

ORBIS PROGRAMS IN INDIA
ALIGNMENT WITH
SUSTAINABLE
DEVELOPMENT
GOALS

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Abbreviations

Acronym	Full Form
AI	Artificial Intelligence
ANM	Auxiliary Nurse Midwife
ASHAs	Accredited Social Health Activists
CHC	Community Health Centre
DR	Diabetic Retinopathy
DTH	Digital Training Hub
EIVOC	Elite School of Optometry's International Vision Science and Optometry Conference
EMR / EMRs	Electronic Medical Record(s)
EV	Electric Vehicle
GLOW	Global Ophthalmic Women
HBT	Hospital Based Training
HR	Human Resources
ICDS	Integrated Child Development Services
ICT	Information and Communication Technology
IEC	Information, Education and Communication
I&D	Innovation and Development
MCH	Maternal and Child Health
NCDs	Non-Communicable Diseases
NGO / NGOs	Non-Governmental Organization(s)
OCI	Optometry Council of India
PHC	Primary Health Centre
POLTCS	Pediatric Ophthalmology Learning and Training Centers
PPP	Public-Private Partnership
QA	Quality Assurance
ROP	Retinopathy of Prematurity
SDG / SDGs	Sustainable Development Goal(s)
UHC	Universal Health Coverage
VC / VCs	Vision Centre(s)
WASH	Water, Sanitation and Hygiene

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Executive Summary

The United Nations Sustainable Development Goals (SDGs) provide a shared global framework for advancing health, equity, sustainability, and resilience by 2030. This document outlines how Orbis International aligns its eye-health mission with key SDGs, demonstrating that sustainable eye health is both a driver and an outcome of broader social, economic, and environmental development.

Orbis's work contributes directly to nine SDGs—SDG 3 (Good Health & Well-Being), SDG 4 (Quality Education), SDG 5 (Gender Equality), SDG 7 (Affordable & Clean Energy), SDG 9 (Industry, Innovation & Infrastructure), SDG 10 (Reduced Inequalities), SDG 11 (Sustainable Cities & Communities), SDG 13 (Climate Action), and SDG 17 (Partnerships for the Goals). These goals reflect Orbis's core strategic pillars: universal eye health, workforce development, equity, innovation, system strengthening, sustainability, and partnerships.

While eye health is most directly linked to SDG 3, its contribution cannot be confined to the health goal alone. Achieving the SDGs requires moving beyond siloed approaches and recognizing eye health as a cross-cutting development issue. Vision restoration and preservation influence SDG 4 (Quality Education) by enabling learning and skill acquisition, SDG 5 (Gender Equality) by reducing gender-based barriers to care and participation, SDG 8 (Decent Work and Economic Growth) through productivity gains, SDG 10 (Reduced Inequalities) by improving access for marginalized populations, and SDG 11 (Sustainable Cities and Communities) by enhancing safety, mobility, and independent living. Eye health must therefore be embedded across development agendas, not treated as a standalone clinical concern. Orbis also aligns eye health with environmental sustainability and resilience. Under SDG 7 and SDG 13, solar-powered Green Vision Centers, energy-efficient

systems, and low-carbon outreach models reduce dependence on fossil fuels while ensuring uninterrupted services in rural and remote areas. Climate-resilient infrastructure strengthens the ability of eye-health systems to withstand environmental shocks.

Through SDG 9, Orbis leverages innovation and digital infrastructure—electronic medical records, digital screening tools, and platforms such as REACHLite to improve efficiency, quality, and follow-up across the continuum of care. These investments enhance data use, accountability, and system integration.

Equity is a cross-cutting priority aligned with SDG 10, with focused efforts to reach women, children, people with disabilities, rural and tribal populations, and low-income urban communities. Disaggregated data systems and inclusive service models support people-centered care and reduced inequalities.

Finally, Orbis's long-term impact is anchored in SDG 11 and SDG 17, emphasizing sustainable systems and partnerships. By working with governments, NGOs, community institutions, and professional bodies, Orbis supports shared financing models, capacity building, strong referral networks, and progressive transfer of ownership to local partners. These partnerships ensure resilience, scalability, and sustainability beyond individual projects.

In sum, Orbis demonstrates that eye health is a powerful entry point for achieving multiple SDGs simultaneously. By integrating clinical excellence, workforce development, gender equity, digital innovation, environmental sustainability, and partnerships, Orbis contributes to healthier communities, stronger systems, and sustainable development outcomes aligned with global priorities.

Introduction

The United Nations Sustainable Development Goals (SDGs) provide a global framework designed to address the world's most pressing social, economic, and environmental challenges by 2030¹. They serve as a universal blueprint for achieving a more equitable, sustainable, and resilient future for all. Tracking and aligning with the SDGs enables organizations to measure progress, strengthen accountability, and ensure that development efforts contribute meaningfully to global priorities.

