Commission on the Status of Women
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Statement submitted by International Agency for the Prevention of Blindness, a non-governmental organization in consultative status with the Economic and Social Council*

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* The present statement is issued without formal editing.
Statement

Climate change and eye health are linked in a cause-and-effect cycle that threatens to undo decades of progress in global health and leave vulnerable populations of women and girls at risk of being left behind. The economic, social, and cultural norms that make women and girls in low and middle-income countries more susceptible to poverty, are the same factors that put them at greater risk of vision impairment and climate change related events. Conversely, the impacts of climate change and vision impairment, perpetuate the cycle of socioeconomic marginalization of women and girls and impede progress towards gender equality.

The International Agency for the Prevention of Blindness has initiated a call to action around climate change and eye health. However, by not systematically addressing the intersectional root causes and response mechanisms of eye health disease with women, as well as their role in leadership within the eye health sector, they will continue to be a vulnerable population trapped in poverty and disproportionately impacted by the challenges and hazards of climate change and natural disasters.

Climate Change and Eye Health

Gender inequalities arising from embedded norms that cause an impact disparity between men and women with climate change, statistically mirror the disproportionate impact of eye health and vision impairment on women and girls. Evidence shows that women and girls are more likely to develop vision impairment and less likely to get treatment. Currently, 55 per cent of people with vision loss are women and girls and 90 per cent of vision loss is in LMICs. Up to four out of five of women and girls don’t need to be blind, as their most common eye conditions, cataract, and refractive error, can be easily prevented or treated.

Climate change is likely to only exacerbate these numbers in the coming years. The human eye is only 22 mm long, but it is uniquely susceptible to minor changes in environmental factors:

- High temperatures and low rainfall – both more likely because of climate change – are likely to increase the incidence of trachoma infections.
- Vitamin A deficiency is predicted to rise due to predicted increases in food security.
- Global warming may play a part in early onset and accelerated progression of cataracts. Experts estimate that by 2050, rising UV exposure will lead to as many as 200,000 additional cases of cataract – beyond the expected number associated with aging.
- There is an association between traffic-related air pollution and severe allergic eye diseases, glaucoma, and age-related macular degeneration.
- Extreme weather events and natural disasters will lead to an increase in acute and protracted eye injuries and disrupt eye health delivery.

Disaster and Accessibility

In the face of a changing climate, extreme weather-related hazards have become more frequent and dangerous. Deep-rooted gender inequality means that, despite the incredible resilience and capacity for survival that women exhibit, the resulting vulnerabilities put their overall health and survival at greater risk. Women and girls suffering vision impairment are at exceptionally high risk of injury or death in an emergency due to hampered mobility as well as their predominant role as caregiver...
for children and other visually impaired family members. A study of 141 countries found that women are more likely to be killed during disasters, and at an earlier age, particularly in poor communities due to their isolation and responsibilities in the home.

Under normal circumstances, access to, and availability of, specialist health care (specifically eye health) is extremely limited for the populations of women who are the most susceptible to vision impairment and disasters. Some communities are able to access primary healthcare services for the first time in the immediate aftermath of a natural disaster due to an influx of international emergency medical teams. However, despite Disaster Related Diagnoses for eye health being very common following an extreme climate-related weather event or natural disaster:

• Emergency humanitarian response teams rarely include eye care specialists in their field operations.
• As a result, injuries are not properly attended to, and acute treatable injuries are more likely to develop into chronic and preventable disabilities.
• Evidence indicates that people with chronic eye health-related non-disaster related diagnoses often attempt to seek out treatment from emergency response teams.

Women in Eye Health Leadership

Despite growing recognition of the differential vulnerabilities, as well as the unique experiences and skills women and men bring to development and environmental sustainability efforts, most women still lack the economic, political, and legal clout to become their own powerful agents of change. Women play a vital role in the advancement of global health but lack opportunity.

• Women make up 75 per cent of the healthcare workforce yet occupy less than 25 per cent of the most influential leadership positions.
• The majority of work conducted by women is either underpaid or unpaid, leaving women with few opportunities for advancement or to care for their own health.

The 2015 Paris Agreement calls for gender equality and women’s empowerment, and its provisions on adaptation and capacity-building efforts urge member states to adopt gender-responsive approaches. Continued unequal health outcomes and structural gender inequity within the healthcare system will persist and be perilously exacerbated by the impact of climate change if women’s perspectives are not included more intentionally in planning, policymaking, and programming.

Next Steps

There is a great political drive for the eye health sector to push the climate action agenda forward. The International Agency for the Prevention of Blindness and climate experts within the eye health sector formed the Climate Action Working Group to provide leadership and advocacy for increased adoption and action on priority matters relating to climate action in eye health for all stakeholders. In 2021, UN Resolution A/75/L.108 – Vision for Everyone; accelerating action to achieve the sustainable development goals and The Lancet Commission on Global Eye Health made clear that planetary health is a key component to improving quality of eye care, and environmentally sustainable eye health services are required to make progress towards the SDGs, including gender equality.

To dismantle structural and sociocultural barriers that contribute to keeping women and girls trapped in poverty and disproportionately vulnerable to vision
impairment and climate change, our actions must center around the prevention of risk, appropriate responses to avoid future vulnerability, and inclusive decision-making opportunities to increase women’s contributions to sustainable development:

• Prevention: Implement sustainable and inclusive health care services in high-risk environments and communities to address chronic eye health issues and reduce both the vulnerability of women and girls, as well as the impact of climate change.

• Response: Ensure eye health specialist are included in emergency humanitarian response health teams to appropriately address disaster-related eye injuries and support chronic eye health patients.

• Inclusion: Ensure women are part of the prevention and response development by giving women at all levels access to health care decision-making opportunities.