



The Better Vision, Healthy Ageing Program Toolkit

March 2016

THE BETTER VISION, HEALTHY AGEING PROGRAM SUMMARY



**The Fred Hollows
Foundation**
www.hollows.org



Burnet Institute
Medical Research. Practical Action.

This summary was written by Dr Wendy Holmes (Better Vision, Healthy Ageing Program) and Rachel Coghlan (The Fred Hollows Foundation) and edited by Kelly Durrant (Burnet Institute).

The Better Vision Healthy Ageing Program in Sri Lanka is a partnership with PALM Foundation, Berendina Development Services, the Plantation Human Development Trust, Sarvodaya Shramadana Movement, the Ministry of Health national Vision 2020 Programme, the Kandy Centre for Sight, and the District Department of Social Services.

Copyediting, Design and Interior Layout: Jane Hawtin.

Cover photo: Andy Nilson (The Fred Hollows Foundation)

Inside photos:

Page 2 Andy Nilson (The Fred Hollows Foundation)

Page 3 Kelly Durrant (Burnet Institute).

PROGRAM RATIONALE

The Better Vision, Healthy Ageing Program is a collaboration between government and civil society partners, based in Nuwara Eliya district in the central highlands of Sri Lanka. The goal is to improve health, vision and quality of life for elders in the region. The program is trialling an innovative model of healthy and active ageing that includes health promotion, blindness prevention and social participation through the platform of Elders' Clubs.

POPULATION AGEING

Most of the world's people can today expect to live into their sixties and beyond. Increasing life expectancy is a public health achievement, reflecting success in combatting preventable child and maternal deaths and deaths in older people, or elders. When coupled with marked falls in birth rates, increases in life expectancy are leading to significant changes in population structure. Population ageing is occurring fastest in low- and middle-income countries. This has many implications for development programming and presents important opportunities.

Population ageing is occurring at the same time as globalisation – with modern influences, migration to cities and other countries and women in employment. These changes have many implications for the lives of elders, including the need to take on domestic tasks for the family, adjust to urban living, or adjust to living alone.

POPULATION AGEING AND THE GROWING NEED FOR EYE CARE

In low- and middle-income countries, visual impairment is a leading cause of disability in elders. Visual impairment is more common among elders than other age groups. Half of the people currently living with avoidable blindness are aged 70 years or older, and most of them live in poor regions of the world.¹ The growing burden of vision impairment among elders is a development challenge in low- and middle-income countries. Without strong eye health systems, population ageing has the potential to result in a growing burden of avoidable blindness and disability.

Vision is an important part of healthy and active ageing. The impact of visual impairment is greater on elders. Women are 1.5 times more likely to be affected by vision loss than men.² Elders are often struggling financially, may have other health issues, and may have difficulties accessing health services. Visual impairment makes it more difficult for older people to prevent and manage health problems and increases the burden of care on families, especially women.

Ageing and vision loss have a compounding impact that reduces quality of life. When elders cannot see well, they may experience:³

- Reduced life expectancy
- Co-morbidity with other chronic diseases
- Greater likelihood of experiencing pain and discomfort
- Increased risk of falling over and fear of falling
- Reduced ability to access health services
- Reduced ability to take medicines as directed
- Increased risk of depression and loss of self-esteem
- Loss of independence for self-care, daily activities and mobility
- Reduced ability to contribute to their families through cooking, childcare and other domestic work
- Reduced social interaction
- Reduced opportunity to participate in religious rituals
- Loss of income and productivity

Refractive error and cataract are the leading causes of blindness and visual impairment in elders in poorer countries; these are easily treated with glasses and inexpensive surgery. Age is also a risk factor for diabetes and its vision-related complication, diabetic retinopathy. The risk of visual impairment and blindness rises with the number of years lived with diabetes.⁴

1. Stevens, G et al (2013). Global prevalence of vision impairment and blindness magnitude and temporal trends, 1999-2010, *Journal of Ophthalmology*, Vol.120, pp.2377-2384

2. Ibid.

3. The Fred Hollows Foundation (2015). Ageing and avoidable blindness: world population ageing and the value of sight for older people, Background brief, The Fred Hollows Foundation, Sydney.

4. World Health Organization (2006). Prevention of blindness from diabetes mellitus: a report of a WHO consultation in Geneva Switzerland. WHO, Geneva.

There are many barriers which stop people from accessing eye health care. These include: the cost of treatment, lack of local eye care services, difficulties with transport, belief that blindness is an inevitable part of ageing, lower levels of literacy and education affecting awareness of eye disease prevention and treatment, and discrimination by health services and staff towards elders. Many of these barriers are experienced differently or to a greater extent by elders, particularly the very elderly and women.