In 2019, moderate and severe visual impairment (MSVI) and blindness imposed a major economic and social (welfare) burden on India. Using the National Blindness and Visual Impairment Survey (2015–2019) together with evidence synthesized by the Lancet Global Health Commission on Global Eye Health, the total cost of MSVI and blindness in 2019 was estimated at INR 1,158 billion (range INR 947–1,427 billion), equivalent to \$54.4 billion (PPP) (range \$44.5–67.0 billion), across six cost streams including employment loss, higher mortality risk, education loss in children, reduced productivity, caregiver time, and unpaid work losses. The largest cost came from loss of employment, and the second largest from caregiver time. A conservative estimate counting only employment loss and elevated mortality risk still put the burden at INR 504 billion (range INR 348–621 billion) or \$23.7 billion (PPP) (range \$16.3–29.2 billion). Overall, poor eye health cost India roughly 0.47%–0.70% of GDP in 2019 and is expected to rise as the population ages unless MSVI and blindness decline faster.^{2,3} The estimated net loss of GNI due to blindness in

India is INR 845 billion (Int\$ 38.4 billion), with a per capita loss of GNI per blind person of INR 170,624 (Int\$ 7,756). Concentration curves, which show a concentration index (C) of 0.139 (indicating a pro-rich distribution), have been used in studies specifically examining economic inequality in eye care service utilization (ECSU) with wealthier groups having better access and outcomes than the poor. These studies found that 24.72% of the low-economic group had never had an eye examination, compared to just 9.94% of the high-economic group.⁴

This document highlights the SDGs that Orbis is actively contributing to through its eye-health programs, capacity building, technology and innovation initiatives, and system-strengthening efforts. Specifically, it focuses on SDG 3 – Good Health & Well-being, SDG 4 – Quality Education, SDG 5 - Gender Equality, SDG 7 – Affordable & Clean Energy, SDG 9 – Industry, Innovation & Infrastructure, SDG 10 – Reduced Inequalities, SDG 11 – Sustainable Cities & Communities, SDG 13 – Climate Action, and SDG 17 – Partnerships for the Goals. These goals were selected because they reflect core pillars of Orbis's mission improving access to quality eye care, strengthening health systems, advancing equity, fostering innovation, and driving sustainable, long-term impact.

Through this document, we outline how Orbis' work intersects with and advances these global commitments, demonstrating how sustainable eye health is interconnected with broader development outcomes.




THE ISSUE

285
million people
are visually
impaired

4/5
cases are
avoidable



90%
Of the world's
visually impaired
people live in
developing
countries



WHAT IS THE GLOBAL ACTION PLAN?

A global commitment endorsed by all WHO Member States to **improve eye health for everyone** ('Universal Eye Health') over the next 5 years.

OUR TARGET **25%** 
Reduction of avoidable blindness and
visual impairment by 2019

HOW?

STRONG & EQUITABLE EYE HEALTH SYSTEM



Collect evidence on magnitude and causes



Train more eye doctors, nurses and optometrists



Provide comprehensive eye care services to all

IMPLEMENTATION OF NATIONAL EYE HEALTH PLANS



WHAT GOVERNMENTS MUST PUT IN PLACE

- 1** 

Comprehensive eye care services for major causes of visual impairment, covering promotion, prevention, rehabilitation and care
- 2** 

Access for everyone, including the poor, minorities, indigenous peoples, persons with disabilities, women and those in rural areas
- 3** 

Eye health integrated into national health systems
- 4** 

Point-of-care payment should not prevent access and should be free for the poorest

© IAPB 2014

Source: IAPB










Figure 1: Global Action Plan



Figure 2: SDGs Covered

Table 1: Orbis' Achieved SDG Goals

Table 1: SDG Contribution

SDG	Orbis Contribution Pillar	Examples of Impact
3 	Universal Eye Health	DR/ROP/Pediatric care/School eye screening, outreach, integrated services
4 	Education & Skills	DTH, simulation, fellowships, community training, and Patient Communication & Education
5 	Gender Equality	Women's leadership, gender-sensitive care
7 	Clean Energy	Solar-powered Green Vision Centers, Energy-efficient systems
9 	Innovation & Infrastructure	Digital tools, EMRs, Tele-mentoring, Tele-consultation, AI readiness
10 	Reduced Inequalities	Rural access, disability inclusion, equity data, vulnerable and marginalized communities, including old-age population, tribal communities, girl child, etc.
11 	Sustainable Systems	Strong institutions, equipment, referral pathways, processes and protocols
13 	Climate Action	Green outreach, Green Vision Centers, resilience
17 	Partnerships	Government, NGOs (Non-Governmental Organisations), ICDS (Integrated Child Development Services), Global Leadership in Optometry and Vision (GLOW), cost-sharing



HEALTH

Orbis enhances universal eye health through DR/ROP Care and pediatric services, ensuring integrated outreach



EDUCATION

Our Digital Training Hub offers innovative fellowships and community training substance to enhance skills in eye care.



EQUALITY

Promoting women's leadership and gender-sensitive eye care. Orbis works towards achieving gender equality in healthcare.

