GLOBAL AGEING AND VISION ADVOCACY SUMMIT

APRIL 17-18, 2013 | BARCELONA
INTRODUCTION

APRIL 17, 2013 MARKS A TURNING POINT FOR HOW EXPERTS AND EVERYDAY CITIZENS THINK ABOUT AND ADDRESS THE IMPACTS OF VISION LOSS IN AN AGEING POPULATION.

Today, vision loss is still wrongly considered to be a normal part of the ageing process. Vision loss can in fact be chronic in nature with serious personal, health, social and economically related consequences. At the Global Ageing and Vision Advocacy Summit, in a unique undertaking, the sectors of vision and ageing from 12 countries came together to rethink, reshape and re-imagine the 21st century as a time when growing older with vision loss is not accepted as inevitable or the norm. At this seminal gathering of organizations and experts committed to improving conditions for older people, increased awareness and understanding, closer collaboration and powerful insights evolved.

In 2020, when there will be 1 billion people over 60 years of age on the planet, will we still consider the “ageing population” to be on the path to vision loss, or will this assumption – due to effective policy and programs, innovation and action, ingenuity and compassion – be obsolete?

Reframing the agenda on ageing and vision health, led by Summit delegates, paved the way to consider that the consequences of vision loss are not only a matter of public health and an ethical responsibility, but also a matter of economics and a fiscal imperative.

A priority for the Summit was to better understand the comorbid relationship between ageing
and vision health in order to better respond to the needs of populations at risk of vision impairment and vision loss through clear, targeted advocacy and efforts to increase awareness.

Acting according to this purpose, the Summit was a unique platform for collaboration, knowledge sharing and goal setting among sectors and experts whose paths rarely cross. Delegates included global experts and key members of civil society – from the academic and advocacy fields in both the ageing and vision health communities. Delegates were committed to creating a framework for global advocacy efforts that comprised both bottom-up and top-down approaches.

“Saving eyesight is the kind of work that makes a difference in our world, especially for ageing populations.”

WHO DIRECTOR-GENERAL MARGARET CHAN
The mutual goals determined by the Summit delegates were to:

1. Drive political attention through advocacy;
2. Increase awareness with strong and coordinated communications; and,
3. Strengthen research capabilities globally toward decreasing the incidence and impact of vision loss especially in older age groups.

Commonalities and barriers to partnerships, national strategies and shared lessons toward developing a path of action for the millions of people suffering from or at risk of vision loss were highlighted and explored. Throughout the Summit, the diverse group of expert clinicians, academics and representatives from key international, national and state organizations made solid progress toward identifying a common set of messages about ageing and vision loss, creating strategies to reach a broad and diverse range of audiences, and driving advocacy with global leaders.

**THE CHALLENGES OF VISION LOSS AND AGEING**

Vision loss is a major and unappreciated cause of disability globally. The World Health Organization (WHO) estimates that 285 million people are visually impaired, with over 39 million people legally blind.¹ In the less developed world, twice as many people suffer from vision loss than hearing impairment. Incredibly, it is estimated that four in every five cases of vision loss are preventable.² It is therefore no surprise that WHO Director-

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GLOBAL POPULATION OVER 60 YEARS OF AGE
1950 - 2050
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“I would like to learn...how we can advocate for better vision health and more generally to advocate for the creation of a world where older people can enjoy the maximum levels of independence which can be achieved.”

—PROF IAN PHILP
General Margaret Chan has proclaimed that “saving eyesight is the kind of work that makes a difference in our world.”

This difference is most vital among older adults, a segment of the population whose vision loss is “the leading cause of disability,” according to a recent report by the International Federation on Ageing, “The High Cost of Low Vision.”

Vision loss can be a barrier to productivity and social inclusion, thus blocking the opportunity to utilize the expanding valuable resources and experiences of the global ageing population as new sources of economic growth.

Health and Personal Impacts of Vision Loss
The causes of vision loss are many, including conditions such as refractive error and cataract, and serious diseases such as macular degeneration, glaucoma, and diabetic retinopathy, which are more likely to occur in the older population. One of the most common and devastating diseases resulting in vision loss among older adults is age-related macular degeneration (AMD). AMD, according to the Angiogenesis Foundation, “gradually destroys sharp, central vision needed to read, recognize faces, drive, and, in general, to see most things clearly.”

