, and adaptable to LMICs contexts.

Awareness and demand generation

to raise awareness and increase the uptake of services and eyeglasses.

Country-level areas of support

to sustainably advance refractive error agenda at national level, leading to market expansion and higher coverage rates.

SPECS 2030

Strong **country demand: 29** countries committed to SPECS

World Health Organization

SPECS 2030 Assam Model launch

Malaysia MySPECS launch

SPECS 2030 Thailand launch

SPECS 2030 Nepal launch

SPECS 2030 Sri Lanka launch

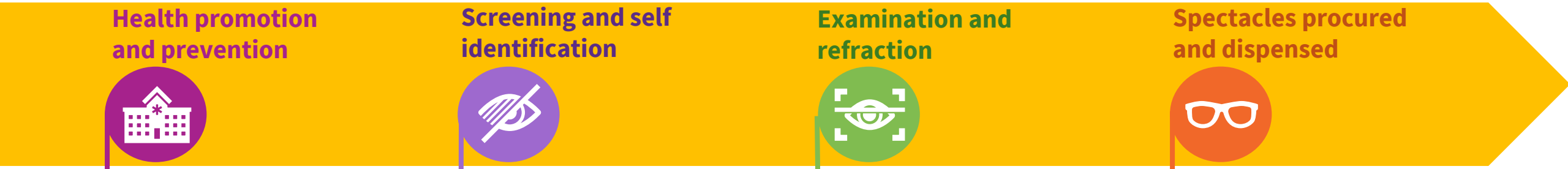
SPECS 2030 Bhutan launch

29 countries committed to SPECS 2030 *(March 2026)*

World Health Organization

4 Road ahead

Patient/user journey



Health promotion and prevention

STEPS

Public sector | Private sector

Awareness on the importance of **eye examinations**, among others.

Changes in behaviour to help **delay the onset** and **slow progression** of **myopia.**

CHALLENGES

Low population **awareness** of eye health **and demand** for spectacles.

Stigma, misconceptions and low **spectacle-use compliance**.

Low prioritization of eye and vision services within health systems.

Lack of policy enablement**.**

Screening and self identification

STEPS

Public sector | Private sector

Vision and eye screening (for pre-school- and school-age children and older adults) or **self-identification.**

Referral, when needed, to appropriate level of care.

CHALLENGES

Scarcity of service points for screening at community and primary care levels.

High drop-out rates.

Outreach screening targets the identification of cataracts, **rather than** focusing on **refractive error interventions.**

Examination and refraction

STEPS

Public sector | Private sector

Refraction and eye examination performed by competent eye care personnel.

CHALLENGES

Shortage and unequal distribution **of competent eye care personnel**.

Regulatory barriers relating to which personnel are eligible to prescribe.

Equipment to diagnose and manage eye and vision conditions **not readily available** in **public sector**.

High drop-out rates.

Spectacles procured and dispensed

STEPS

Public sector | Private sector

Users select frame, lens type and tints/coating. Spectacles often **assembled in an optical laboratory**.

Spectacles mostly **provided by the private sector** (75–80%).

CHALLENGES

Poor integration into **public** sector.

High out-of-pocket **costs**, if no health insurance.

Lack of regulation impacting **quality**.

Significant **waiting times** to receive **spectacles**.

Procurement and dispensing of spectacles mostly available in **urban settings**.

Dispensing technology too **costly** for small retailers.

Product journey

	Lenses and frames manufacturing	Shipping and import	Distribution	Optical laboratory	Dispensing and retail	Product disposal
STEPS	Uncut lenses and frames are **manufactured**. Tints and coatings are **applied**.	Lenses and frames are **shipped to port.** Lenses and frames pass through **customs** at port of entry.	Lenses and frames are **stocked** in **warehouses** and **distributed** to **optical laboratories** or **directly** to **retail.**	Uncut lenses are **edged and assembled** onto the frame. *Ready-made near vision spectacles skip this step.*	Spectacles are **sold to users in optical shops**. **eCommerce –** online ordering is an emerging market.	**Spectacles** are disposed of in **landfill**. **Reusing** spectacles for new wearers is **not recommended.**
CHALLENGES	**Mass production** of lenses and frames **geographically concentrated**	Spectacles are frequently **considered cosmetic products** rather than medical or health devices, leading to long clearing processes at customs and **higher import duties**.	In-country **delivery adds to product costs**, especially when reaching remote areas.	**Insufficient availability** of in-country **optical laboratories**; good quality equipment **requires large scale**. **Shortage** of **competent personnel** to cut and fit lenses.	**Ordering and stock management are complex** processes. **Shortage** of **competent personnel** to dispense. **Significant mark up** on final product cost.	Limited consideration for **product disposal** and the **environmental impact**. **Manufacturers** need to take responsibility for disposal and adopt **sustainable solutions**.

Upcoming WHO SPECS Normative work (2026)

Guidance document on addressing **legislative and/or regulatory issues** to improve access and affordability of refractive error care

Sensory impairment interventions survey (**SENSIIS**)

SPECS 2030

5 Call to action

South Africa

It’s time for **action**

- **Convene country-level meetings with key stakeholders.**
- **Coordinate strategic eye plan development** (inc. integration within broader health systems/ECI policies/NCD plans).
- **Implementation of technical products**, e.g. situation analysis.
- **Formal launch of SPECS2030**

SPECS 2030

It’s time for **action**

- ☑ Data for advocacy and action
- ☑ WHO technical guidance and tools
- ☑ United and growing stakeholder group
- ☑ Strong country demand
- ☐ **Capitalise on momentum and scale up**

SPECS 2030

World Health Organization

SPECS

2030

#HaveVision