Intersectionality guidance

Purpose

This document serves to provides information and guidance on how governments and stakeholders can apply an intersectional approach to developing commitments for the Global Summit for Eye Health. Applying an intersectional lens helps ensure commitments, policies and services that better serve everybody. It ensures that those often left behind in eye care services are specifically targeted while also bettering services and policies for the whole population.

Recognising that inequities are not created by individual characteristics alone, but by social, economic and political systems that advantage some groups while disadvantaging others, and that people may experience multiple and overlapping forms of exclusion related to gender, disability, age, Indigenous identity and/or socio-economic status is necessary to advancing eye care for all. People face a range of barriers to accessing eye care, including financial, social, cultural, geographic, physical and institutional barriers. These barriers exist across people from various communities and population groups and exist in every country.

Background

People do not experience discrimination or exclusion through a single characteristic alone. Understanding how multiple factors interact helps identify who is being left behind and why, allowing policies and programmes to better address barriers to eye care. Many everyday approaches to equality tend to focus on tackling one form of discrimination at a time, but intersectionality allows us to understand and address all the potential barriers an individual is facing.

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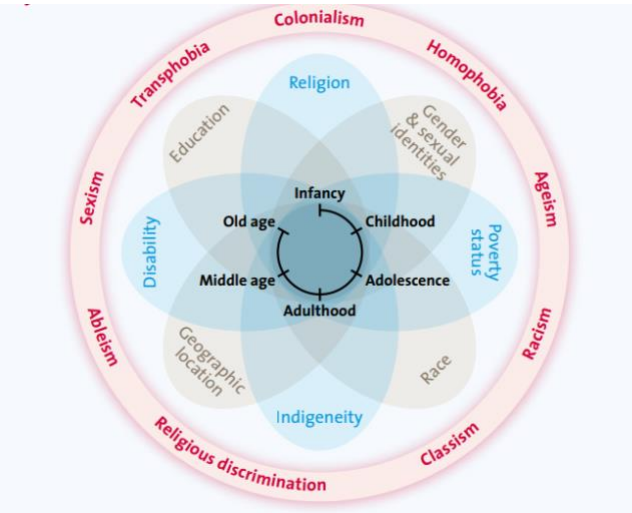

Intersectionality is a way of understanding how different aspects of a person's identity and circumstances combine to shape their experiences, opportunities and access to services. It examines how systems of power and oppression - including sexism, ableism, racism, colonialism, ageism and

[1] Intersectionality Resource Guide and Toolkit: An Intersectional approach to Leave Noone Behind, UNPRPD, UN Women.

class inequality - interact to shape people's experiences and access to opportunities, services and rights.

Applying an intersectional lens

Without an intersectional lens, our efforts to address the current gap in access to eye care are likely to just end up perpetuating systems of inequalities.

Applying an intersectional approach does not necessarily mean creating separate programmes or policies for every population group. Rather, it means identifying who is being left behind, understanding why, and designing policies and services that address those barriers. As we work towards eliminating avoidable blindness, we need to specifically address those who experience multiple forms of marginalisation and are frequently left behind.

According to the United Nations Network on Racial Discrimination and Protection of Minorities, applying a perspective that takes intersectionality into account involves acknowledging and paying specific attention to:

- the fact that the available information and data indicate that people affected by intersectional discrimination generally belong to the groups most at risk of being left behind;
- the socio-structural nature of the discrimination, marginalization and exclusion that perpetuate inequality within a society or specific communities and the role that legal, economic and political frameworks, institutions and socio-cultural norms play in this context;
- the diversity within groups or communities and the need to recognize the non-homogeneous experiences and needs of individuals affected by intersectional discrimination and oppression;
- and the experiences, narratives and agency of individuals and groups facing intersectional discrimination, which are key to the development of effective policies and programmes that address, redress and prevent marginalization, discrimination and inequality.[2]

Questions to consider when developing commitments

When developing Summit commitments, consider:

- What does the data tell us about who currently has the lowest access to eye care services?
- Which population groups experience the poorest eye health outcomes?
- Do we have the data and the ability to disaggregate to assess differences between population groups?
- What barriers prevent these groups from accessing services?
- Does available data allow progress to be measured across different population groups?
- Have people with lived experience been involved in designing the commitment?

[2] Guidance Note on Intersectionality, Racial Discrimination & Protection of Minorities, OHCHR, 2022

- Who might benefit least from the proposed commitment, and how could this be addressed

Examples of intersectional commitments

Encouraging governments and other stakeholders to make intersectional commitments benefits the whole population impacted by their commitments.

Taking an intersectional approach requires acknowledgement that some populations will be harder to reach but that in order to address the current gap in access to care, we need to leave no one behind.

The below are examples of how to make intersectional commitments based on the policy requirements of the policy framework:

Policy requirement	Commitment example
Integration: Embedding eye health within primary health care, education, and broader health system strategies	The Government of x country in conjunction with the Ministry of Health commit to ensuring there is a person trained in eye care screening working under a government funded position in all community and primary health facilities by 2030. These new health workers will be prioritised in communities who have experienced poorer health services and outcomes based on consultation with community leaders.
Financing: Securing sustainable domestic and external financing for eye health services.	The Government of x country commits to ringfencing funding for eye care to specifically address the barriers experienced by communities in positions of marginalisation in order to ensure no one is left behind.
Monitoring: Strengthening data, surveillance, and accountability mechanisms.	Country x commits to disaggregating effective refractive error coverage by characteristics collected in their census (e.g. gender, age, disability status, indigeneity) to ensure that gains are being felt equally across the population.
Regulation: Establishing and enforcing standards for services, products, and providers.	The Government of x commits to implementing culturally appropriate, inclusive and accessible tele-health services that include expanding access to eye care to those who experience multiple barriers accessing care. These services will be developed in conjunction with communities to ensure accessibility and appropriateness.
Workforce: Developing, training, and retaining an adequate eye health workforce.	The Ministry of Health and Ministry of Education will develop and integrate gender, cultural and disability sensitivity training into all eye care cadres training by 2027.
Partnerships: Coordinating action across government, civil society,	X Research institution will work with communities who experience marginalisation and their representative organisations to develop a method to track access to eye

private sector, and development partners.	care services and eye care outcomes that can be disaggregated by multiple areas to ensure that any progress made is being applied equitably.
Inclusion: Ensuring equitable access for underserved and marginalised populations.	Government of x will meaningfully engage women led organisations, organisations of persons with disabilities and cultural leaders throughout the development, implementation and monitoring of their 2028 National Eye Care Strategy, using their lived expertise to develop an inclusive, equitable strategy to advance eye care for all.

For further guidance on intersectionality and intersectional approaches see the **UN Women Intersectionality Resource Guide and Toolkit**