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Statement submitted by The Fred Hollows Foundation Limited, 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

The Beijing Declaration and Platform for Action, CEDAW and the Sustainable Development Goals (SDG) all reinforce that development is only sustainable if women and men benefit equally. However, the rate of progress in tackling gender equality remains slow. According to the 2023 Global Gender Gap Index, it will take 131 years to achieve full gender parity, a marked increase from the 99.5 years outlined in the 2020 report.

Addressing eye health inequalities can help close the gender gap and ensure women are able to exercise their rights in all areas of society. Worldwide, around 2.2 billion people are living with vision impairment, and almost half of those cases are preventable or treatable. Up to nine out of ten women and girls do not need to be blind, as the most common eye conditions – cataracts and refractive errors – can be easily prevented or treated through cost-effective interventions.

Vision impairment disproportionately affects women and girls. Evidence suggests that in all regions of the world, and at all ages, women are more likely to be visually impaired than men. Women represent 55 per cent of the world's 43 million people who are blind, and 55 per cent of the 295 million people with moderate to severe vision impairment. Yet, they are the least likely to receive treatment and face barriers to accessing services. Women living with vision loss also represent some of the poorest and most marginalized populations, with 90 per cent of those with vision loss in low- and middle-income countries.

The COVID-19 pandemic exacerbated these trends: every recent study on gender-disaggregated patient attendance or surgery rates suggests that the gap has widened between men and women since the pandemic began. This is likely to worsen existing disparities in eye health experienced by women and girls. This reinforces that eye health is not only a health and development issue but also a critical gender equality issue.

A 2023 report by The Fred Hollows Foundation demonstrates that investments in eye health offer among the highest investment returns of any disease intervention modelled by similar cases. Investment in the two leading causes of blindness and vision impairment will return on average \$9.40 for each U.S. dollar spent, with cataract surgery returning on average \$20.50.

If women are aware of their right to health, including access to eye health services, they may have increased and more equitable access to better health outcomes and can contribute more to their communities economically, socially and culturally. Efforts to improve eye health outcomes, therefore, contribute to the advancement of several SDGs, beyond those related to health (SDG 3). This includes increased gender equality (SDG 5) and reduced inequalities (SDG 10) and indirect links to other goals as well, including poverty (SDG 1), education (SDG 4) and economic productivity (SDG 8).

In July 2021, the United Nations (UN) General Assembly unanimously adopted Resolution [A/RES/75/310](#) – Vision for Everyone: accelerating action to achieve the Sustainable Development Goals. The resolution is the first agreement on tackling preventable sight loss adopted by the UN, and it enshrines eye health as part of the SDGs. The resolution's adoption followed the publication of The Lancet Global Health Commission on Global Eye Health, which found that improving eye health is essential to achieving many of the SDGs, including SDG 5, and that pervasive gender inequality in eye health must be addressed. Resolution [A/RES/75/310](#) affirms the Commission's findings, expressing concern that the prevalence of vision impairment is higher among women and stresses the need to achieve gender equality in eye health

and in access to eye care to ensure progress on SDG 5. The resolution further calls upon member states and other stakeholders to eliminate barriers and discrimination against women and girls in accessing support and health-care services.

Evidence indicates that social, economic, and cultural factors play a bigger role than biology in women's disproportionate representation among people with avoidable vision impairment. While certain biological factors, particularly longer life spans, may influence women's increased risk of being visually impaired, structural barriers and social norms that underpin gender inequality play a significant role in increasing women's risk of exposure to eye health issues. Women, regardless of age, are more likely than men to develop certain preventable or treatable vision impairment conditions, like cataracts and trachoma due to these factors.

In 2023, The Fred Hollows Foundation partnered with UN Women on the development: No Woman Left Behind; Closing the Gender and Inclusion Gap in Eye Health and as part of its development, a world first global consultation was held by UN Women which received a wealth of insights from 170 women and girls.

Findings included:

Women's lack of knowledge and agency: Women's rates of literacy are often lower than men's, especially among older people. Consequently, women are often unaware of information regarding vision loss or other eye health conditions and may be less likely to know about the possibility of treatment or where to receive it.

Gender bias and discrimination in health-care settings: Limited training for health professionals on how to care for those who are blind or have vision impairment means that women may face stigma and discrimination from health-care providers, substandard care and/or challenges around medical disclosure and confidentiality and compounded by system-level factors, such as health facilities that do not consider women's needs and responsibilities. Together, these factors can undermine women's trust in the health system, which in turn results in poorer access to and engagement with eye health services.

Women's limited participation and leadership in eye health: Gender bias in health care is reinforced by the lack of women in leadership positions. Though women make up 55 per cent of the world's vision impaired, leadership in the field of eye health is highly skewed towards men, with women representing 25 to 30 per cent of ophthalmologists yet remain underrepresented in key positions. Women's leadership in eye health is more than an issue of equity – it is the missing link that will help health professionals and policymakers more effectively address eye diseases and achieve better eye health outcomes for women.

Societal norms and harmful stereotyping: Social norms that limit women's decision-making autonomy, cultural restrictions on travelling and seeking treatment, and societal stigma and shame associated with vision impairment can result in marginalization and social exclusion.

Lack of disaggregated data: Lack of disaggregated baseline and service delivery data, including by sex, age, disability and income/economic status, hinders the ability of policymakers and health authorities to plan appropriate strategies to reduce gender inequality and track progress towards equitable eye health.

National eye care policies unresponsive to women's needs: Gender-discriminatory laws and policies as well as a lack of legal protections deny women equal access to rights and opportunities, including in health, education, the administration of justice and other sectors. Equitable eye care is not always integrated into national health policies, plans and accountability frameworks or into the policies and plans of other relevant sectors, such as education, employment and social

protection. Women and their voices are too often missing from places where eye health policy, funding and research decisions are made and implemented, resulting in national eye health policies, plans and programmes being unresponsive to the needs and rights of women who are blind or have vision impairment.

The headline recommendations call for:

- **Voice:** Amplify the voice of women who are blind or have vision impairment in the design, implementation and monitoring of policies, plans, programmes and research relevant to their health and well-being.
- **Representation:** Ensure the full and meaningful participation of women in policies, programmes, and research relevant to eye care, and greater female representation in eye health leadership.
- **Resources:** Increase resources to gender responsive, disability inclusive multisectoral policies and programmes that impact women's eye health, beyond the non-health sector to include other areas such as employment, social protection, justice and energy.
- **Rights:** Uphold women's and girls' rights and improve the lives of women and girls who are blind and vision impaired by tackling multiple and intersecting forms of discrimination that prevent them from accessing the services and support they need.

We know that vision impairment and blindness is both a contributor to gender inequalities and an outcome of gender inequality. Preventing and treating avoidable blindness and vision impairment and ensuring the full inclusion for women living with vision related disability has a crucial role to play in the reduction of gender inequalities and in the overall effort to achieve the Sustainable Development Goals.
