Eye health for all in Aotearoa New Zealand: Summarising our situation using a WHO tool

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On 27 July 2022, Aotearoa New Zealand became the first high-income country to launch a report of its eyecare situation using the Eye Care Situation Analysis Tool (ECSAT) recently revised by the World Health Organization (WHO).[1] This launch sees Aotearoa join other countries from the Western Pacific region that have long been leaders in efforts to improve eye health nationally and globally. Examples include Australia, Singapore, Tonga and China that led or co-sponsored initiatives that saw resolutions on eye health adopted by the World Health Assembly (WHA73.4, 2020) and the United Nations Resolution on Vision (A/RES/75/310).

ECSAT is one of four tools in the *Eye care in health systems: guide for action* that WHO launched in May 2022 to assist countries with planning eye health services.[2] This guide for action followed the *World report on vision*, where WHO called for countries to make eye care an integral part of universal health coverage and to implement integrated people-centred eye care in health systems.[3] Aotearoa was among the member states that unanimously endorsed the World Health Assembly resolutions in response to these calls (WHA73.4), including to increase service coverage (and reduce inequality) for cataract and refractive error (Decision WHA74[12], 2021).

Aotearoa's ECSAT report—which we prepared—provides a national-level overview of the eye care sector using 31 separate items, categorised across WHO's six health system building blocks. We used the methods proposed by WHO to prepare the report—first gathering information from document review and key informant interviews, and then engaging a technical working group to reach consensus on the 'maturity level' and subsequent recommended actions for each item based on the available information. This process identified the areas where services are performing reasonably well—including *Service delivery-quality* and *Workforce and Infrastructure*—as well as areas in need of strengthening, including *Leadership and Governance, Service delivery-access, Financing*, and *Information* (Fig. 1).

The *Lancet Global Health* Commission on Global Eye Health posited that universal health coverage cannot be considered universal without including eye health.[4] Of the four dimensions of universal health coverage—access, quality, financial protection and equity—we considered only quality in need of little strengthening, with substantial needs identified across the other dimensions. For example, while many New Zealanders can access the broad range of eye health services they need, there are population groups being underserved including Māori, Pacific peoples and people living in areas of high deprivation. Unfortunately, improving access to eye health for these groups and promoting equity has historically received little attention. Despite health inequity being ubiquitous in Aotearoa, recent systematic scoping reviews of strategies to improve access to eye health services for Indigenous peoples,[5] non-dominant ethnic minorities[6] and older adults[7] all identified a dearth of program or research evidence from Aotearoa. Indeed, one of these reviews identified Aotearoa as the only included country that did not have some form of financial protection that enabled under-resourced older adults to access primary eye health services.[7]

This ECSAT report coincides with "once in a generation" health sector reforms currently underway.[8] We believe these reforms represent a fantastic opportunity to embed equity in eye health into strategic planning, governance and funding pathways. In particular, we have our first Māori Health Authority (Te Aka Whai Ora) that will work in partnership with the Ministry of Health and Health New Zealand to help ensure everyone has the same access to good health outcomes.

As we set about strengthening eye health, much can be learnt from our regional neighbours. For example, in terms of *Leadership and Governance*, many countries—including China, Cambodia and Papua New Guinea—have current or recent clearly articulated plans and strategies for eye health,[9] whereas Aotearoa has not included eye health in any strategic plans and is without a designated point of contact for eye health in the Ministry of Health.[1]

Fortunately, action has already been taken to strengthen other areas, including *Information*, where the Health Research Council has recently funded Aotearoa's

