



RANZCO

The Royal Australian
and New Zealand
College of Ophthalmologists

Use of Recycled Spectacles

Approved by: Board

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1. Purpose and scope

This statement sets out RANZCO's position on the donation and dispensing of recycled spectacles to correct refractive error and presbyopia in Australia, New Zealand and elsewhere.

The statement is underpinned by RANZCO's commitment to ensuring best patient outcomes and evidence-based decision making to improve and maintain eye health in Australia, New Zealand and elsewhere, particularly in developing countries of the Asia-Pacific region.

The statement is intended for members of the public who are interested in participating in such recycling programs, aid-recipients, non-government organisations, eye health professionals, and industry.

2. Context

Spectacle recycling programs generally involve the collection of unwanted used prescription spectacles from the public in developed countries, with subsequent distribution and donation to individuals in developing countries. Occasionally, the collection and distribution occurs in a developed country.

3. Position

RANZCO does not support programs involving the collection, distribution, donation and dispensing of recycled spectacles for the purposes of addressing uncorrected refractive error and presbyopia.

This position aligns with accepted public health, international development, and Vision 2020 preferred practice.¹

4. Rationale: patient safety

Use of custom-made spectacles dispensed after a comprehensive eye examination by an appropriately trained and credentialed refractionist, optometrist or ophthalmologist is the gold standard for addressing uncorrected refractive error and presbyopia in developed and developing countries.

However, in many parts of the world custom-made spectacles are unavailable or unaffordable. Recycled spectacles are promoted as an alternative by some organisations, with charitable and environmental benefits extolled.

RANZCO accepts that recycled spectacle programs are well-intentioned. However, such activities, commonly occurring in isolation, may compromise patient safety by discouraging access to a comprehensive eye examination and required eye care.

Provision of spectacles must be coupled with meaningful eye care to sustain the blindness prevention chain from community to hospital.² Regular comprehensive eye examinations and follow up care are important in screening and monitoring for cataract, macular degeneration, diabetic retinopathy, glaucoma and other eye conditions.

With recycling programs, a pair of recycled spectacles, often self-selected by the recipient, is frequently the extent of eye care a patient of lower socio-economic status receives. Such programs are frequently counterproductive to more considered and coordinated efforts to improve eye health awareness and local pathways for accessing comprehensive eye care.

5. Rationale: eye care development

There is growing consensus in the global health community that programs supporting use of donated recycled glasses to correct refractive error in the developing world should be discouraged.^{1,3,4}

Even when part of a comprehensive eye care system, resource-intense spectacle recycling programs tend to be less cost- and clinically-effective than other options to correct refractive error and presbyopia. The inefficiencies are associated with the resources required for screening and cleaning spectacles, and lack of uniformity of shapes, styles, powers and pupillary distances leading to either the 'best available' spectacles being worn or lack of compliance/satisfaction by the wearer.⁵

As an example, a study of a recycled spectacles program in Tuvalu calculated that 5500 pairs of glasses would be needed to make it likely that each of the 320 individuals involved in assessment would find suitable spectacles.⁶ A more recent study showed the cost of providing recycled spectacles to be between 1.6 and 1.8 times the cost of supplying new ready-made spectacles.⁵

Finally, recycled spectacle donation programs may curtail the opportunity for developing countries to create sustainable local capacity in spectacle distribution.

6. References

1. Pearce MG, Pearce N. Addressing refractive error visual impairment: volunteer organisations' alignment with Vision 2020 and public health principles. *Clinical and Experimental Optometry* 2012; 95(6): 583-589.
2. Holden BA, Fricke TR, Ho M, Schlenker G, Cronje S, Burnett A et al. Global Vision impairment due to uncorrected presbyopia. *Archives of Ophthalmology* 2008; 126(12):1731-9.
3. Pearce MG. Clinical outcomes following the dispensing of ready-made and recycled spectacles: A systematic literature review. *Clinical and Experimental Optometry*; published online 8 Jan 2014.
4. World Health Organization. Elimination of avoidable visual disability due to refractive errors: Report of informal planning meeting. 2000 3-5 July. WHO/PBL/00.79.
5. Wilson DA, Cronje S, Frick K, Holden BA. Real Cost of Recycled Spectacles. *Optometry and Vision Science* 2012; 89(3): 304-309.
6. Ramke J, du Toit R, Brian G. An assessment of recycled spectacles donated to a developing country. *Clinical and Experimental Ophthalmology* 2006; 34: 671-676.

7. Record of amendments to this document

Page	Details of amendment	Date approved
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