Table 2: Summary SDG Alignment Using Input–Impact Framework

Inputs	Activities	Outputs
SDG 3 – Good Health & Well-Being (UHC)		
Funding, trained eye-care workforce, Vision Centres, partner hospitals, digital platforms	Integrated eye-care delivery across PHC– SHC–THC, outreach & school screening, cataract, DR, ROP, pediatric services	Patients screened and treated, strengthened referral pathways, trained providers
SDG 4 – Quality Education		
Training infrastructure, faculty, Digital Training Hub (DTH), partner institutions	Hospital Based Training (HBT), fellowships, simulation, tele-education, community education	Trained ophthalmologists, optometrists, allied staff, trained ASHAs/teachers
SDG 5 – Gender Equality		
Gender-responsive policies, women professionals, leadership platforms (GLOW, OCI)	Women-focused leadership development, gender-sensitive service delivery, community engagement	Women trained and mentored, gender-responsive service models
SDG 7 – Affordable & Clean Energy		
Solar infrastructure, green equipment, capital investment	Establishment of Green Vision Centres, energy-efficient operations	Solar-powered Vision Centres, reduced energy disruptions
SDG 9 – Industry, Innovation & Infrastructure		
Digital platforms, ICT infrastructure, research partnerships	EMRs, tele-mentoring, REACHLite, research and innovation	Digital records, improved follow-up, research outputs
SDG 10 – Reduced Inequalities		
Equity-focused program design, outreach teams, subsidized services	Targeted outreach to rural, tribal, low-income populations, inclusive delivery	Services delivered to underserved groups, disaggregated data collected
SDG 11 – Sustainable Cities & Communities		
Institutional partnerships, infrastructure support, referral networks	Strengthening decentralized service delivery, referral and continuum-of-care systems	Strengthened institutions, improved service continuity
SDG 13 – Climate Action		
Climate-resilient design, EVs, green outreach resources	Climate-resilient Vision Centres, low-carbon outreach models	Reduced carbon footprint, resilient service platforms
SDG 17 – Partnerships for the Goals		
Government engagement, NGOs, ICDS, professional bodies, financing	Co-design, co-financing, joint implementation, capacity building	Shared financing models, strengthened partner capacity

Outcomes

Impacts

Data Sources / Evidences



Improved access to essential eye-care services, earlier detection and treatment

Contributes to reduced avoidable vision impairment, improved well-being, independence, and healthy ageing

Orbis program data, hospital records, GBD & WHO evidence



Improved clinical competence, stronger pediatric eye-care capacity, improved early detection

Supports better learning outcomes for children, strengthens health workforce sustainability

Orbis training records, DTH analytics, published workforce studies



Increased participation of women as providers and service users, reduced gender barriers

Contributes to reduced gender inequities in eye-care access and leadership

Program reports



Reliable service delivery in rural/remote areas, lower operational emissions

Supports environmentally sustainable health infrastructure

Infrastructure records, energy audits



Improved service efficiency, data use, and quality assurance

Strengthens innovation ecosystems within eye-health systems

System logs, research publications



Reduced access gaps across gender, geography, disability

Contributes to more equitable health outcomes and social inclusion

Program monitoring data, equity-focused studies



Safer mobility, improved independence, community-level resilience

Supports safer, more inclusive and resilient communities

Facility data, global evidence on vision & safety



Improved service continuity during climate shocks

Contributes to climate-resilient health systems

Infrastructure data, sustainability reports



Increased local ownership, scalable, sustainable programs

Enables long-term system strengthening and SDG alignment

MOUs, partnership agreements, program reviews

SDG 3

Good Health and Well-being

Achieving Universal Eye Health as a Pathway to SDG-3

Context & Need

2.2B

People have vision impairment globally

33.6M

Blind

206M

with moderate to severe impairment

South East Asia

91M

affected (1/3 of global burden)

Nearly

50% of childhood blindness preventable with early detection.

INDIA

20% of global burden

All ages

Blindness

0.36%

Visual impairment

(VI = Blindness + MSVI)

2.55%

Age ≥ 50

Blindness

1.99%

MSVI

11.77%

VI (Blindness+MSVI)

13.76%

Main causes of blindness ($\geq 50y$)