While eye disease is more common as people age, avoidable blindness and visual impairment are not an inevitable part of ageing. With good eye health care and access to sight-restoring treatments, elders can maintain their vision to keep healthy and active as they age. Investing in improved vision for elders will improve their general health, quality of life and social participation, enabling them to contribute to their families and communities and reducing the burden of care.

HEALTHY AGEING: HARNESSING THE CONTRIBUTIONS OF ELDERS AND PROMOTING THEIR PARTICIPATION

Elders play critical social, cultural and economic roles in their families and communities. These include caregiving, childrearing, domestic work, volunteering, financial and housing support, and as custodians of traditional skills and knowledge. Many of these contributions are unpaid and often unrecognised.

Health policies have traditionally focused on increasing life expectancy, but should also aim to increase good health during old age. Additional years lived in good health provide the chance to pursue new activities, while continuing to make valuable contributions to family and community. The recent World Health Organization *World Report on Ageing and Health*,⁵ and a forthcoming *Global Strategy and Action Plan on Ageing and Health*⁶ call for fundamental shifts in how we think about ageing. Investing in elders will have valuable social and economic returns, both in terms of the health and wellbeing of elders, and in enabling their ongoing participation in society.

After retirement elders often become socially isolated. Social isolation and loneliness increase the risk of mental and physical illness, while social participation can protect against chronic disease. The participation of elders in society can contribute to health and wellbeing through access to: emotional and practical support, skills

development, physical activity, a collective voice, income-generating activities and health services.

Elders' Clubs are community organisations of elders. The United Nations Population Fund recommends 'support for the development of older people's associations as an effective community mechanism for hearing the voices of older people, building livelihood security, improving health care, facilitating meaningful participation of older persons and supporting disaster responses.'⁷



5. World Health Organization (2015). World Report on Ageing and Health, WHO, Geneva.
6. World Health Organization (2015). Revised Draft Global Strategy and Action Plan on Ageing and Health, for consideration by the WHO Executive Board. WHO; Geneva. Available at: <http://www.who.int/ageing/consultation/en/>
7. UNFPA (2012). Ageing in the Twenty-First Century: A Celebration and A Challenge. United Nations Population Fund (UNFPA), New York, and HelpAge International, London.
8. The World Bank (2008). Sri Lanka Addressing the needs of an ageing population, The World Bank, Human Development Department, South Asia Region.
9. HelpAge International (2015). Global AgeWatch Index 2015: Insight Report, HelpAge International, London.
10. The World Bank (2008). Sri Lanka Addressing the needs of an ageing population, The World Bank, Human Development Department, South Asia Region
11. Vision 2020 Secretariat, Ministry of Health, Sri Lanka, International Centre for Eye Health, London School of Hygiene and Tropical Medicine (2016). National survey of blindness, visual impairment, ocular morbidity and disability in Sri Lanka: a report (2014-2015)

THE SRI LANKA CONTEXT

Sri Lanka has one of the fastest ageing populations in Asia.⁸ The proportion of elders is now increasing quickly because Sri Lanka achieved longer life expectancy and reduced birth rates soon after independence. In 2015, 12.4% of the population in Sri Lanka was over the age of 60 years; this is estimated to reach 28.6% by 2050.⁹ Population ageing is happening at a much faster rate than occurred in richer countries.

Most elders in Sri Lanka – about 80% – live with their children, and rely on them for financial and social support.¹⁰ Elders also support their children through childcare and in other ways.

Recent national survey data shows that the prevalence of blindness in Sri Lanka increases with age: 2.3% aged 50 years and above, 4.0% aged 60 years and over and 8.4% aged over 70 years.¹¹ There has been a great increase in diabetes, high blood pressure and heart disease. This is the result of new lifestyles and diets, as well as the increasing average age of the population. Diabetes, high blood pressure and heart disease increase the likelihood of eye problems.

There is considerable unmet need for cataract surgery and correction of refractive error with glasses. Sri Lanka, like many other low- and middle-income countries, has a significant shortage of ophthalmologists and other eye health workers, and will find it difficult to meet the growing need for care.¹² There are currently too few eye care professionals to screen all elders every two years, or every year where there is existing disease such as diabetes, high blood pressure, history of cataract, or family history of glaucoma. Elders also face many barriers travelling to the local or district hospital Eye Unit. There is a need for more attention to eye health by elders, their families, their communities and government services.

The Better Vision, Healthy Ageing Program aims to explore how to address the existing need for glasses, cataract surgery, and other eye health care services, and to bring eye health services closer to communities by using the platform of Elders' Clubs for eye screening and health promotion activities.

