



Input to Call for Evidence on the European Care Strategy

March 2022

The European Council of Optometry and Optics (ECOO), the Global Coalition on Aging (GCOA) and the International Agency for the Prevention of Blindness (IAPB) appreciate the opportunity to provide input to the Call for Evidence on the European Care Strategy. We call for vision and eye health to be included in the European Commission Communication on a European Care Strategy and in its proposal for a Council Recommendation on long-term care.

The European Care Strategy is an important follow-up to initiatives and debates launched by the EU such as the Green Paper on Ageing. Looking after vision and eye health is important throughout a person's lifespan, but it is important to be aware that the risk of vision loss increases with age (see Annex). Over 73% of people with vision loss are older adults¹. Without the ability to see, older adults are less able to lead fulfilling and independent lives and, as a result, will be more likely to need long-term care and often higher levels of care. If you can prevent or reduce sight loss a person is less likely to need long term care; and if they do need long term care then maintaining their vision increases their quality of life and can reduce the level of care they require.

Evidence base

In addition to the obvious, direct impact of poor vision, people with vision impairments also have an increased risk of a range of other health conditions. Depression is known to be greater in the visually impaired population,² and one of the biggest worries in healthcare today is the increase in dementia. According to the WHO, there are 50 million dementia cases worldwide with 10 million new cases every year.³ Studies have shown that maintaining good vision will help dementia patients to stay connected with the world around them, stay stimulated and independent for longer.⁴

¹ IAPB Vision Atlas: <https://www.iapb.org/learn/vision-atlas/inequality-in-vision-loss/age/>

² RNIB. Sight loss patients with depression "routinely overlooked". 15th February 2016. Available at: <https://www.rnib.org.uk/nb-online/sight-loss-patients-depression-routinely-overlooked#:~:text=According%20to%20the%20Depression%20in,any%20health%20condition%20or%20disability>

³ WHO, Sept 2020, <https://www.who.int/news-room/fact-sheets/detail/dementia>

⁴ Bowen.M.,et al, 2016, The Prevalence of Visual Impairment in People with Dementia (the PROVIDe study): a cross-sectional study of people aged 60-89 years with dementia and qualitative exploration of individual, carer and professional perspectives



Added to this, while it is often thought that visual impairment and blindness does not lead to death, the Lancet Global Health Commission on Global Eye Health found that those with poor eye health have a 2.6 times increased risk of mortality⁵. Vision impairment causes or exacerbates other conditions, either directly, as with injuries such as falls and road traffic accidents, or indirectly, through reduced access to healthcare, limitations in physical activity or increased social isolation.

Population ageing across all Member States is increasing the need for long-term care for the elderly, due to all conditions of ageing and loss of functional ability. Furthermore, avoidable vision loss is rising exponentially with the ageing of the population across Member States, and vision loss can itself lead to significant dependence and increase the demand for care.

Many elderly people rely on family members for their care, who may themselves be an older age. In many cases what should be avoidable vision loss means that some people will not only be unable to provide care but may need care themselves.

Providing care of any type is extremely difficult without vision. Maintaining vision health is a critical input to the ability of European countries to deliver on care needs – in both formal care and informal care settings. As such, a life course of healthy vision for all adults – many of whom are professional and informal caregivers – should be prioritised by governments if they wish to be able to provide for their growing need for care, for both older adults and young children.

Therefore, steps taken to prevent or mitigate avoidable vision loss are an important and straightforward means for Member States to reduce the burden and expenditures in both formal and informal care by reducing the need for care at all, reducing the level of care needed, and enabling many adults to continue to provide care both professionally and informally.

Request

Given this strong evidence base, ECOO, GCOA and IAPB call upon the European Commission to include vision and eye health in the European Commission Communication on a European Care Strategy and in its proposal for a Council Recommendation on long-term care.

- **Acknowledge the importance of vision and eye health as part of long-term care.**
Eye conditions and vision impairment pose a significant personal and societal burden. Surveys have shown that people fear losing their vision more than any other sense. Those with preventable vision loss become needlessly reliant on a care system, posing considerable and avoidable costs in health and social care and in lost productivity. But

⁵ The Lancet Global Health, [The Lancet Global Health Commission on Global Eye Health: Vision Beyond 2020](#).



the investment required to address poor vision is a fraction of those losses. It thus makes economic and social sense to give this topic the attention it deserves.

- **Include the need for adequate regulation and recognition of primary care providers such as opticians and optometrists at national level to ensure the full potential of the workforce is used to achieve the needed access, availability and quality.**

Primary eye care professionals such as opticians and optometrists are the first point of contact for people to maintain good vision and eye health. The WHO World Report on Vision states that the optometric profession is still not recognised in many countries, notwithstanding the progress made on the training standards for optometrists, optometric technicians and optical technicians. The report points out that the lack of professionals that are accredited to carry out independent eye care services could lead to decreased productivity. This is sadly the case in some Member States, and yet the quality of education and training across Europe means that such restrictions are unjustified. The failure to make effective use of properly trained and competent eye care professionals will have an obvious effect on the access to quality eye care and should be addressed in guidance to Member States and subsequent policy initiatives.

- **The promotion of regular eye health checks needs to be supported by public policy and awareness.**

It should be noted in particular that an eye examination does not just check vision, it is also a healthcare check. The back of the eye is the only part of the body where blood vessels and nerves can be assessed through visual inspection and without an invasive procedure. Issues such as diabetes, hypertension and neurological conditions such as multiple sclerosis or brain tumours can be detected through an eye examination.

