



# Universal Health Coverage Indicators

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## What is the role of Peek?

Dr Andrew Bastawrous, July 2019

The World Health Organisation (WHO) works worldwide to promote health, keep the world safe, and serve everyone especially the most vulnerable. Its [mission and strategic priorities](#) are based around achieving [universal health coverage](#) (UHC), addressing health emergencies and promoting healthier populations.

To hold nations accountable and measure progress towards UHC, WHO has defined 34 essential indicators that show the level and equity of health service coverage in countries. These indicators are specific, measurable areas of healthcare by which WHO will assess a country's progress towards achieving **healthcare for all**.

The indicators related to eye health can be measured using the data generated by the Rapid Assessment of Avoidable Blindness (RAAB) survey methodology and Peek Solutions when used in programmes. This document explores the eye health indicators in more detail, explains how Peek tools could support them, and what our next steps are.

## What do the indicators mean?

Of the 34 indicators, two relate to eye health. Both are **coverage indicators**, which means they measure the proportion of the whole population who are receiving specific services. One is related to **cataract** and the other to **refractive error**.

The indicators also include a quality metric and use the term **Effective Coverage**, which measures the proportion of people who have a successful outcome (e.g. good visual acuity) out of all the people who require treatment.

In any given population, some people won't need treatment, some will need it but not receive it, some will receive it but not experience any significant improvements (i.e. the treatment was not effective), and finally some will be successfully treated and experience better vision as a result - this latter outcome is what is measured by Effective Coverage.

## The eye health indicators published by WHO are:

### UHC SERVICE COVERAGE TRACER INDICATOR 9

**Effective Coverage** of refractive error correction -- proxied using prevalence of moderate distance vision loss + severe distance vision loss + blindness due to uncorrected refractive error.

**Numerator:** prevalent cases of moderate distance vision loss + severe distance vision loss + blindness due to uncorrected refractive error.

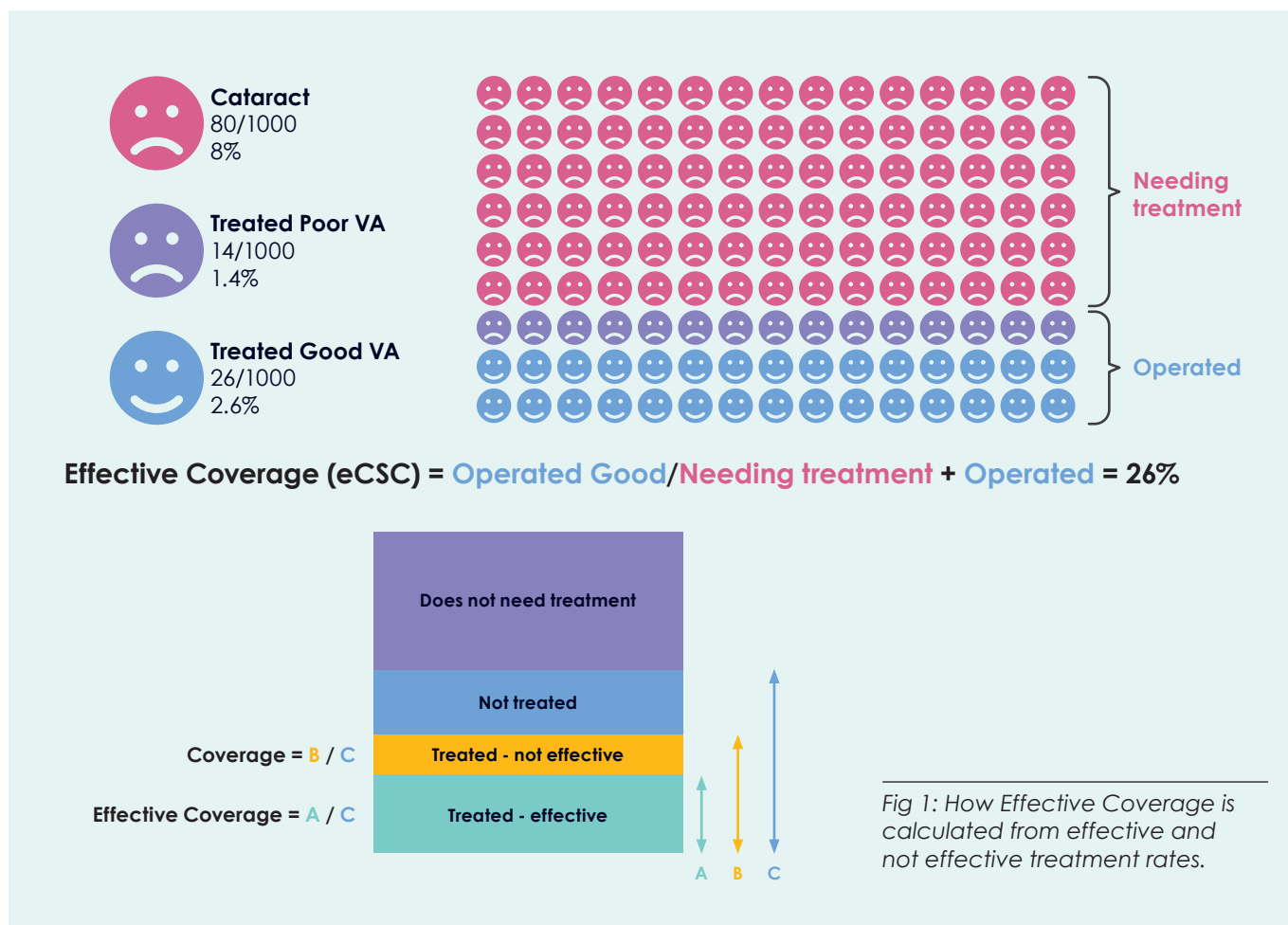
**Denominator:** all population.