Globally, AMD affects 30 million people and is the leading cause of vision loss and blindness in high-income nations. Moreover, with better reporting and data gathering, the claim for emerging and developing economies may be equal to if not more serious.

A recent Australian study found that one in seven Australians over the age of 50 years (1 million people) shows some evidence of age-related macular degeneration. Cases of AMD will nearly double in the nation over the next two decades, in the absence of treatment and prevention measures, as the population ages.

Dr. William Li, President of the Angiogenesis Foundation, has claimed that the high and preventable prevalence of AMD and subsequent vision loss among older people is “a silent epidemic.”

“Human beings are always human beings, no matter if they are young, old or disabled. The economy has to serve people...especially the most needy ones.”

– DR GIUSEPPE CASTRONOVO
Meanwhile, in less developed countries, cataract and uncorrected refractive error are the main causes of vision impairment, accounting for 75 percent of all blindness and vision impairment. Further, 90 percent of all preventable vision loss occurs in low and middle income countries.  

Yet, as debilitating as vision loss may be at a personal level, and as widespread as it may be among older adults, there is reason to believe that the incidence of preventable vision loss can be minimized. New therapies, early diagnoses, and appropriate treatments have brought about a “paradigm shift” that can prevent, slow, and reverse vision loss, especially for the wet form of AMD. 

Indeed, the International Federation on Ageing has argued that, given the great strides made in preventing communicable eye diseases, there is not only capacity, but there are also resources to shift the focus to non-communicable eye diseases like AMD. The science is there, the need is growing, and now a coordinated global effort is urgently needed in order to quell the “silent epidemic.”

### Economic Costs of Vision Loss

From both a fiscal and economic perspective, the costs of preventable vision loss are significant. According to a prevalence-based study conducted by the AMD Alliance International and Access Economics, the direct costs globally of vision loss in 2010 were US$2.3 trillion, and this cost is expected to increase to US$2.8 trillion by 2020. To put this cost into perspective, US$2.3 trillion is greater than the Gross Domestic Product.

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**People 50 years and over represent:**
- 65% of the world’s visually impaired
- 82% of the world’s blind

**The leading cause of visual impairment in people aged 50 years and over:**
- Cataract
- Glaucoma
- Age-related Macular Degeneration
- Diabetic Retinopathy

Source: Pascolini, D. and Mariotti, S. 2011
(GDP) of all but seven nations in the world, according to recent figures from the World Bank.\textsuperscript{11} It is also more than four times greater than the revenue of Exxon Mobil, the world’s most profitable company, according to Forbes.\textsuperscript{12}

Beyond the direct costs, the economic implications can be steep. A study in the United Kingdom found that people with wet AMD had on average annual health and service costs seven times higher than those without AMD.\textsuperscript{13} Another study found that non-eye related costs for those who are legally blind are almost double that of persons with healthy vision.\textsuperscript{14} Further, in Australia, the total cost of vision loss (direct and indirect) associated with AMD was estimated at approximately US$5 billion in one year.\textsuperscript{15} These economic implications, however, are only a part of what makes vision loss a significant global burden.

### The Ripple Effect of Vision Loss

The economics represent only a chapter in a larger more dramatic story about individuals, the broader community and the series of potentially life-changing consequences associated with vision loss. Avoiding preventable vision loss among older adults improves dramatically the quality of life for the affected individuals, their families and caregivers. Those who suffer from severe vision loss may have diminished capacity with activities of daily living (ADL), such as meal-preparation, walking, bathing and reading.\textsuperscript{16} Persons with vision loss are also twice as likely to fall and four times more likely to suffer from hip fractures.

Rapid population ageing elevates the health policy imperative. According to Dr. Alan Cruess, Professor and Head, Department of Ophthalmology and Visual Sciences at Dalhousie University, “Health systems will be completely warped to deal with the baby boom, and it is not a good idea to say that it is somebody else’s problem.”

