Thematic Brief: Eye Health and Ageing

Key Messages

- Approximately ***73% of avoidable vision impairment occurs in people aged 50 and over***, representing ~800 million older people globally and projected to rise as populations age.
- Vision loss in older age is largely ***preventable or treatable*** (e.g., cataract surgery, refractive error correction).
- Vision loss ***increases the risk of mortality, falls, cognitive decline, dementia*** and ***depression***. It can also negatively affect ***mobility, independence and social participation***.
- The ***Manila Statement*** (2024 Asia and 2025 Africa stakeholders) calls for cross-sector collaboration between the ageing and eye health sectors, integrated care models, and age-friendly environments.
- ***Policy action now will support healthy ageing*** goals, reduce inequities, and contribute to sustainable development outcomes.

Why This Matters

Vision is a core component of overall health and intrinsic capacity in older age. Loss of vision exacerbates the risk of mortality, morbidity, falls, depression, social isolation, and diminishes the ability to carry out daily activities, undermining autonomy and wellbeing in older age. The *Connecting Healthy Ageing and Vision* report emphasises that the majority of vision impairment in older adults is ***avoidable*** and underscores the need to integrate eye health into healthy ageing strategies.

The *Manila Statement on Vision and Ageing* — agreed by ageing and vision stakeholders in 2024 — reinforces that eye health must be prioritised within ageing frameworks, recognising that ensuring sight preservation and rehabilitation is fundamental to achieving the aims of the ***UN Decade of Healthy Ageing (2021–2030)***.

The Problem

- ***High Burden & Rising Trends:*** Older adults bear the vast majority of avoidable vision impairment, a burden set to grow with demographic ageing.
- ***Health & Social Impacts:*** Vision loss contributes to higher mortality, morbidity, reduced independence, and diminished quality of life.
- ***Inequities:*** Access to care is unequally distributed; older women and socio-economically disadvantaged older people face greater barriers.
- ***System Gaps:*** Siloed health and ageing systems often fail to incorporate eye care into routine services, leading to missed opportunities for early detection and treatment. Similarly, eye care systems frequently fail to specifically target older populations.

What Works: Evidence and Solutions

- ***Cost-Effective Interventions:*** Cataract surgery and refractive error correction are highly effective and yield substantial economic returns.
- ***Integrated Care Models:*** Aligning eye health with ageing care — through frameworks such as WHO's ***Integrated Care for Older People (ICOPE)*** and ***Integrated People-Centred Eye Care (IPEC)*** — strengthens continuity, coverage, and patient-centred services.
- ***Age-Friendly Environments:*** Accessible infrastructure, rehabilitation and assistive technologies (e.g., spectacles, low-vision aids) support participation and independence.
- ***Community Engagement & Awareness:*** Health literacy campaigns that strengthen knowledge, dismantle ageist stereotypes related to vision in older age and empower older people to make informed decisions about eye health can improve uptake of services.

Policy Options

1. ***Integrate Eye Health in Healthy Ageing Policies***
   Embed eye health literacy, screening, referral, and treatment within national ageing strategies and primary care packages.
   Benefits: Improved early detection, improved health, reduced disability, stronger health system alignment.

2. ***Expand Access and Financial Protection***
   Subsidise essential eye services and assistive products for older adults, prioritising underserved regions.
   Benefits: Reduced out-of-pocket costs, decreased inequities, expanded coverage.

3. ***Promote Age-Friendly & Inclusive Environments***
   Strengthen regulations and investments to address ageism and create accessible communities, rehabilitation services, and assistive technology.
   Benefits: Supports mobility, participation, and quality of life in older age.

Recommended Actions

- ***Adopt a National Vision-Ageing Integration Framework:*** Include eye health as a measurable objective in ageing and health strategic plans. Similarly, include older populations as a measurable target population in eye health strategic plans.
- ***Strengthen Primary Care Capacity:*** Train primary health workers to conduct routine vision assessments and referrals.
- ***Support Cross-Sector Platforms:*** Establish multi-stakeholder bodies with ageing, health, disability, and community representatives to guide implementation of integrated models.
- ***Mobilise Sustainable Funding:*** Allocate dedicated resources for eye health programmes within ageing and health budgets.
- ***Monitor & Evaluate:*** Use data systems to track effective coverage of eye care services for older populations.

Expected Impact

- ***Reduced prevalence*** of avoidable vision impairment and blindness in older age.
- ***Higher functional ability*** and independence among older adults.
- ***Lower health and social care costs*** through prevention and early treatment.
- ***Greater equity*** in access to essential eye health services.

Conclusion

Vision health is indispensable to healthy ageing. With strong evidence that most age-related vision impairment is avoidable and treatable, ***integrating eye care into ageing strategies represents both a public health and development imperative***. The *Connecting Healthy Ageing and Vision* report and the *Manila Statement on Vision and Ageing* provide a robust foundation for action. Targeted policy measures now will improve older people's quality of life and strengthen health systems for the future.

References

1. Connecting Healthy Ageing and Vision (report). The Fred Hollows Foundation & IFA.
2. Uniting the vision & ageing sectors — The Manila Statement. Optometry and Vision Science editorial.