### UHC SERVICE COVERAGE TRACER INDICATOR 34

**Effective Coverage** cataract surgery -- proxied by the proportion of individuals with cataracts who have received cataract surgery.

**Numerator:** individuals who have received effective cataract surgery.

**Denominator:** individuals with severe visual impairment or blindness from cataracts + individuals who have received cataract surgery.



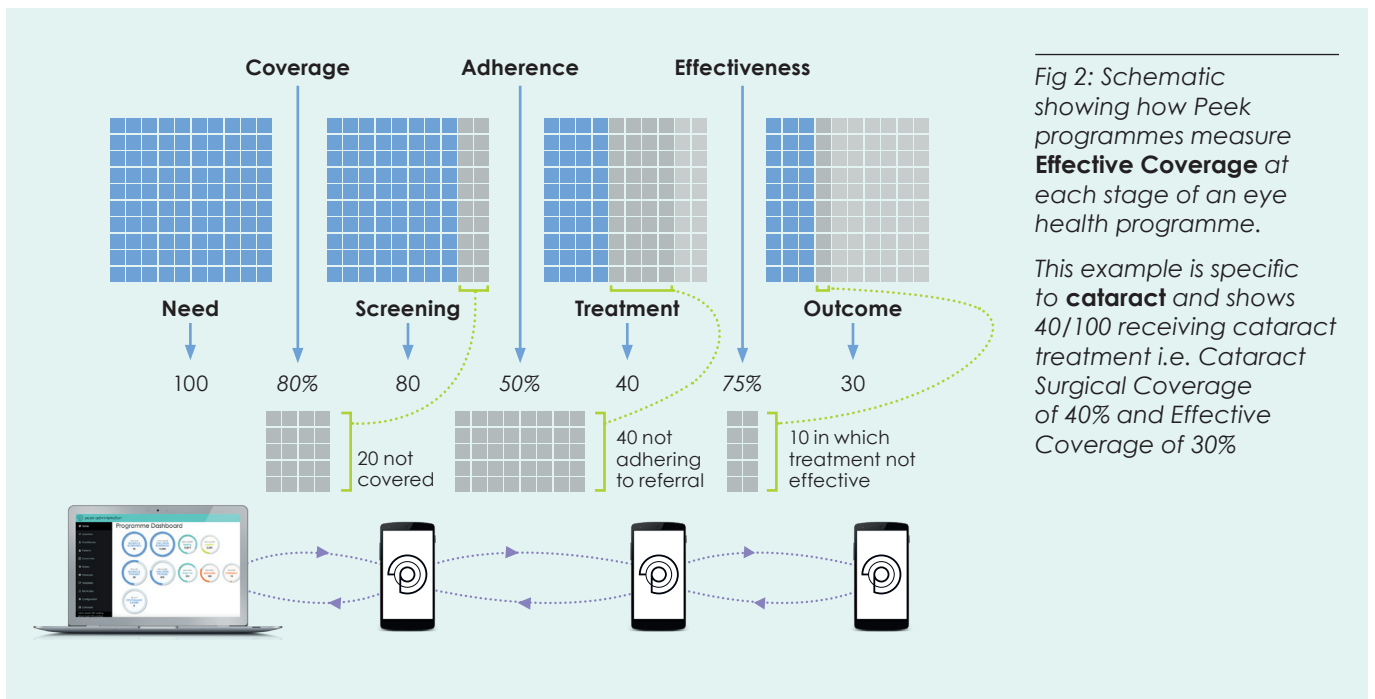


Fig 2: Schematic showing how Peek programmes measure **Effective Coverage** at each stage of an eye health programme.

This example is specific to **cataract** and shows 40/100 receiving cataract treatment i.e. Cataract Surgical Coverage of 40% and Effective Coverage of 30%

Effective Coverage of cataract surgery can currently be measured through RAAB surveys. However it is only appropriate to do a RAAB once every 5-10 years and these indicators will need to be reported more frequently (probably annually at the World Health Assembly). Effective Coverage of refractive error correction is not routinely collected any other way, as far as we know.

Peek solutions would enable both of these indicators to be measured routinely through our partners' programmes:

### Measurement leading to improved prioritisation and resourcing

This is the first time eye health metrics are being considered for inclusion as part of the WHO's concept of "health" and as a good proxy for UHC. WHO member states have to report progress on these indicators and so will be held accountable to measuring and reporting this on an annual basis.

Inclusion of eye indicators puts it in the minds of health ministers and should ultimately lead to improved prioritisation and resourcing.

## Where does Peek fit in?

We have an opportunity to make measuring these indicators easy, which will in turn make it easier for governments to prioritise eye care and address resource issues.