66.2%

Cataract

8.2%

Corneal Opacity

7.2%

Cataract Surgical Complications

5.9%

Posterior Segment Disease

5.5%

Glaucoma

Children with blindness


~0.27 M

(i.e., 270,000 blind children) in India

Table 3: SDG-3 Alignment — Current Actions & Future Scope

SDG-3 Target	What Orbis is currently Doing	What more can be done / Future opportunities
3.8 Universal Health Coverage	Integrating eye care within public health systems, comprehensive care across PHC–SHC–CHC, outreach & school screening	Advocate inclusion of eye care within national UHC/insurance schemes, Expand to unreached geographies, Enlarge scope from vision impairment to ocular morbidity especially at primary care levels
3.c Strengthen Health Workforce	DTH, tele-mentoring, simulation training, capacity building for ophthalmologists, optometrists, allied staff	Expand reach with a focus on upskilling women, Expand the number of skill labs for different eye health cadres
3.4 NCD Prevention & Management	DR, glaucoma, ROP screening & treatment, strengthening tertiary care	Eye-NCD integrated screening in PHCs, co-awareness campaigns, stronger pediatric eye health integration into MCH, Enhance community engagement through partners
3.3 Neglected Infectious Diseases	Trachoma elimination support, corneal programs, partnerships for oculoplasty (trichiasis)	Strengthen surveillance & community outreach, WASH + eye care convergence, Help in preparing a registry for ocular leishmaniasis in States like Bihar, Jharkhand, West Bengal
Quality & Sustainability (cross-cutting)	Standardized clinical protocols, quality assurance, clinical governance, IEC for trust	Scale digital QA tools & community engagement, Periodic audits of compliance with protocols

PROMOTING UNIVERSAL EYE HEALTH



- 01

Awareness

Raise Awareness about the **global burden** of vision impairment affecting 1.2 billion people
- 02

Accessibility

Ensure accessibility to eye care services and education in high-burden regions in South-East Asia and India
- 03

Prevention

Focus on preventing vision impairment through early detection and **effective treatment** options to reduce the 1 billion preventable cases
- 04

Collaboration

Faster collaboration among health professionals, governments, and organizations for comprehensive eye health strategies
- 05

Future Opportunities

Identify and invest in sustainable eye health programs to improve universal health coverage and overall well being

Figure 3: Universal Health Coverage

SDG 4

Quality Education

How Orbis Contributes Through Capacity Building, Training & Leadership Development in Eye Health

India faces a major gap in skilled pediatric ophthalmology personnel. Although many hospitals have ophthalmologists, about half are surgically inactive, and very few have trained pediatric teams (Family Health and Development

Research Service Foundation, 2007). This shortage significantly affects quality childhood eye care, despite children representing a critical population where early treatment prevents lifelong disability.⁶