This “ripple effect” of diminished capacity and loss of confidence due to vision impairment often triggers a number of serious health and social consequences that effectively isolate and marginalize older adults, prematurely force them into roles of dependency and disability, and increase the need for additional costly medical and social services. Older adults with vision loss are also three times

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### Categories of Cost for Vision Disorders

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>VISION-RELATED MEDICAL COSTS</th>
<th>NON-VISION RELATED MEDICAL COSTS</th>
<th>NON-MEDICAL COSTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presentation/ Diagnosis</td>
<td>EMERGENCY CARE</td>
<td>DIAGNOSIS</td>
<td></td>
</tr>
<tr>
<td>Medical</td>
<td>NON-VISION RELATED TREATMENT COSTS</td>
<td>TREATMENT</td>
<td>MONITORING</td>
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<tr>
<td>Consequential</td>
<td>ACCIDENTS</td>
<td>DEPRESSION/ ANXIETY</td>
<td></td>
</tr>
<tr>
<td>Social</td>
<td>REHABILITATION</td>
<td>HABITATION</td>
<td>SOCIAL BENEFITS</td>
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Source: AMD Alliance/Access Economics
This “ripple effect” of diminished capacity and loss of confidence due to vision impairment triggers a number of serious health and social consequences that effectively isolate and marginalize older adults.

more likely to suffer from depression and more likely to endure pain, anxiety and a loss of mobility.\textsuperscript{17}

The burden of vision loss among older adults also extends to informal (unpaid) caregivers, including friends and family members of all ages. Caregivers often experience serious life-changing disruptions, which may have negative impacts on the family unit, lifestyle, and standard of living, as a result of multiple responsibilities. A recent survey in Australia revealed that depression rates amongst those who care for someone with wet AMD were more than triple those seen in the general population over 65 years of age, and many caregivers have had to adjust career and retirement plans to meet the needs of visually impaired loved ones.\textsuperscript{18}

Further, absenteeism and presenteeism (the practice of reporting to work but not performing at usual productivity levels) are common among those who provide care to older adults with deteriorating and loss of vision. Ultimately, the sum total of indirect costs related to vision loss is around US$650 billion annually.\textsuperscript{19} As with direct costs, indirect costs are projected to increase significantly if preventable vision loss grows in parallel with the ageing of the global population. Based on current projections, the financial expenditures associated with vision loss will amount to US$3.5 trillion by 2020.\textsuperscript{20}

**OPPORTUNITIES FOR ACTION**

The data clearly show that vision loss places heavy burdens on individuals, families, communities and economies. These are burdens that must be alleviated to avoid potentially crippling health, social and fiscal crises around the world. Addressing the incidence and progression of vision impairments can be viewed in three main ways, namely prevention, treatment and rehabilitation. Each requires increased global attention and investment.

- **Prevention** is the use of diet and lifestyle modification to reduce the risk of acquiring
a disease, or to slow down its progression. For instance, preventive screening, smoking cessation, dietary modification, supplementation, appropriate sun protection for the eyes, and a healthy exercise routine have been shown to reduce risk of vision diseases.

- **Treatment** is the use of pharmaceuticals or surgery to preserve or restore vision ranging from anti VEGF therapies to treat wet (neovascular) AMD to surgery to restore vision in those with cataracts. For many eye diseases such as AMD, diabetic retinopathy and glaucoma, early detection is critical, and therefore awareness of eye disease, symptom recognition, early diagnosis and rapid accessible and affordable treatment are key elements to saving sight.

- **Rehabilitation** is the provision of services, supports, training and aids for people who have visual impairment and loss of vision that cannot be improved with conventional glasses or other treatments. Examples of rehabilitation may include orientation and mobility training, computer assisted technology, handheld and electronic magnifiers, talking books or braille for reading, home modification and peer support, which are all essential to maintaining independence and quality of life.

The Role of Advocacy in Addressing Vision Loss
The focus and nature of advocacy needed to address vision loss and blindness must be aligned not only to their causes, but also to cultural nuances and social and economic profiles, particularly with regard to how a society views and treats its ageing population. There is no “one-size-fits-all” advocacy approach as conditions across and within countries, as well as health systems and
cultures differ dramatically. For instance, severe vision loss and blindness of people over the age of 50 years in Australia, Canada, Germany, the United States and Italy is caused by AMD. In Brazil and China, cataract is the predominant condition.

