



# Advancing Gender Equity in Eye Health

Urgent and systemic actions toward vision for all

## Urgency of the challenge

Three years after the unanimous adoption of the [UN Resolution](#), “Vision for Everyone: accelerating action to achieve the Sustainable Development Goals,” poor vision remains an under-prioritized global challenge that disproportionately impacts women. In 2021, 746 million women were living with blindness and vision loss, constituting [55 percent](#) of the total 1.3 billion people affected. Women are [12 percent](#) more likely to have vision loss than men, and the vision gap between men and women has—in cases of [cataracts](#) and [refractive errors](#)—widened over time. Up to [90 percent](#) of blindness in women and girls is avoidable, but unequal access to care—especially in low- and middle-income countries—has left preventable and treatable conditions inadequately addressed, causing long-term impairment.

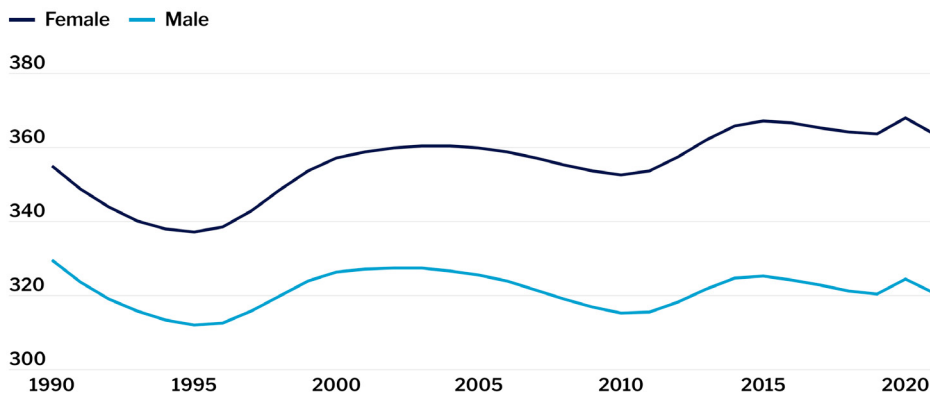
Blindness and vision loss have significant socioeconomic implications, causing annual global productivity losses of at least [USD 411 billion](#). In particular, women lose economic opportunities, with labor data from Lesotho

and Zimbabwe showing that 75 percent and 81 percent, respectively, of [female workers](#) with vision impairment were unable to find employment. In Bangladesh, female textile workers earn an average of USD 96.6 per month, but uncorrected [presbyopia](#) (farsightedness) reduces these earnings by [USD 6.51](#) per month. In some places, women face harmful [societal stigma](#) and gender discrimination due to vision loss, which prevents them from seeking medical help, leading to further vision degradation and social and economic isolation, creating a vicious cycle. Women with vision loss are also more vulnerable to gender-based violence: In Norway, a [2018 study](#) found that 17.1 percent of visually impaired women experienced sexual assault, compared to 10 percent of women in Norway.

Overcoming [barriers](#) to women’s vision health care—including the absence of gender-responsive health policies, inadequate resources, and lack of public awareness and agency—can unlock cascading benefits across the 2030 Sustainable Development Agenda and enable women to fully participate in social, economic, and political spheres.

## Global Visual Impairment Disability-Adjusted Life Years (DALYs) by Gender, per 100,000 People

Rising gender gap in healthy life years indicates the urgency of addressing blindness and vision-loss disparities.



Source: IHME 2021 Global Burden of Disease

## \$9.40

Investing in the treatment of refractive errors and cataracts, the two main causes of blindness and vision impairment, will yield an average return of **USD 9.40 for every dollar spent**. Cataract surgery will provide an average return of USD 20.50 per dollar spent.

## 20%

A 2018 study of women tea pickers in India showed that their **productivity increased by more than 20 percent** when glasses were provided to them at a low cost and with a high intervention uptake.

Sources: Hennessy and Sweeny (2023); UN Women (2023); Reddy et al. (2018)

## POLICY AND INVESTMENT PRIORITIES

### IMMEDIATE ACTIONS

#### Improve public awareness

Educational campaigns can spread awareness about eye health risks and available preventative measures. A locally led civil society organization combating blindness in Tanzania has partnered with women's microfinance networks to boost awareness and referrals for women's vision care services.

#### Expand access to vision care

Increasing access to vision clinics and corrective lenses for women and girls can help eliminate gender disparities in vision health. In remote and underserved regions, tele-ophthalmology and tele-optometry programs or mobile clinics can provide essential eye care to underserved communities. Training women as eye care providers can also close vision workforce gaps and better reach vulnerable populations. A 2021 study in India on the Eye Mitra program, an entrepreneurial network which provides sustainable access to vision care in rural communities, found that 60 percent of female Eye Mitras—community vision care providers—noticed a change in eye-health seeking behavior among their relatives and friends compared to 35 percent of male Eye Mitras. In terms of their own empowerment, 95 percent of female Eye Mitras owned a savings account and 40 percent reported being primary income earners in their households.

### SYSTEMIC ACTIONS

#### Increase multistakeholder and multisectoral initiatives

Collaboration among governments, the private sector, and civil society can catalyze innovation, funding, and opportunities for women with vision loss, while combating societal stigma that marginalizes vision-impaired women. Partnering with institutions like community centers or religious organizations that are locally rooted and trusted can foster a more inclusive environment for those with vision loss and encourage the uptake of vision care services.

#### Design and implement gender-responsive policies

Designing and implementing national eye health policies that take into account the experiences of women and girls can provide lasting solutions to the global vision gap. Recognizing gender inequities, Zambia's 2014 National Gender Policy guided eye health programs that eventually increased eye screenings and surgeries for women, reducing disparities in eye care.