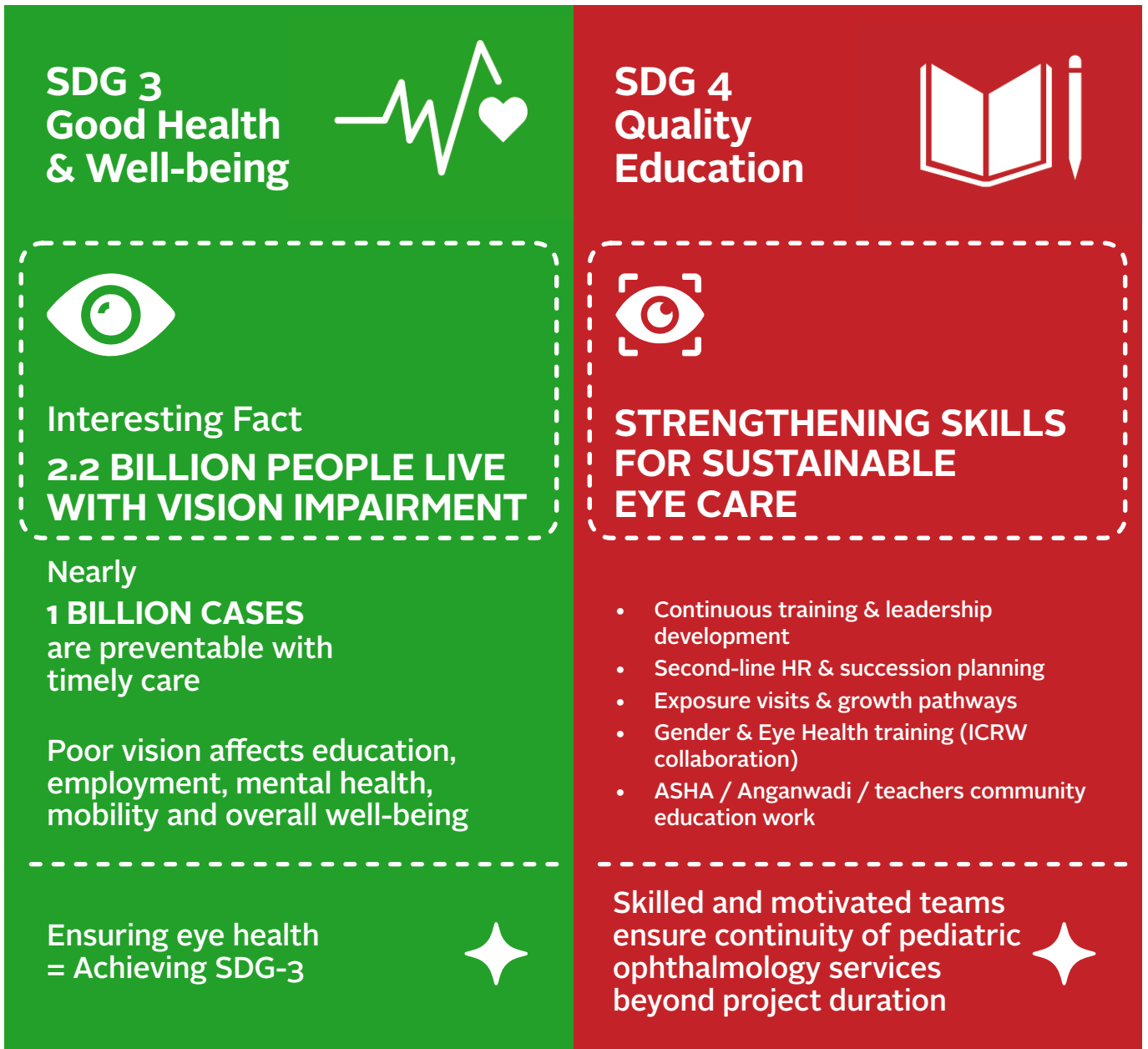


Figure 4: SDG 3&4

Table 4: Strategic Actions Supporting SDG-4

SDG-4 Focus Area	What Orbis is currently doing	What more can be done / Future opportunities
4.3. Workforce Education & Skill Development	<p>Structured training programs to build pediatric ophthalmology expertise, Continuous learning via workshops, tele-education & skill development</p> <p>Using Orbis' tools such as HBT (Hospital Based Training) for various ophthalmic cadres for needs-based skill development, Cybersight for learning and ongoing mentorship</p>	Expand sub-specialty fellowships & structured skills ladder across partner hospitals
4.4. Workforce Retention & Succession Planning	HR strategy at partner hospitals to retain trained staff, Developing second-line personnel, Competitive remuneration & supportive work environment	Develop national mentoring network & retention incentives at regional level
4.5. Gender & Inclusion in Eye Health Education	<p>Collaboration with ICRW (International Centre for Research on Women), session on “Gender & Eye Health” to embed gender-sensitive care principles</p> <p>Exploratory discussions were held with OCI leadership and the Secretariat team to understand their vision for a women's leadership development program. Potential areas identified for collaboration between OCI and Orbis include:</p> <ul style="list-style-type: none"> • Annual Women's Leadership Development Event Creating a recurring national platform to strengthen leadership capacity among women optometrists. • Quarterly Thematic Workshops Virtual or in-person workshops aligned to major optometry conferences to build skills, knowledge exchange, and networking. • Leveraging Global Networks & Expertise (GLOW) Utilizing the global presence, credibility, and international mentorship ecosystem of GLOW to support and empower women optometrists in India. 	Expand mandatory gender & equity curriculum for all cadres
4.6. Community Participation in Learning & Awareness	Key-informant network–trained ASHAs, Anganwadi workers, teachers, volunteers for screening, referrals & awareness	Standardized community education modules & digital learning tools in local languages
4. A. Leadership Development	<p>Exposure visits, leadership workshops & growth planning for trained professionals.</p> <p>Training of the pediatric ophthalmic team to deliver comprehensive care for children with support from POLTCs. Identifying women leader and their needs in Ophthalmology.</p>	Promote eye care leadership training program with special emphasis on women leaders,

Capacity Building

EYE HEALTH CAPACITY

Strengthening Pediatric Ophthalmology in India

Community Awareness

Engaged ASHAs and volunteers promote screening and referrals for pediatric eye health in communities



Workforce Development

Structured training programs enhance skills for pediatric ophthalmology



Staff Retention

Strategies to keep trained personnel in pediatric ophthalmology roles



Leadership Growth

Developing leaders through workshops and exposure visits in eye health



Gender Inclusion

Initiatives for gender-sensitive care in eye health education



Figure 5: Eye health capacity

SDG-4 calls for inclusive, equitable quality education and lifelong learning opportunities. Orbis advances this goal by strengthening systems for training, leadership development, and workforce retention needed to enable sustainable pediatric ophthalmology services across India.

SDG 5

Gender Equality

Advancing Women's Leadership and Gender-Responsive Eye Health

Gender inequality remains a critical barrier to accessing timely and quality health care worldwide, particularly in low-resource settings where women and girls often face socioeconomic, cultural, and mobility challenges. In India, women are less likely to seek or receive eye-health services, despite experiencing higher rates of vision impairment a disparity driven by caregiving burdens, limited autonomy in decision-making, and restricted financial access.⁷

Orbis recognizes that gender equity is integral to achieving universal eye health. The organization places women and girls at the center of its program design through community-based service delivery, women-focused workforce strengthening, gender-responsive leadership development, and data systems that identify and address inequities.