Access to and coverage of services and interventions vary across and sometimes within countries. For instance, in Ontario, Canada, the public program pays for 75 percent of assistive devices for persons with vision impairment. Despite the clear evidence that treatment and rehabilitation are ‘the life-line’ to the improvement and maintenance of function, the coverage is not universally available in Canada. Health budgets are provincially driven and the provision of services and treatment is not equal across the country.

In China, the baby boom will occur almost a decade after that which has occurred in Europe, so the Government of the Republic of China responds to vision loss in the context of healthy ageing largely from the preventive standpoint, according to Mr. Xiao Caiwei, Vice President of the China National Committee on Ageing. The number one cause of vision impairment in China (67 percent) is the treatable condition of cataract. With this knowledge, China has committed to millions of cataract surgeries to target the source of the problem before the consequences become unsustainable to society and the economy. This large scale commitment and action has merit for many other countries tackling challenging large-scale eye health issues.

Cost-Effectiveness of Prevention, Treatment and Rehabilitation
A comprehensive body of research related to the cost-effectiveness of treating the diseases that cause vision loss forms the basis for effective advocacy and evidence-informed policy. To date, relative to the size of the problem and its consequences globally, there has been insufficient work in scientific, social and health services research. Notwithstanding the paucity of research, the existing data shows that a strategy for action and investment

An investment of US $394 billion to “eliminate avoidable blindness and visual impairment globally” would result in a benefit of US $843 billion, in the current decade alone.
will be far more effective than inaction.

The World Health Organization has identified cataract operations and providing spectacles for those who need them as two of the most highly cost-effective of all health interventions – potentially solving vision problems for 75 percent of those who are blind or visually impaired. The cost of cataract operations can be as little as US$20, while spectacles less than US$5 per person. Investment in trachoma and river blindness for instance, has led to a dramatic decrease in these conditions; future investment will be essential in leading to their eradication in the next 10 to 15 years.22

PricewaterhouseCoopers, in partnership with the Fred Hollows Foundation, found that there is a two-to-one benefit/cost ratio in vision loss prevention globally, and that benefit rises to four-to-one in the less developed world. The report, estimated that an investment of US$394 billion to “eliminate avoidable blindness and visual impairment globally” would result in a benefit of US$843 billion, accounting for productivity gains for those of working age and health systems savings, among other societal benefits, in the current decade alone.23 In Australia, a recent study found that for every $1 invested in the current treatment for wet AMD, there had been a $2 saving in social benefit costs.24

While existing research and analysis focuses on all population cohorts with vision loss, findings suggest the cost-effectiveness of prevention, rehabilitation and treatment among the ageing population would be even more dramatic. For example, according to Dr Michael Corcio, Vice President of IAPB Italia ONLUS, prevention and early diagnosis of visual impairment in Italy has been estimated to save as much as 34 percent in health and related costs. With Italy, as one of the world’s most aged societies, this finding reflects both the peril of not acting and the promise of advocacy and action. Moreover, the International Federation on Ageing’s “The High Cost of Low Vision” reports that improved vision can save costs by reducing further medical visits and procedures.

Research that focuses on preventable vision loss among older adults is an urgent and unquestionable requirement for future policies in regard to ageing nations.

To be sure, there is no definitive meta-analysis on the cost/benefit ratios of prevention and treatment specifically with ageing populations. This serious and unacceptable gap in research leads to systemic inequity that discounts and discriminates against older people. Research that focuses on preventable vision loss among older adults is an urgent
and unquestionable requirement for future policy development globally.

Ultimately, knowledge gathered during the Summit points to the critical need for smart economic policy, greater public health responsibility, and the ethical duty of multi-sectoral stakeholders to improve the lives of those with and at risk of visual impairment and loss. Indeed, looking ahead, as the global population ages, today’s figure of 285 million people with visual impairment will seem greatly understated in the coming decades if bolder efforts for prevention and treatment are not implemented and formally recognized as social and economic imperatives for every productive nation.