A commitment and role for the EU

Finally, we would like to emphasise the significance of the EU acknowledging the importance of vision and eye health so that they are implemented at a national level. The European Commission should not reject taking a position on this on the grounds that this is a matter of national competency but should take a leading role in guiding EU Member States to meet their commitment made with the United Nations resolution 73/310 Vision for Everyone: accelerating action to achieve the Sustainable Development Goals. The adoption of the first United Nations resolution on vision explicitly links eye health to over half of the sustainable development goals!

These commitments are also backed-up by the following reports and policies:

- World Health Organization World Report on Vision 2019
- World Health Assembly resolution 73.4 Integrated People-centred Eye Care, including preventable vision impairment and blindness
- WHO's Integrated Care of Older People (ICOPE)



Please consult our extensive Policy Brief on the topic, available on the WHO Platform for the Decade of Healthy Ageing: <https://www.decadeofhealthyageing.org/find-knowledge/resources/publications/detail/achieving-a-life-course-of-healthy-vision>

About our organisations:

The European Council of Optometry and Optics (ECOO) represents the interests of optometrists and opticians across Europe. ECOO's members are national professional associations from 25 countries who together represent more than 150,000 opticians and optometrists. ECOO aims to promote eye health to the public across borders and to harmonise clinical and educational standards of optometric and optical practice throughout Europe. Learn more about ECOO and its work: www.ecoo.info

Contact: Fabienne Eckert, secretariat@ecoo.info

The Global Coalition on Aging (GCOA) aims to reshape how global leaders approach and prepare for Global GCoA Text the 21st century's profound shift in population aging. GCOA uniquely brings together global Coalition on Aging corporations across industry sectors with common strategic interests in aging populations, a comprehensive and systemic understanding of aging, and an optimistic view of its impact. is advancing innovative solutions and working to ensure global aging is a path to health, productivity and economic growth.

Contact: Susan Wile Schwarz, sschwarz@globalcoalitiononaging.com

The International Agency for the Prevention of Blindness (IAPB) is the overarching alliance for the global eye health sector, with more than 150 organisations in over 100 countries working together for a world where everyone has universal access to eye care. IAPB believes in a world in which no one is needlessly visually impaired, where everyone has access to the best possible standard of eye health; and where those with irreparable vision loss achieve their full potential. IAPB is working to achieve this through a new sectoral strategy: 2030 In Sight.

Contact: Junu Shrestha jshrestha@iapb.org

Annex: LANCET - Life course perspective on eye health

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30488-5/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30488-5/fulltext)

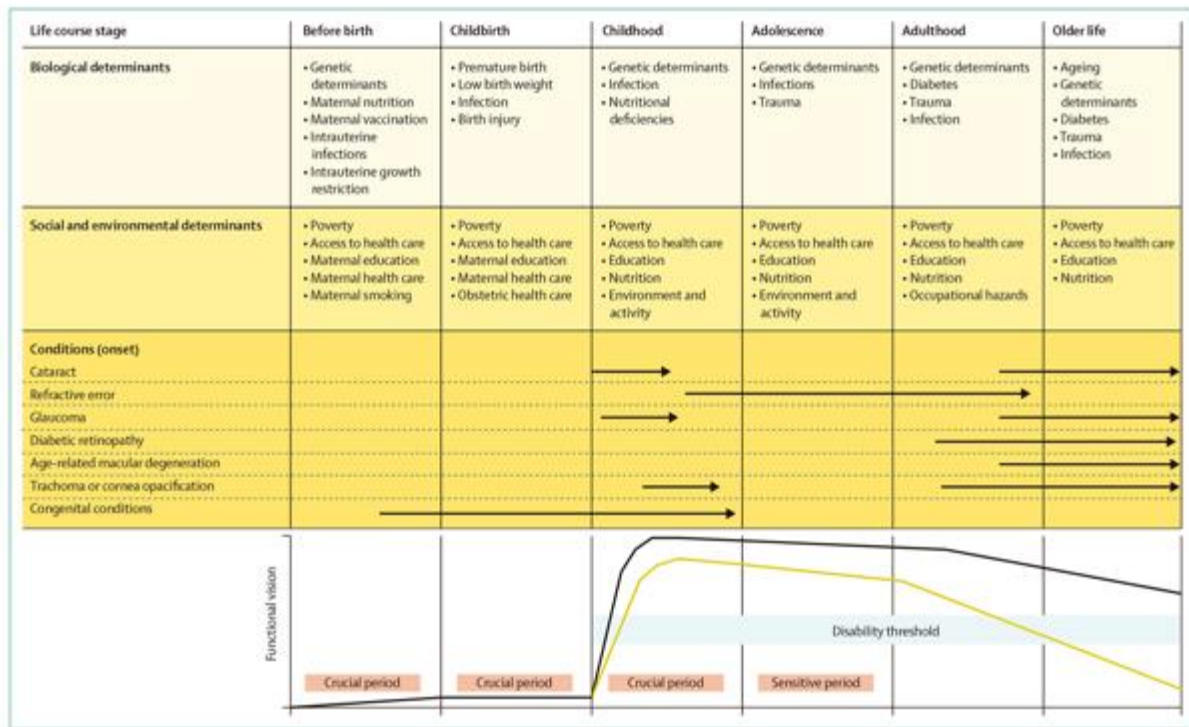


Figure 3: Life course perspective on eye health

Arrows indicate the period in the life course in which different conditions typically present. The yellow line indicates a hypothetical functional vision trajectory of someone with a condition leading to increased vision impairment. The black line represents the functional vision trajectory of someone who does not have a condition leading to vision impairment. This figure is partly based on the concept of functional trajectories illustrated in WHO, 2001.¹⁴ The disability threshold represents the level of functional vision below which there is functional vision impairment.