Table 5 Why Gender Equality Matters in Eye Health

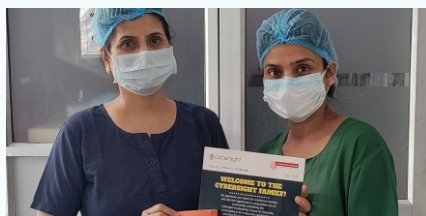
Challenges	Impact	How Orbis responds
Women face greater barriers to seeking care	Late-stage disease & avoidable blindness and dependency	Outreach, subsidized services, women-led delivery
Fewer women hold leadership roles in eye care	Workforce gaps & poor role modelling	GLOW & leadership mentoring
Gender norms reduce autonomy in health decisions	Access restricted at household & community levels	Engagement with caregivers & families
Limited representation in clinical workforce	Gaps in service availability & responsiveness	Workforce diversification & targeted skilling

GENDER EQUALITY



BARRIERS

Women face **greater challenges** in accessing eye care, leading to increased rates of avoidable blindness



LEADERSHIP

Fewer women in **leadership roles** leads to significant workforce gaps in eye care services and decision making



AUTONOMY

Gender norms restrict women's **autonomy** in making health decisions, negatively impacting their access to eye care services

Figure 6: Gender Equality

SDG 7

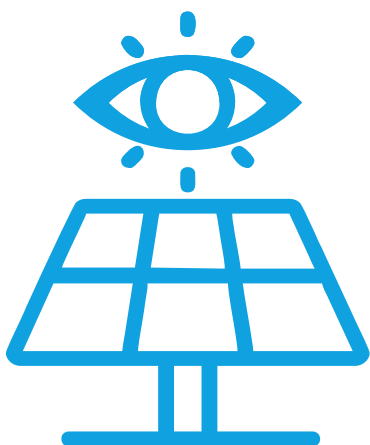
Affordable & Clean Energy

Clean, Reliable & Renewable Power for Eye-Health Services

Reliable electricity is critical for continuous functioning of examination and diagnostic equipment, tele-systems, cold-chain storage, and digital patient records, especially in rural and remote regions promoting people-centred care⁸

Table 6 SDG-7 Alignment: Current Actions & Future Opportunities

Challenges	What Orbis is currently doing	What more can be done / Future opportunities
7.1 & 7.2 — Access to clean, reliable & renewable energy	Solar-powered Green Vision Centers ensuring uninterrupted primary eye-care services	Expand solar installation across secondary & tertiary levels and tele-ophthalmology hubs and explore alternate renewable energy solutions, e.g. wind
7.3 — Improve energy efficiency	Energy-efficient appliances, digital record systems reduce power use & paper dependency eBikes were also used to provide care reducing carbon footprint.	Smart-energy monitoring, green procurement standards, carbon-footprint tracking



CLEAN ENERGY CLEAR VISION

SDG 9

Industry, Innovation & Infrastructure

Strengthening Digital & Clinical Eye-Health Infrastructure

Innovation accelerates service delivery, expands skilled workforce capacity, and enhances detection, quality, and referral efficiencies.

Table 7: SDG-9 Alignment: Current Actions & Future Opportunities

SDG 9 Target	What Orbis is currently doing	What more can be done / Future opportunities
9.5 – Foster research & innovation ecosystems	Digital Training Hub (DTH): simulation-based training, tele-mentoring, remote clinical support and Capacity building for research among partner organizations, research and publications to create evidence for future programming (e.g. REACH publications)	Develop & deploy AI-enabled early detection and follow-up tools, Support a wider network of skill labs for different eye health cadres
9.c – Improve access to ICT & digital systems	EMRs, Teleconsultations, digital screening tools, REACHLite to reduce paper and improve follow-up	Fully integrated community→hospital data platform with real-time dashboards, Skilling for enhanced digital literacy for women eye health workers



SDG 10

Reduced Inequalities

Equity & People-Centered Eye Health as a Foundation for Social Inclusion

Innovation accelerates service delivery, expands skilled workforce capacity, and enhances detection, quality, and referral efficiencies.

FOCUS ON VULNERABLE POPULATIONS



Women & Girls



Children & Premature Infants



Rural & Tribal Populations



Low-Income Urban Communities



People with Disability

Table 8: SDG-10 Alignment — Current Actions & Future Scope

SDG 10 Dimensions	What Orbis Is Currently Doing	What More Can Be Done / Future Opportunities
Equity in Access & Service Delivery	Dedicated focus on low-income, marginalized and rural populations	Expand inclusive access solutions (assistive, affordable, nearer-to-home care)
Gender Equality in Health Outcomes	Women as key beneficiaries in eye-care programs	Gender-responsive budgeting, women-led care models
Inclusive Data & Accountability	Prioritizing disadvantaged populations	Strengthen gender/age/disability-disaggregated data
Removing Barriers to Care	Outreach, screening, subsidized services	Community-designed interventions addressing social norms & stigma

SDG 11

Sustainable Cities & Communities

Building resilient, inclusive and community-driven eye-health systems

It was observed that the public sector is the predominant healthcare provider in countries such as Bhutan, DPR Korea, Indonesia, Maldives and Myanmar, while the private sector plays the major role in Sri Lanka and Thailand. In Bangladesh, India and Nepal, a mixed health system exists where both public and private sectors are significant providers of eye-care services.⁵