In an effort to stimulate a more coherent national and global movement, the MDFA and IFA convened the first-ever Global Ageing and Vision Advocacy Summit. Based on work in their respective fields, the two organizations recognized an unmet need for a new set of partnerships and a new way of thinking to connect the discrete vision and ageing communities to help link country-level efforts and achieve regional and global impact.

The Summit brought together experts from a select group of leading ageing and vision organizations from 12 countries, as well as clinicians, academics and other key members of civil society, to help drive advocacy and awareness for the prevention and treatments of vision loss as it relates to ageing. Through the discovery process of the Summit, participants noted the complementary agendas in the constituencies served – a key unifying factor for ongoing dialogue and collaboration. While the Summit itself served as a starting point for important intellectual and strategic partnerships, there was sound progress toward achieving incremental objectives and an overarching goal of creating a global framework for advocacy to be applied at country, regional and global levels.

The Summit brought together experts from a select group of leading ageing and vision organizations from 12 countries, as well as clinicians, academics and other key members of civil society, to help drive advocacy for the prevention and treatments of vision loss as it relates to ageing.
SUMMIT OBJECTIVES:
The Summit serves as the basis for action that will help people globally in a way that encourages good practices from continent to continent to be leveraged. The objectives of the Summit were to help build the capability, capacity and joint engagement of the ageing and vision sectors, and to support these sectors in effectively advocating and representing the interests of older people globally who are at risk of vision loss or blindness by:

1. Helping to build relationships and trust on multiple levels;
2. Sharing knowledge and learning from one another within and across countries and across the ageing and vision health sectors;
3. Identifying cultural and sector barriers related to the collaboration of ageing and vision health sectors;
4. Exploring pathways to secure outcomes; and,
5. Developing a strategy which involves good practice in advocacy.
SUMMIT DELEGATES

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Mr David Carvosso
Chairman, National Seniors Australia
Ms Julie Heraghty
Chief Executive Officer, Macular Disease Foundation Australia

BRAZIL
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CANADA
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Secretary General, International Federation on Ageing
Dr Alan F. Cruess
Professor and Head Department of Ophthalmology and Visual Sciences, Dalhousie University
Dr Keith Gordon
Vice President Research, CNIB; Adjunct Professor, Dept of Ophthalmology and Vision Sciences, University of Toronto
Ms Susan Eng
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Dr Claudia Kaiser
Health and Longterm Care Senior Policy Officer, Federal Association of Senior Citizens Organisations (BAGSO)

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President, IAPB Italia ONLUS
Dr Michael Corcio
Vice President, IAPB Italia ONLUS
Dr Tiziano Melchiorre
Secretary General, IAPB Italia ONLUS

JAPAN
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Board Member, JANCA (Japan Non-Governmental Organization) Council on Aging

NORWAY
Mr Arnt Holte
President, World Blind Union; Vice Executive Director, Norwegian Association of Blind and Partially Sighted (NABP)

UNITED KINGDOM
Mr Peter Ackland
CEO, IAPB (International Agency for the Prevention of Blindness)
Prof Ian Philp
Medical Director, South Warwickshire NHS Foundation Trust

USA
Dr Michael W. Hodin
Executive Director, Global Coalition on Aging (GCOA)
Dr Jacob Kumaresan
Executive Director, WHO Office at the United Nations
Mr John Seidler
United Nations Representative, AARP Office of International Affairs
SUMMIT OUTCOMES: PLATFORMS FOR ACTION

Through highlighting the social and economic realities of 21st-century demographics associated with increased life expectancy, delegates identified a set of common barriers and platforms for action. The barriers and the collaborative process for identifying them served as a starting point for finding commonalities. Presentations by content experts and open discussion among delegates across the two days helped establish a shared national and global agenda to drive action on vision health and ageing toward meeting the Summit goals.

The barriers included:
- Lack of awareness of the prevalence, costs and “ripple effect” of age-related vision impairment;
- Inadequate access, equity and affordability of prevention, treatment and rehabilitation; and
- Competition among various sectors, disciplines and across generations.

