

## Summary: Approaches for delivery of refractive and optical care services in community and primary care settings

Authors: Valerie Umaefulam,<sup>1</sup> Sare Safi,<sup>2</sup> Gareth Lingham,<sup>3,4</sup> Iris Gordon,<sup>5</sup> Andreas Mueller,<sup>1</sup> Neha S Krishnam,<sup>6</sup> Vera L. Alves Carneiro,<sup>1</sup> Mitasha Yu,<sup>1</sup> Jennifer R Evans,<sup>5</sup> Stuart Keel.<sup>1</sup>

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### Background

This Cochrane systematic review evaluated existing methods utilized globally for delivering refractive and optical care services within community and primary care setting. In response to the World Health Organization's (WHO) global target of a 40-percentage point increase in effective coverage of refractive error (eREC) by 2030, this comprehensive review is expected to serve as a foundation for the development of technical guidance for WHO Member States.

### Objective

The main objective of the review was to determine the range of approaches for delivery of refractive and optical care services in community and primary care settings, and the methods employed for their evaluation.

### Key findings

The review analysed 175 resources, examining various approaches to delivering refractive and optical care services in community and primary care settings. It explored the strengths and limitations of each approach and identified the WHO regions where each is commonly found. The key findings are summarized in the table below:

Delivery approach	Description	Key findings	WHO regions	Strengths	Limitations
<b>Community setting</b>					
<b>School-based</b>	Vision screening provided by trained schoolteachers or other trained individuals, while comprehensive eye examination and spectacles are provided by visiting eye care professionals such as through mobile clinics.	Effective in reaching many children especially when partnered with community or primary health care centres; often involves the provision of ready-made spectacles to children.	WHO African Region, WHO South-East Asia Region	Broad coverage; integrated with school health programmes.	Requires training for teachers; can be hindered by bureaucracy of approvals and processes in the education system.

<b>Delivery approach</b>	<b>Description</b>	<b>Key findings</b>	<b>WHO regions</b>	<b>Strengths</b>	<b>Limitations</b>
<b>Pharmacies</b>	Services are provided by pharmacists and nurses in community pharmacies.	Individuals requiring near vision spectacles can benefit from low cost and adequate access; has the capacity to provide a solution to presbyopic problems.	No data provided.	Accessible location for most people in the community; potential to increase access since most people visit pharmacies when they are feeling unwell.	There is a need to evaluate the pharmacy approach to understand its effectiveness.
<b>Outreach programmes</b>	Services are provided in various community settings, which are often not permanent locations such as in workplaces or homes.	Important for reaching remote populations.	WHO African Region, WHO Region of the Americas	Services often free of charge or minimum cost.	Temporary and not permanent.
<b>Primary care setting</b>					
<b>Vision centres</b>	Trained eye care workers provide services at eye care clinics, often with optical labs for cutting, fitting, and dispensing spectacles, allowing prescriptions and orders to be completed simultaneously.	Provides comprehensive eye care and often linked to tertiary care; patients may receive subsidies.	WHO South-East Asia Region	Effective model for service delivery with well-structured organization and human resource.	Usually a private model, which is not integrated into existing government facilities.
<b>Health centres</b>	Health care facilities that are not eye care clinics, that may provide screening, refraction and spectacles.	Integrated into general health care; accessible to many patients.	WHO Region of the Americas	Strengthens service provision and increases access to refractive services.	

## Implications for stakeholders:

The findings reveal prominent gaps exist in evaluating the effectiveness of these delivery methods, necessitating further research. Stakeholders, including policy-makers, health care providers, and nongovernmental organizations, should consider these findings to enhance their planning and implementation of programmes aimed at improving refractive error services across the globe. Learning from successful models from different regions and conducting further evaluations can guide improvements and ensure the global eREC target is achieved.

## Related WHO resources:



The [WHO Vision and eye screening implementation handbook](#) features a chapter dedicated to discussing various approaches to refractive error service delivery, including real-world case studies. It incorporates key findings from this Cochrane review, detailing the advantages and disadvantages of each approach, and offers actionable recommendations to enhance refractive error services.

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<sup>1</sup> Vision and Eye Care Programme, World Health Organization, Geneva, Switzerland.

<sup>2</sup> Ophthalmic Epidemiology Research Center, Research Institute for Ophthalmology and Vision Science, Shahid Beheshti University of Medical Sciences, Tehran, Iran.

<sup>3</sup> Centre for Eye Research Ireland, Environmental Sustainability and Health Institute, Technological University Dublin, Dublin, Ireland.

<sup>4</sup> Centre for Ophthalmology and Visual Science, Lions Eye Institute, University of Western Australia, Perth, Australia.

<sup>5</sup> International Centre for Eye Health (ICEH), London School of Hygiene & Tropical Medicine, London, UK.

<sup>6</sup> Emory University School of Medicine, Atlanta, Georgia, USA.