Notably, non-governmental organizations (NGOs) have made a substantial impact on eye-care service delivery in India and Nepal over the past three decades (Murthy & Vasisht, 2013).^{9,10} In both countries, more than 60% of cataract surgeries are performed by the NGO sector, despite the fact that NGOs employ only about one-third of the total ophthalmologists, demonstrating how efficiency improves output and outcomes. Murthy et al. (2008) also noted that many hospitals in India lack a full

complement of diagnostic and surgical equipment, infrastructure, and supportive human resources, which limits the ability to provide comprehensive and high-quality pediatric ophthalmology services.¹¹

Orbis' programming strongly aligns with the aims of SDG-11 (Sustainable Cities & Communities) by creating resilient, inclusive, and community-driven eye-health systems that will continue to serve populations far beyond the original life of individual projects. Through strengthening institutional capacity including HR capacity building, upgrading infrastructure, enabling quality assurance systems, improving access to equipment and technology, and expanding community participation, Orbis supports the development of sustainable and equitable eye-care services across geographic regions.¹²

Table 9: SDG-11 Alignment: Current Actions & Future Direction

SDG-11 Target	What Orbis is doing now	Future sustainability direction
11.4 / 11.b Strengthen institutions & system resilience	Institutional strengthening, equipment provision, infrastructure upgrades, quality assurance systems	Develop climate-resilient centers & include eye care in district-level health plans, Document and disseminate models of climate-resistant centers.
11.a Reduce regional disparities & urban-rural divide	Expanding outreach, screening & referral pathways in underserved regions	Strengthen continuum-of-care systems & shared ecosystem capacity for pediatric services

SDG 13

Climate Action

Climate-Resilient, Low-Carbon Eye-Health Services

Hospitals and outreach systems must withstand climate shocks, and healthcare needs to transition away from fossil-fuel dependence.¹³

Table 10: SDG-11 Alignment: Current Actions & Future Direction

SDG-11 Target	What Orbis is doing now	What more can be done / Future opportunities
13.1 – Strengthen climate resilience in health systems	Climate-resilient Green Vision Centers & outreach systems	Build a reserve fund for national crises & emergencies, create a diversified corpus for sustainability Climate Resilient Data Management & Storage systems to reduce carbon footprint.
Cross-cutting – Green & sustainable innovation	Green outreach using electric vehicles over fossil fuel Using Teleconsultations- Reduced paper use for patients and reduced patient's travel limiting their carbon emissions.	Expand EV mobility & carbon-neutral outreach framework

Climate Action

EYE HEALTH SERVICES

Building Resilience in Health Care Systems

Strengthening Vision Centers	Climate-resilient Vision Centers are pivotal in providing robust eye health services during climate shocks
Sustainable Outreach	Electric vehicles enhance outreach, reducing carbon emissions and increasing access to vulnerable populations
Emergency Preparedness	Establishing emergency funds ensures health systems can respond swiftly to climate-induced crises
Carbon-Neutral Model	Developing a carbon-neutral outreach model will significantly lower the ecological footprint of health services

Figure 7: Climate Action & Eye Health Services

SDG 17

Partnerships for the Goals

Collaborative policy, financing, and capacity-building for sustained impact

Orbis aligns deeply with SDG-17 by ensuring that local partners lead, systems grow stronger, and long-term sustainability is built in. To ensure long-term sustainability, Orbis supports shared

financing models, resource optimization, establishment of strong referral networks, and progressive transfer of operational responsibilities to partner hospitals.

Regional partnership in action

Collaboration with Government health bodies, ICDS, NGOs, Panchayats, and grassroots institutions

Digital Training Hub (DTH) for knowledge transfer & workforce retention and Regional Training Centers for Patient Communication

Shared financing models: partners contribute ~25% project costs, shared accountability, Resource optimization and workforce development strategies

Progressive transfer of responsibilities to partner hospitals

Leadership networks including the India Chapter of GLOW (launched August 16, 2025 at EIVOC 2025) supporting women in optometry

Founding member of VISION 2020 India (policy + strategic advisory)



Table 11: SDG-17 Alignment: Current Actions & Future Direction

SDG-17 Target	What Orbis is doing now	Future Sustainability Direction
17.16 Multi-stakeholder partnerships	Joint implementation with Government, ICDS, NGOs, & community-led institutions	Strengthening policy-linked advocacy networks (including GLOW & VISION 2020 India alliances)
	<p>The India Chapter of GLOW (a collaboration between GLOW and OCI) was formally launched on August 16, 2025, during the EIVOC 2025 conference. This initiative represents a joint effort to strengthen leadership pathways, mentorship, and professional growth opportunities for women in optometry, aligning with the shared vision of promoting equity and excellence in the field.</p> <p>Orbis is a founding member of the VISION 2020: The Right to Sight - India and supports VISION 2020 India through advice and funds</p>	Cross-sectoral partnerships and collaborations are something that Orbis would like to strengthen in the future with the effort of making eye health part of other key development agenda.
17.17 Public-private cooperation	Shared resource allocation and delivery models	Scaled PPP frameworks for universal eye care
17.3 Innovative financing	Cost-sharing model: ~25% partner contributions in projects	Expanded diversified financing for long-term resilience
17.9 Capacity building & knowledge sharing	Leadership workshops, exposure visits, DTH training, innovative training models like Sandwich Fellowship, Hospital Based Training (HBT), HR retention strategies	Greater institutional ownership of Quality Assurance standards, protocols & continuous improvement
	Orbis ensures sustainability by facilitating collaborative review, consensus-building, and continuous refinement of standards with partners and technical committees strengthening institutional ownership, alignment, and long-term implementation of high-quality eye-care practices	