To overcome these barriers, common questions the group began to answer included:
- How can self-interest be created to drive action?
- What does partnership look like and what is the case for putting vision health on an ageing agenda and ageing on the vision agenda when there are higher perceived priorities?
- What are the issues to be addressed together, given national and organizational priorities and ways of operating?
- What does working together to increase awareness for at-risk populations among communities and for policymakers look like?

Questions were robustly debated over the course of the two-day Summit and, by exploring the key barriers preventing a focused advocacy effort on ageing and vision health, delegates mutually mapped out success factors and committed to taking action globally.

“This [effort] is worth investing in and makes sense economically. We’re talking about a more holistic approach…and the need to build a coalition of all these groups with a common approach.” – MR PETER ACKLAND
Three main platforms evolved to serve as the basis for ongoing dialogue with potential priorities to be pursued on a global level as well as leveraged nationally. The platforms are intended to guide ongoing communications and actions among participating organisations.

1. Research
While data exists on vision impairments and demographic change, the stark reality is that coordinated, meaningful data linking vision and ageing does not exist.

Deeper analysis of the research gaps must be undertaken to more effectively explain the social and economic consequences of a growing ageing population with vision impairment and vision loss.

The research required must come from and be shared among a wide group of stakeholders across the academic community, industry, government and non-governmental organizations. The most effective research will be that which is coordinated among these stakeholders and will range from clinical studies aimed at understanding the efficacy of treatments, to sociological studies to measure the human rights challenges of those suffering from vision impairments, to economic studies to quantify the return on investment of preventive mechanisms, and to market research to gauge the attitudes and perceptions of at-risk populations.

On the premise that powerful data is delivered through a coordinated research agenda and is the foundation for a global advocacy
effort, Summit delegates explored various ways of connecting the research on vision and ageing. In order to strengthen the existing data as an advocacy tool, delegates proposed:

- Sharing the best data across sectors and countries, and
- Partnering on new research to achieve mutual benefit.

2. Key Messages

To align messages to support vision health and ageing within countries and across regions is difficult due to the prevalence of varying vision impairments across countries, costs of and access to prevention, treatment and rehabilitation, and cultural expectations. However, as a start to bridging the differences and raising awareness, sharing of core messages that may resonate across countries and cultures within the vision health and ageing communities were deemed to be of high value.

The first step in developing messaging tools is to identify key audiences and their interrelationships in order to best ensure the nature and focus of communications effectively reach their intended targets.

While a strong focus on the needs of an ageing population is recognized for this exercise, a “one-size-fits-all” approach to key messages and the manner of communications are neither appropriate nor achievable. However, the overall strategy must be centered on promoting a life course of healthy vision, specifically targeting at-risk communities, their families and caregivers. Communities cannot be distinguished by age alone and must be evaluated on country and regional levels.

To increase awareness about the importance of vision health across the life course, the following messages – which must be viewed through both gender and cultural lenses – aim to speak to and provide power to those persons and societies at risk and to promote the prevention, treatment and rehabilitation of vision loss.
Dr Ian Philp, Medical Director of the South Warwickshire NHS Foundation Trust, said, “It is very clear that health policy should be targeted upon the promotion of independence,” which will reduce risks associated with vulnerability, such as falls. Heightening awareness of such risk should be paramount, but this connection between vision impairment and falls – and the potential benefits of falls prevention – is rarely referenced or measured. Yet, the need for independence as we age is universal, and it is the centerpiece that brings about both economic value for policymakers and social value for communities and families.

The key messages represent a first step for these two fields of study and advocacy working together to help build stronger awareness during a time when the global demographic shift is forcing a change in behaviors across the life course. Preparing the environment through targeted and broad communications in a consistent manner will also strengthen global advocacy goals.

3. Global Advocacy

The current landscape around global health is centered on the unprecedented NCD (non-communicable disease) burden and the development agenda. Vision impairment has a place on this agenda and must be represented. When the burden of NCDs is coupled with the global ageing trend, the data show that by far, vision impairment is the main cause of disability in older populations in developing countries, and a close second to hearing loss in developed countries.25 With the potential to remain independent given the proper rehabilitation and treatment, those that fall victim to vision loss cannot be ignored.