PROGRAM SETTING

The Better Vision, Healthy Ageing Program has been implemented in the Nuwara Eliya district in the Central Province of Sri Lanka. Nuwara Eliya has an estimated 11.7% of elders over the age of 60 years. Tea estate communities, mostly Tamil speaking, consist of 53.3% of the population; 40.5%, mostly Sinhala, live in villages; and 6% live in urban centres. Tea estate communities remain one of the most disadvantaged groups in Sri Lanka. Government estimates show that 32% of those in the tea estate sector are below the official poverty line, compared to 6.7% in urban areas and 15.7% in rural areas.¹³ Tea estate workers have poor health and nutrition indicators and relatively poor access to health and education services.



12. World Health Organization (2013). Universal Eye Health: A Global Action Plan 2014 - 2019. WHO, Geneva. Available at: <http://www.who.int/blindness/actionplan/en/>

13. Department of Census and Statistics, Ministry of Finance and Planning Sri Lanka (2009). Poverty in Sri Lanka. MFP, Sri Lanka.

PROGRAM GOAL AND AIMS

The goal of the Better Vision, Healthy Ageing Program is improved health, vision and quality of life for elders in South and South-East Asia, and increased attention to vision within healthy ageing policies and programs. The program aims:

- To learn how healthy ageing strategies, such as the establishment of Elders’ Clubs, peer education, and training of health care and social welfare providers, can contribute to the prevention and management of eye health problems
- To learn how healthy ageing strategies, such as the establishment of Elders’ Clubs, can contribute towards the quality of life and health status of elders
- To contribute to the integration of prevention and management of eye health problems within the general health system
- To contribute to government efforts to re-orient health systems and services towards the needs of elders, and the prevention and management of chronic non-communicable diseases (NCDs). For example: procurement systems need to include glasses, intra-ocular lenses for treatment of cataract, and essential eye medicines; health information systems need to include recording of visual acuity and eye screening; and health worker training, and referral and treatment protocols need to include eye health
- To advocate for greater attention to vision within the international agenda for NCDs and healthy ageing
- To advocate for greater recognition that good vision contributes significantly to active and healthy ageing

PROGRAM PARTNERS AND KEY STAKEHOLDERS

The Better Vision, Health Ageing Program is funded by The Fred Hollows Foundation and managed and supported by the Centre for International Health, Burnet Institute in Melbourne, Australia.

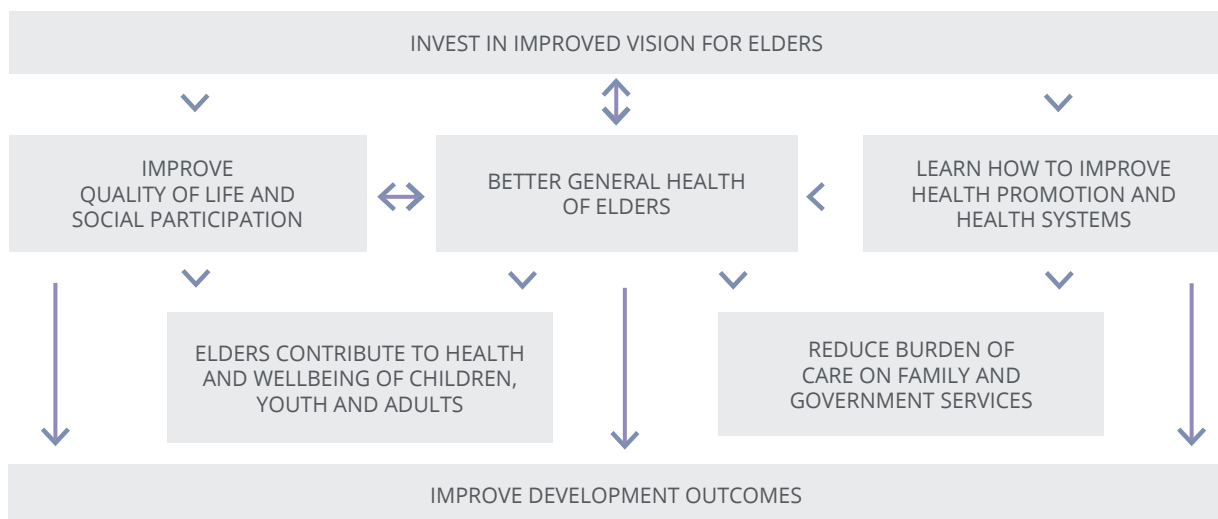
The Program is a collaboration between government and non-governmental organisation partners.