RAAB provides the **Effective Cataract Surgical Coverage** indicator and ensuring RAAB continues to be globally accessible is a priority. Over 300 RAABs have been conducted globally since the 1990's, most in the last ten years. The evolution to RAAB7 using the Peek platform should ensure the quality, usability and clarity of the data arising continues to fulfil its priority purpose of planning district level programmes whilst also becoming a vital contributor to UHC progress.

We also plan to develop a school aged survey methodology to provide a baseline to school eye health programmes, ensuring this survey tool can efficiently and reliably measure **Effective Refractive Error Correction Coverage** in the school aged population and not necessarily limited just to those in schools. It will be important this is co-developed with the International Centre for Eye Health and global partners to ensure there is a global standard, as with RAAB. Current methods do exist such as Rapid Assessment of Refractive Errors (RARE) and the Rapid Assessment of Visual Impairment (RAVI), but are not widely adopted.

Use of Peek for community and school eye health programmes will provide implementers (and governments) with a regular stream of data to ensure they can meet their reporting needs to WHO. More importantly, these data and the other insights uncovered using Peek solutions will mean that we can provide partners with the tools to continuously improve services and the eye health of populations globally. So, not only do our tools have potential to make measuring the WHO eye health indicators easier, they will also drive long-term, sustainable improvements in those indicators - an essential step towards achieving eye health for everybody.



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