

CanWaCH GEWG Complex Issues - Brief #7

Gender justice in integrated health programming series 2024

Positioning *eye health* as a human right and a gender justice issue in integrated health system strengthening programming

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What is a Complex Issue?

Complex issues have multiple and interconnected parts for which a quick fix is not possible. Instead, complex problem solving requires innovation, and multiple, sometimes competing, perspectives that considers the impact of the solution on the surrounding environment and individuals.

Gender justice in integrated healthcare in health system strengthening

Sustainable health systems strengthening, particularly in times of increased global crises, requires [better-integrated health programming](#). More intentional collaboration across health sectors and avoiding siloed approaches are essential to better serve women and girls in all their diversity. Integrated health programming ensures higher quality of care by providing all necessary services in fewer visits. Well-funded integrated health systems improve population health by providing services to everyone who needs them, regardless of ability to pay, thereby reducing disparities in healthcare caused by social and political factors.

Gender justice, in the context of health system strengthening, entails making healthcare institutions accountable for addressing the injustice and discrimination that has historically denied girls, women and other marginalized groups an equitable right to healthcare including access to responsive service delivery.

Why is integrating *eye health* into larger health systems a Complex Issue?

While [the vast majority of issues that cause vision loss or blindness](#) can be treated or cured, 90% of people with blindness or vision loss live in low and middle-income countries (LMICs) with limited or no access to eye health. Similar to other health sectors, women and girls are often left behind as they



represent 55% of the people with vision impairment. It is very common to see more men and boys receive eye treatment and care even though women and girls also need it, often at higher rates.

This disparity stems from various barriers operating [at multiple levels](#):

- at the **individual level**, women have limited agency and autonomy;
- at the **institutional level**, the absence of gender-responsive or disability-inclusive eye care services and/or the long distances to eye care clinics further exacerbates the situation;
- at the **community level**, social stigmas, entrenched gender norms, and discrimination contribute to disparities; and
- at the **policy level**, insufficient attention to eye care and gender-specific needs in eye care perpetuate systemic inequities.

Another issue is that when anyone in the household becomes visually impaired (and elderly women are often not prioritized for treatment for a number of reasons), oftentimes young girls are required to stay home and care for them, which leads to a double burden on women and girls: they're both unable to pursue livelihood or education opportunities, one because of her vision loss, and the other because of her care responsibility. It becomes a compounding, gender-specific issue that requires special attention and programming to overcome.

One of the key challenges surrounding eye health is its lack of integration into other development and healthcare sectors. While eye care is a low-cost, high-impact intervention that deserves space and integration in larger health systems, it is a separate, siloed service.

Integrating eye health into health system strengthening programming is complex because it is a very closed-circuit system. In many countries, eye hospitals have developed their own siloed systems that operate independently from other health sectors, and ophthalmologists don't often need to consult with other specialties. This is despite the fact that eye care overlaps with many other interventions such as humanitarian aid responses, routine Maternal and Child Health (MCH) care, Sexual and Reproductive Health and Rights (SRHR), support for displaced people, or elder health. Silos exist even within the eye health sector, between eye health organizations that focus on prevention and treatment while others focus on rehabilitation. Because ophthalmology focuses on restoring or preserving sight, eye hospitals and clinics do not always have the expertise, skills, training, and/or facilities to provide support for people living with incurable low vision or blindness.

Discussion

Positioning eye health as a human right and a gender justice issue

Gender transformative impact: All the evidence points to the fact that recognizing eye care as a human health right is essential to ensuring that women and girls receive the support and care they deserve. Neglecting eye health exacerbates gender-based disparities and puts women and girls at risk for violence, harm, declining health, and early death. In addition, without adequate eye care, women and girls suffering from avoidable vision loss or blindness have limited access to various opportunities. Promoting eye health as a gender empowerment tool can lead to school retention, aging independently, and job retention. One way to achieve this is to integrate eye health into broader healthcare systems by improving referral networks, and collaborating with other public health and gender empowerment initiatives. Integrated eye health is imperative for achieving both human health rights and gender justice.



