Thematic Brief: Women, Girls and Eye Health

Key Messages

- ***Women and girls account for the majority*** of people living with vision impairment and blindness globally, reflecting persistent gender inequities in access to eye care.
- Most ***vision impairment affecting women and girls is preventable or treatable***, yet barriers across the life course limit access to services.
- ***Poor vision in women and girls undermines*** education, economic participation, caregiving roles, and wellbeing, with intergenerational consequences.
- ***Addressing gender-related barriers in eye health is essential*** to achieving Universal Health Coverage (UHC), gender equality, and inclusive development.
- Evidence shows that gender-responsive eye health policies and service delivery ***models can significantly reduce avoidable vision loss***.

Why This Matters

Vision is fundamental to health, education, livelihoods, and participation in society. However, women and girls experience a disproportionate burden of vision impairment across most regions and age groups. The *Lancet Global Health Commission on Global Eye Health* identifies gender as a key determinant of inequity in eye health outcomes, driven by social, economic, and systemic factors rather than biological difference alone.

Gender inequality in eye health both reflects and reinforces wider inequities. Poor vision limits girls' educational attainment, constrains women's economic participation, and increases dependency and caregiving burdens in older age. Addressing women's and girls' eye health is therefore a strategic investment that advances health equity, human capital development, and the Sustainable

Development Goals, including SDG 3 (health), SDG 5 (gender equality), and SDG 10 (reduced inequalities).

The Problem

- ***Disproportionate Burden:*** Women account for approximately 55% of global vision impairment and blindness, particularly in older age groups.
- ***Access Barriers:*** Women and girls face greater obstacles to care, including cost, mobility constraints, caregiving responsibilities, lower health literacy, and gender norms that limit decision-making power.
- ***Life-Course Gaps:*** Girls may miss early detection and treatment; women of working age face competing priorities; older women often experience compounded disadvantage.
- ***Systemic Blind Spots:*** Eye health programmes frequently lack sex-disaggregated data, gender analysis, and tailored service design, masking inequities and limiting effective responses.

What Works: Evidence and Solutions

- ***Gender-Responsive Service Delivery:*** Outreach services, flexible clinic hours, and community-based care improve access for women and girls.
- ***Financial Protection:*** Reducing out-of-pocket costs for eye care—particularly for cataract surgery and spectacles—significantly increases uptake among women.
- ***Integration Across the Life Course:*** Embedding eye health into maternal, child, school, and healthy ageing services ensures continuity of care for females at all stages of life.
- ***Data and Accountability:*** Collecting and using sex- and age- disaggregated data supports targeted action and monitoring of equity.
- ***Community Engagement and Empowerment:*** Engaging women, families, and community leaders helps address social norms and improves service utilisation.

The *Lancet Commission* and WHO emphasise that addressing gender inequities in eye health is both feasible and cost-effective, requiring deliberate policy and system design rather than new technologies.

Policy Options

1. ***Mainstream Gender in Eye Health Policies and Plans***
   Incorporate gender analysis and equity targets into national eye health and UHC strategies.
   Benefits: Improved accountability and targeted action.
2. ***Design Services to Reach Women and Girls***
   Expand community outreach, mobile services, and referral pathways that reduce access barriers.
   Benefits: Increased service uptake and reduced inequities.
3. ***Strengthen Financial Protection for Essential Eye Care***
   Prioritise coverage of cataract surgery, refractive services, and assistive products for women and girls.
   Benefits: Reduced cost barriers and improved outcomes.

Recommended Actions

- ***Recognise Gender as a Core Determinant of Eye Health:*** Explicitly address women's and girls' needs in eye health and broader health policies.
- ***Ensure Sex- and age- Disaggregated Data Collection and Use***: Track access, outcomes, and coverage by sex and age.
- ***Integrate Eye Health into Women- and Girl-Focused Services:*** Link eye care with maternal health, school health, and healthy ageing programmes.
- ***Engage Communities to Address Social Barriers:*** Work with women's groups and community leaders to promote care-seeking and inclusion.
- ***Align with Gender Equality and Equity Agendas:*** Coordinate with ministries responsible for gender, education, and social protection.

Expected Impact

- ***Reduced gender gap*** in vision impairment and blindness.
- ***Improved educational participation and learning*** outcomes for girls.

- ***Increased economic participation and independence*** for women.
- ***Enhanced wellbeing and autonomy*** for older women.
- Progress toward ***equitable, people-centred health systems***.

Conclusion

Women and girls bear a disproportionate and unjust burden of vision impairment, despite the availability of effective, affordable solutions. ***Closing the gender gap in eye health is both a moral imperative and a strategic investment in health, equity, and development***. With deliberate, gender-responsive policies and integrated service delivery, governments can prevent avoidable vision loss and advance the rights, wellbeing, and potential of women and girls across the life course.

References

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