

## Guest Editorial

### Sustainable Developmental Goals (SDGs) and Eye Health Care in Nepal

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In 2015, the United Nations (UN) adopted the resolution of transforming our world by the year 2030 through the agenda of Sustainable Development with a primary focus on strengthening universal peace with larger freedom [United Nations 2015, Griggs D 2012]. All member countries including Nepal agreed to this ambitious plan for relieving poverty and reducing global inequality over a span of 15 years starting from 2016 to 2030. All the health programs including, Millennium Developmental Goals, universal eye health or Vision 2020 – the elimination of avoidable blindness by 2020 are expected to thrive under the umbrella of Sustainable Development Goals (SDGs). There are 17 goals and 169 targets. The three dimensions of sustainable development - economical, social and environmental - are balanced in this new initiative [eye health Australia 2015]. The overall effect of this initiative will be beneficial to human beings and our planet with human health as one facet among many. All efforts would be directed to review, realign and integrate the ongoing public health activities to attain SDGs [World Health Organization 2016].

The World Health Organization and its member countries initiated ‘VISION 2020 the Right to the Sight’ to eliminate avoidable blindness by the year 2020 in 1999 [Resnikoff S 2001]. It was further enhanced by integration into different global initiatives such as the Millennium Developmental Goals, neglected tropical diseases, healthy life style initiatives and others. The positive impact of VISION 2020 in last 15 years is undisputed. Major milestones include, the reduction of important public health diseases such as onchocerciasis and trachoma in many member countries. Other milestones include increased collaboration among stakeholders in eye care and advocating for the need for comprehensive and universal eye health within competing health priorities [Ackland, P., 2012; de Vlas et al 2016; Das T 2017]. The parameters for defining visual disabilities were revised and inclusion of uncorrected refractive error as a cause of visual disability has apparently increased the burden of visual disabilities. Interestingly the burden of visual disabilities has not markedly decreased but the causes of visual disabilities have changed in some countries [Khandekar R 2012]. During the last 15 years, many countries have faced natural disasters, war and civil unrest and therefore the achievements of the VISION 2020 initiative are not uniform among member countries and in some sub regions of large countries. Thus, activities for eliminating avoidable blindness will continue even after the year 2020 and will overlap with implementing the SDGs. It will be therefore useful to associate the Vision 2020 strategies to the SDGs.

A schematic diagram is presented to show possible links of the 17 SDGs to VISION 2020 strategies. (Figure: 1) They could be used to integrate eye health care to the SDGs

at the national and subnational levels. Some SDGs would help eye health program personnel to achieve more than one strategy while others seems directly or indirectly linked to one or two strategies of VISION 2020.

Nepal is a member of South East Asian region of the World Health Organization. It has a population of 28.5 Million in 2016 and is likely to increase to 34.2 Million by 2031 [Govt of Nepal 2011]. The proportion of citizens 65 years or older is expected to increase from 5.4% in 2011 to 6.7% in 2031. As more working-aged males migrate, the country could have a larger proportion of females between 15 to 49 years. With a



marked urban and rural divide in resources, providing eye care services in Nepal will continue challenging. Government, non-governmental agencies and professionals in the private sector deliver eye care services in Nepal. The spirit of the global initiative of Vision 2020 was adopted in Nepal to accelerate the Vision 2020 initiative [Gudlavalleti MV. 2009]. Although data are limited, the analyses suggest that the prevalence of

legal blind was 2.6% and low vision ranged from 17% to as high as 40% among the population aged 50 years or older [Sapkota, Y.D et al 2006; WHO SEARO 2012]. Hence, significant efforts will be needed for Nepal reach the goals for eliminating avoidable blindness.

To achieve the Vision 2020 goals, we need to collaborate within and beyond eye care providers. The platform of the UN for achieving the SDGs will bring likeminded groups together, which will also benefit Nepal in attaining universal eye health.

Our efforts of providing high quality eye care will also helps groups working towards the SDGs. Good vision among the population will enable them achieve a better quality of life and will contribute in nation development.

Addressing larger issues such as peace, poverty, environment will definitely assist in achieving the goals of universal eye health. During the VISION 2020 and SDGs overlap (2015 to 2020), the indicators to evaluate the impact of the Vision 2020 activities could be adopted to generate baseline information and plan eye health component of SDGs.

Currently ‘micro’ level care in ophthalmology is in fashion. Subspecialists in ophthalmology such as retina, cornea, glaucoma, oculoplastic, paediatric ophthalmology and many others have forgotten to see the bigger picture of overall ocular health and human health. An exercise of integrating eye health care within SDGs will prepare them for macro level thinking and planning.

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