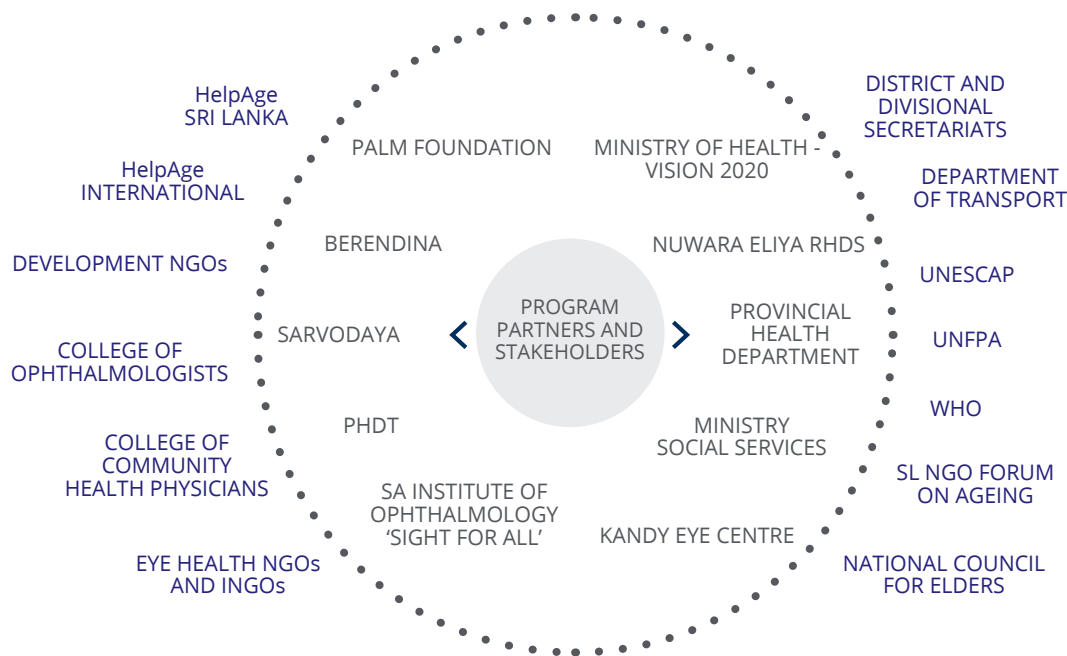
PROGRAM COMPONENTS

COMPONENT ONE: BUILDING CAPACITY FOR SERVICE DELIVERY

- Strengthen capacity for the prevention and care of eye health for elders in an integrated manner in Nuwara Eliya district in Sri Lanka
- Contribute to addressing the existing need for cataract surgery and glasses among elders in Nuwara Eliya district

It is an important principle that research and advocacy programs should be accompanied by service delivery. The program focuses on strengthening capacity for eye health service delivery throughout Nuwara Eliya district, consistent with the strategies of the Vision 2020 National Programme for Prevention and Control of Avoidable Blindness in Sri Lanka (2007 – 2012).¹⁴





COMPONENT TWO: HEALTH PROMOTION THROUGH HEALTHY AGEING STRATEGIES

- Encourage and support attendance for vision screening, referral to specialist eye care services, and treatment of eye disease
- Address transport and communication issues related to eye health service provision
- Raise awareness about prevention and management of chronic NCDs which predispose to vision problems, especially diabetes
- Encourage support for visually impaired or blind elders
- Improve social participation and quality of life of elders
- Support preparation for healthy ageing and good vision into old age

The key strategy for achieving component two is provision of support for establishing community-level Elders' Clubs. The Elders' Clubs program provides opportunities to reach elders with vision screening and referral for cataract surgery, glasses or other eye care, and facilitates the discussion of eye health promotion messages. The program has identified, trained and supported peer 'Eye Health Promoters' (EHPs), a novel approach to stage one vision screening of elders in the community, and peer education and health promotion.

Activities are consistent with the Vision 2020 Sri Lanka National Plan, the Sri Lanka action plan *Mobilising commitment and action to address non communicable disease 2011*, and the Sri Lanka *National Action Plan on Ageing 2011 – 2015*.

COMPONENT THREE: RESEARCH

- Evaluate new strategies for active and healthy ageing with improved vision
- Undertake studies within the program to answer specific questions of importance to the Ministry of Health and the Ministry of Social Services
- Disseminate the findings widely in order to influence policy and practice

COMPONENT FOUR: NATIONAL AND REGIONAL ADVOCACY FOR VISION AND HEALTHY AGEING

- Raise awareness of the high prevalence and significant impacts of low vision among elders
- Showcase a best practice example of the potential of healthy ageing strategies, including Elders' Clubs, to contribute to better vision for elders
- Advocate for the need to integrate vision into primary health care policies and practices which address chronic NCDs and healthy ageing

14. VISION 2020: The Right to Sight is the global initiative for the elimination of avoidable blindness, a joint program of the World Health Organization (WHO) and the International Agency for the Prevention of Blindness (IAPB). Many countries have implemented national Vision 2020 programs.