On the global stage, already considerable action to address vision loss is evident. VISION 2020: The Right to Sight 26 is the global health initiative with the goal to eliminate avoidable blindness by 2020. Originally launched by the World Health Organization (WHO) in 1999, in partnership with the International Agency for the Prevention of Blindness (IAPB), the initiative has made strides toward...
improving and driving new interventions for eye health globally, including nearly doubling the number of cataract surgeries in India since the plan’s inception. This milestone was achieved through increased access to vision centers and the rapid reduction of trachoma in developing nations through pharmaceutical interventions. Even with measurable progress, there remains much work to be done to advance the prevention of vision loss and blindness on the public health agenda in order to achieve the 2020 goal, and this need is especially urgent in light of the world’s rapidly growing ageing population.

To that end, the Political Declaration on NCDs issued following the United Nations (UN) High-level Meeting on NCDs in September 2011, has provided the vision and ageing communities nationally and regionally with a powerful platform from which to increase visibility and gain traction on the case to be made on vision health and population ageing. The outcomes statement of the UN NCD Summit in 2011 brought forth public political commitment in the form of an Action Plan for the Prevention of Avoidable Blindness and Visual Impairment (2014-2019) and demonstrated the important role of civil society in driving global policy. Some groundwork has been laid, yet the vision health and ageing agendas have been disparate and now require attention.

Building on these accomplishments, the work of the Summit to align the vision and ageing sectors will mark a pivotal event that supports change in the way our society views and tackles vision loss. The High-Level Meeting on Disabilities before the UN General Assembly in September 2013 and the Post-2015 Millennium Development Goals agenda will provide milestones and markers towards improving global health. They will also create opportunities for the further alignment of agendas for the ageing and vision health sectors. To achieve success will require nothing short of global commitment, global collaboration and global action.
The Premise and Process of Advocacy

Advocacy is a process aimed towards influencing public policies, as well as public opinions, by building credibility and trust through evidence, communications and networks. The group assembled at the Global Ageing and Vision Advocacy Summit agreed that through advocacy, individual agendas could merge into mutual ones. For instance, across the ageing group, priorities that garner attention range from non-communicable diseases to active ageing and from long-term care to financial protection. And across developed and developing worlds the causes of – and therefore practical solutions for – vision loss vary from country to country. Yet, all these needs call for action – a collective action.

Effective advocacy drives positive change for all people, and in this context, for older people. Effective, systemic advocacy approaches require robust sustainable partnerships across multiple sectors and disciplines; and it is through these ‘new models of engagement’ that lessons learned are most likely to be replicated, particularly within countries and across regions. A connected approach to advocacy comprising both top-down and bottom-up models is required for effective and sustained action and change.

Top-down advocacy could involve outreach to global agenda-setters, including the United Nations, World Health Organization and the Organisation for Economic Cooperation and Development (OECD). This process requires a keen understanding of the political levers, the passions and motives of key players, the identification of champions and an extensive network to create self-interest from collective interest. As a global network for vision health and ageing grows, systemic advocacy will play a powerful role in advancing the development of effective policies.

The bottom-up approach usually emphasises local decision making, community participation and grassroots mobilisation and movements through patients, families, caregivers and communities who represent at-risk populations. The approach creates opportunities to take action in two main ways: community participation and organisation leads to empowerment; and collective reflection and action that helps to shape society according to shared interests.

Whether the strategy is top-down or bottom-up (or both), the principles of advocacy are embedded in clear, unequivocal evidence, and the capacity, capability and tenacity to reach decision makers through a sustainable and growing number of community and societal voices.

Effective advocacy campaigns require strong messages through sound data, champions, networks and proposed solutions. To achieve these objectives and real success requires cross-sector, cross-discipline and cross-geographic collaboration, driven by a set of clear and actionable goals.
Lessons in Advocacy

Effective advocacy campaigns and organisations span the ageing and vision health sectors, and the Summit was an important platform to demonstrate shared principles, practices and strategies with local, national and global application.

By aligning agendas and coordinating messaging, “advocacy” channels the strength of many. On national levels, advocacy has proven to fight ageism in Denmark and increase awareness, testing and early detection of AMD in Australia. Even when the challenges are most daunting, the experts point to a few insights:

- Create strong arguments that incite action through sound knowledge, facts, analyses and documentation.
- Build collaboration and alliances when core messages are shared.
- Work with the media as a powerful vehicle to reach core audiences.
- Understand the government and political landscape to guide the advocacy agenda.
- Use clear messages that communicate the values to society.