Human rights approach to gender-responsive eye care: This approach fosters cross-collaboration and promotes the adoption of gender justice approaches in other health sectors as well. By using a human rights approach, eye health initiatives fit within the Sustainable Development Goals (SDGs) and other global health efforts, strengthening the case for its integration into health sectors such as MCH and SRHR, as well as with nutrition and education. This approach not only upholds women's and girls' rights but also empowers them to thrive.

Strategies for gender-just integration of eye health

Involving primary health practitioners: Considering the interlinkages that exist, primary health practitioners should promote eye health as part of all other health promotion and prevention efforts, such as encouraging eye exams as a part of wellness exams, and creating referral pathways for complex eye conditions.

Policy and advocacy: Policy and advocacy efforts are essential to ensure eye health is integrated into health systems and that sufficient funding is provided to improve overall access. Such efforts could lead to fair reimbursement of eye health services through governmental or private insurance schemes, more funding and support for eye care at all levels, and the integration of eye health into government-sponsored healthcare models. Advocacy at government and health system levels for increased education opportunities for eye health professionals with an emphasis on training women would improve access and decrease gender-based eye health disparities.

Community involvement: Inclusion and representation are crucial. To adopt an intersectional and decolonial approach, eye care programs and initiatives must prioritize and listen to the voices of those they serve, in particular women and girls who can raise the issues of gender disparities in healthcare systems. Local communities are best positioned to offer solutions and drive innovation- so programs have to be designed with women and girls. Therefore, greater efforts should focus on decolonizing eye care and collaborating with communities to enable them to lead and provide care to their own people. Additionally, we have the opportunity to reframe leadership in healthcare by recognizing and empowering front-line workers, ensuring they are included in decision-making processes and initiatives.

Gender-specific interventions: Gender-specific interventions will also lead to gender-just integrated eye health. Such interventions can include training women's groups to identify common signs of vision loss and refer to outreach activities or vision centers, increasing the number of women who work in eye health settings at all levels, or decreasing financial and cultural barriers that prevent women from receiving services. These interventions would also be relevant for other health sectors, emphasizing the importance of streamlined efforts and integrated systems.

Social inclusion: More needs to be done to address social inclusion and/or use a disability justice framework. While it is essential to include gender to ensure access to high-quality eye care, we also need to adopt an intersectional approach that includes other aspects of people's unique and diverse identities. For example, incorporating the principles of disability justice into health care systems in general, and specifically within the eye care sector, is essential for creating equitable and inclusive services.

Wider Healthcare Context: Eye health is intricately connected to various aspects of healthcare. For instance, proper nutrition, particularly the intake of Vitamin K, is crucial for maintaining eye health and given to newborns shortly after birth. In cases of gender-based violence, eye care specialists play a vital role in treating ocular trauma, highlighting the need for specialized care. In addition, women and girls with vision loss are more likely to be victims of gender-based violence. Integrating eye health into humanitarian first aid training ensures that first responders can address eye injuries effectively. Training NICU staff in retinopathy of prematurity is essential for early detection and treatment, potentially preventing blindness in premature infants. Regular eye screenings for individuals with diabetes and those



who are HIV positive are critical, as these conditions can lead to severe eye complications if left unmanaged. These examples underscore the importance of incorporating eye health into broader healthcare frameworks.

Resources

- [Complex Issues Discussion: Gender Justice in Integrated Health Programming PPT](#)
- UN Women, [NO WOMAN LEFT BEHIND: CLOSING THE GENDER AND INCLUSION GAP IN EYE HEALTH](#)
- K. Blanchet, D. Patel. [Applying principles of health system strengthening to eye care.](#)
- Additional reading: [Executive Summary of the WHO World Report on Vision](#)