

Social determinants in ocular diseases

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Abstract: Data on the prevalence of blindness indicate that developing countries have a higher incidence of blindness. Additionally, some studies indicate that inequality of access to suitable eye care services may contribute to visual impairments. Social determinants of health are general circumstances shaped by a wider set of forces: economic, social, and political. We suggested, for the first time, close collaboration between international agencies at the global level in order to evaluate and monitor the role of social determinants in ocular diseases and to implement new strategies to overcome social factors that limit access to eye care services. This idea has been named 'social determinants in ocular diseases'. These collaborations may present new insights into the effect of social determinants on visually impaired individuals during the period until the achievement of VISION 2020.

Keywords: blindness, social determinants, ocular disease, eye care, VISION 2020

The right to sight

VISION 2020 was launched by the World Health Organization (WHO) and the International Agency for the Prevention of Blindness (IAPB). It seeks to eliminate the major causes of avoidable blindness in order to guarantee the right to sight to people all over the world, particularly the millions of needlessly blind. It aims to eliminate the main causes of avoidable blindness by 2020 by bringing together governments, eye care professionals, nongovernmental agencies, and other organizations in order to facilitate the planning, development, and implementation of sustainable eye care programs.¹

Vision and social development

Many causes of avoidable blindness in low-income countries are directly related to poverty. They include hunger, malnutrition, and limited access to health, education, water, and sanitation services.² Global data on the prevalence of blindness indicate that developing countries have a higher incidence of blindness as compared with developed countries.³ It has been shown that seven of the eight United Nations Millennium Development Goals (MDG) may be linked to the implementation of VISION 2020.⁴ Several available studies have clearly shown the relationship between poverty, socioeconomic status, and health.⁴⁻⁶ Increased socioeconomic status has been known to have considerably reduced blindness from malnutrition and diseases like trachoma and conditions resulting from vitamin A deficiency.⁴ Furthermore, some studies indicate that inequality of access to suitable eye care facilities may also contribute to visual impairments.⁷

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Social determinants of health: the solid facts

Health inequities are avoidable inequalities in health among different social groups. These inequities may also arise from inequalities among countries. Socioeconomic conditions and their effects on people's lives determine their risk of and capacity to prevent and treat illness.⁸

There is a need for a major effort that complements both the development of health systems and poverty relief in order to reduce inequalities in health across the world. Social determinants of health (SDH) are circumstances shaped by a wider set of forces: economic, social, and political. In 2005, the WHO launched the Commission on Social Determinants of Health (CSDH) to review the evidence of health inequities, provoke societal debate, and recommend policies with the goal of improving the health of the world's most vulnerable people. Data on the SDH were published in *Social Determinants of Health: The Solid Facts*, a comprehensive report by the WHO.^{9,10}

Potential dual role of IAPB and CSDH

Eye care for people with lower socioeconomic status through population-based prevention strategies is one of the main concerns. The needs of those at a high risk of visual impairments should be addressed. It is vital to have a policy continuum that takes into account all the conditions that affect the ocular risk factors and their determinants, including social support, education, social security, equity in health care services, and elimination of stressful conditions. The most appropriate health care service entry point identified for addressing equity issues seems to be primary care. Other constituents of a public health strategy that addresses inequities in ocular diseases include a systematic approach to prevent risk factors and their social determinants, measures to ensure equity in the utilization of limited public sector resources, and recognition of the participatory role of civil

society. Furthermore, government commitment to place equity and health at the center of all governmental policies may be considered a vital factor.

The above facts collectively suggest the close collaboration between international agencies especially CSDH and IAPB at the global level in order to evaluate and monitor the role of social determinants in ocular diseases and to implement new strategies to overcome social factors that limit access to eye care services. These strategies may report globally, for the first time, as the 'social determinants in ocular diseases'. These collaborations may also offer new insights into the effect of social determinants on visually impaired individuals during the period until the achievement of VISION 2020 and, therefore, warrants further research.

Disclosure

The authors report no conflicts of interest in this work.

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