Advocacy is not a simple formula, but a complex process in which the messaging and the champions will determine success or failure. It requires commitment, perseverance and passion, and it can lead to outcomes that change the world in which we live.
Conclusion and Next Steps

With a collective view that vision loss is not an inevitable part of ageing, the Global Ageing and Vision Advocacy Summit placed a clear stake in the ground to advance the global advocacy efforts of the ageing and vision health communities.

Delegates pledged to share, learn and build on this critical platform, as it is crucial for the hundreds of millions of people globally suffering from vision impairments and blindness, as well as those who are at risk.

Future conversations will be focused on the drivers and mechanisms for change on

The Summit stimulated critical and groundbreaking dialogue, which has led to a transformation in the way we think, speak and advocate for vision health and ageing. Now it is incumbent upon the delegates to transfer these learnings and messages in their own countries.
national, regional and global levels, as well as knowledge and data sharing to support the three platforms for action.

The Summit stimulated critical and ground-breaking dialogue, which has led to new ways of thinking, speaking and advocating for vision health and ageing. Now it is incumbent upon the delegates to transfer these learnings and messages in their own countries and truly lead change for the social, economic and personal rights of those they seek to enable and protect.

“This summit constitutes the starting line for many of us…. Are we ready to act?... The basic idea of the meeting is actually to transcend our silos and to build bridges because we all have pieces of a larger puzzle we cannot solve without each other.”

—DR. MICHAEL TEIT NIELSEN
About the Macular Disease Foundation Australia

The Macular Disease Foundation Australia (formerly known as the Macular Degeneration Foundation) is a not-for-profit organization meeting the needs of the macular disease community in Australia. The Foundation began in 2001 as a result of the clear need for a patient-driven organization. Ten years ago, most Australians had not heard of macular degeneration, however today, Australia is a world leader with regard to awareness of the disease. Over 90% of people in the 50+ at-risk population know of macular degeneration and over 70% are aware of having had their macula checked in the last two years.

The Foundation is committed to working on behalf of the macular disease community through awareness, education, client services, representation and research. It works with key stakeholders including people with macular disease, their families and carers; eye health care professionals; industry and associations; government and policy makers.

The Foundation has developed a powerful voice in the eye health, disability and ageing sectors and an enviable reputation for developing and delivering programs that make a positive impact on the patient. Its advocacy programs in particular have been highly effective and have produced marked improvements in access to treatment, support and subsidies for patients and their carers.
About the International Federation on Ageing

The International Federation on Ageing (IFA), established in 1973, is an international non-governmental organization representing more than 50 million people in 62 countries, through its membership base of NGOs, industry, academia, all levels of government and individuals. Through its global advocacy efforts the IFA has attained the unique status of General Consultative Status at the United Nations and its agencies including the World Health Organization.

The IFA is a point of global connection of experts and expertise in the field of ageing and achieves this through the development of national, regional and international information platforms that help to influence and shape effective age-related policy. IFA was a leading member of civil society that championed the United Nations Principles for Older People in 1999 that underpins many national and regional strategic plans, and now co-chairs the Global Alliance for the Rights of Older People.

Through its growing global reach via a large membership base and governmental network the IFA is uniquely placed to view the social and economic consequences of population ageing in the context of both its opportunities and challenges including financial protection, healthy ageing, age-friendly cities, health and social system change, labour market forces and the care continuum.
ENDNOTES


6 “Advocating for Improved Treatment and Outcomes for Wet Age-Related Macular Degeneration.”


8 International Agency for the Prevention of Blindness

9 “Advocating for Improved Treatment and Outcomes for Wet Age-Related Macular Degeneration.”


ENDNOTES


17 “The High Cost of Low Vision.”

18 ABS 2007 National Survey of Mental Health and Wellbeing: Summary of Results


21 Macular Disease Foundation Australia


25 World Health Organization, Global Burden of Disease 2004

26 http://www.iapb.org/vision-2020

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