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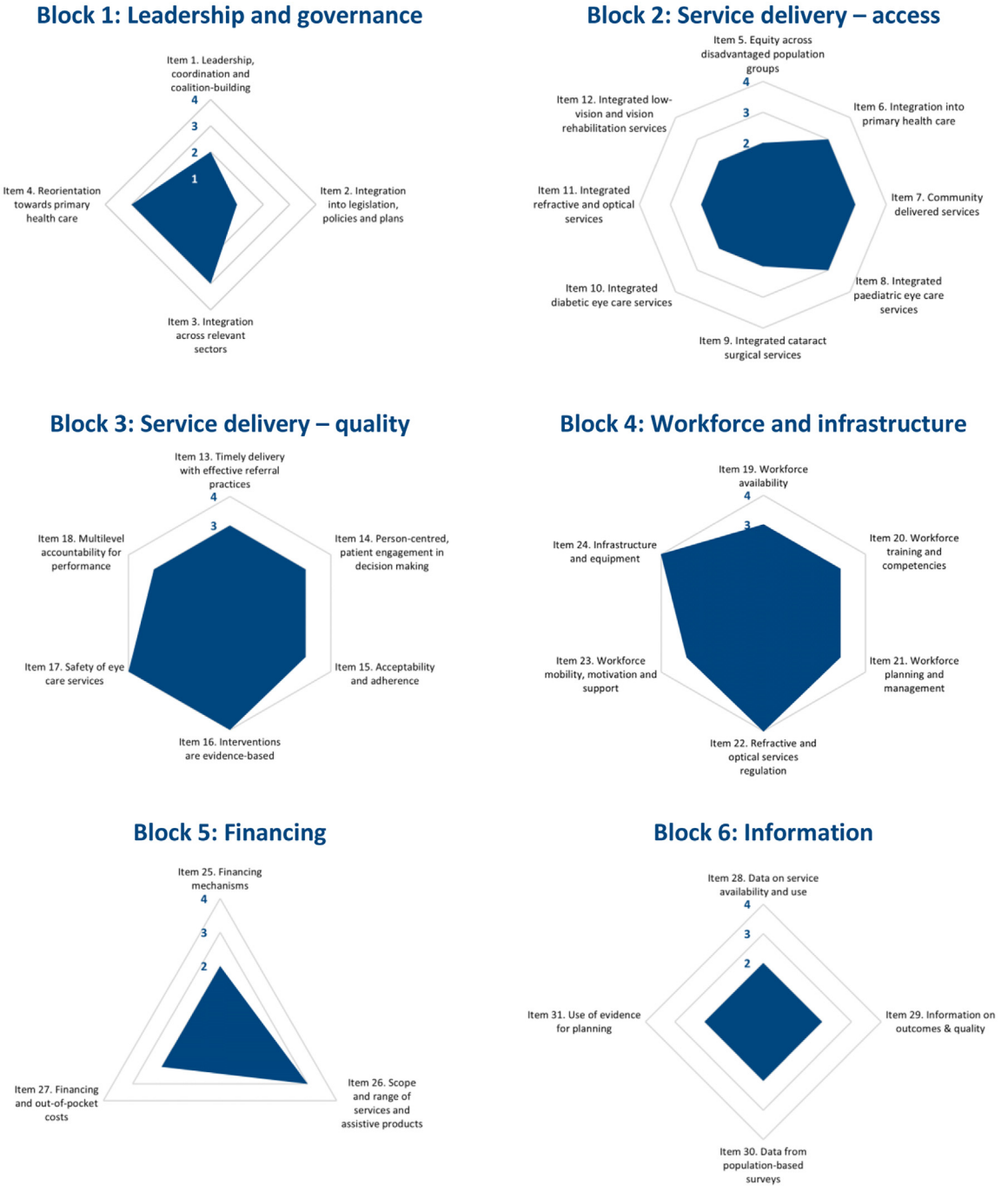

Fig. 1: **A summary of the eye care situation in Aotearoa New Zealand in 2022 using WHO's Eye Care Situation Analysis Tool (ECSAT).** The scores shown (from 1 to 4) represent the maturity level determined by consensus of the Technical Working Group after reflecting on data collected to complete the ECSAT (138 questions across the 31 items presented). These maturity levels are outlined in ECSAT[2]: Level 1 = Needs establishing; Level 2 = Needs major strengthening; Level 3 = Needs minor strengthening; Level 4 = Needs no immediate action. Details of the questionnaire, data collection and maturity levels are available in the full report[1] and tool.[2]

first population-based survey that will generate estimates of vision impairment and access to eye health services among Māori and non-Māori adults. The survey will also estimate the prevalence of hearing impairment, diabetes and foot problems, and the research team will engage communities, services providers and decision-makers to

generate knowledge on how to deliver accessible, people-(and whānau/family-) centred care. The support for this survey alongside the launch of this ECSAT report helps us proceed as "pessimistic optimists"[10] that we are at the beginning of an era that sees eye health services strengthened for all New Zealanders.

Contributors

PS, JR: writing – original draft.
RW, MH: writing – review & editing.
All authors were involved in writing the ECSAT Report on which this comment is based.

Declaration of interests

We declare no competing interests.

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