PARTNERSHIPS MATTER

Sustainable impact in eye health requires collaborative policy, financing, and capacity-building. Orbis empowers local partners to build stronger systems and share responsibility for effective outcomes.

COLLABORATIVE APPROACHES

Shared financing allows partners to contribute approximately 25% towards impactful health programs and services

By working with government and grassroots groups, Orbis fosters sustainable partnerships in eye health initiatives

The Digital Training Hub enhances capacity-building through innovative online education, empowering eye health professionals worldwide

Figure 8: Partnerships

Cross-Cutting Themes Across Global Goals in Eye Care

These cross-cutting themes reflect Orbis's integrated, systems-oriented approach to advancing global goals in eye care, demonstrating how eye health has far-reaching ripple effects that extend well beyond eye health, affecting independence, well-being, productivity, and equity across the life course. When vision impairment is not prevented or treated, it directly compromises an individual's ability to care for themselves, participate fully in family and community life, and maintain economic and social independence.

Health systems strengthening is central to progress across global eye-care priorities and underpins Orbis's contributions to SDGs 3, 4, 9, 11, and 17. Rather than delivering stand-alone services, Orbis focuses on integrating comprehensive eye care within public health systems, strengthening institutional capacity, standardizing clinical protocols, enhancing referral pathways, and building a skilled and sustainable workforce linking avoidable vision loss directly to broader challenges in healthy ageing and well-being under SDG 3 (Good Health and Well-Being).

Equity and inclusion are fundamental to achieving global eye-health goals and cut across SDGs 3, 5, 10, and 11. Orbis prioritizes reducing avoidable inequities in access to eye care for women and girls, children, people with disabilities, rural and tribal populations, and low-income communities. Gender-responsive

service delivery models, inclusive workforce strategies, disaggregated data, enhances women's mobility, confidence, and economic participation, making them more likely to seek care, adhere to treatment, and engage proactively with health systems

Innovation and digital transformation play a critical enabling role across SDGs 3, 4, 9, and 17. Through digital platforms such as the Digital Training Hub, electronic medical records, tele-mentoring, and technology-enabled screening tools, Orbis expands the reach, quality, and efficiency of eye-care services and training. These data-driven approaches strengthen follow-up, accountability, continuous learning, and evidence-based decision-making—key requirements for scaling high-quality eye care globally.

Partnerships and shared accountability are essential for advancing global eye-health goals and are central to SDG 17. Orbis works in close collaboration with governments, non-governmental organizations, professional bodies, community institutions, and global networks to co-design, co-finance, and co-implement eye-care programs. These partnerships promote local ownership, resource optimization, and progressive transfer of responsibilities, ensuring that eye-health systems remain resilient, scalable, and sustainable over the long term.





KEY THEMES FOR EYE CARE



Health systems strengthening leads to better integration and access to essential eye care services for everyone.

SDGs 3, 4, 9, 11 and 17



Equity and inclusion initiatives work to reduce barriers faced by vulnerable populations, ensuring no one is left behind.

SDGs 3, 5, 10 and 11



Innovation and digital transformation enhance eye care through technology, improving access and quality of services for underserved communities

SDGs 4, 9 and 17

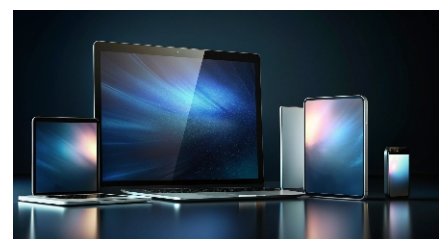


Figure 9: Cross Cutting Themes

Future opportunities in Orbis's 5 focus areas

1 Program Delivery

SDG Links - SDG 3, 10, 11, 17

Advocate inclusion of eye care within national UHC/insurance schemes

Enlarge scope from vision impairment → ocular morbidity, especially at primary care levels

Expand to unreached geographies

Expand inclusive access solutions (assistive, affordable, nearer-to-home care)

Eye–NCD integrated screening in PHCs

Stronger pediatric eye health integration into MCH

Co-awareness campaigns (with other health/community platforms)

Standardized community education modules & digital learning tools in local languages

WASH + eye care convergence

2 People

SDG Links - SDG 4, 5, 10, 3 (and SDG 17 for networks)

Expand sub-specialty fellowships

Structured skills ladder across partner hospitals

Expand the number of skill labs for different eye health cadres

Support a wider network of skill labs for different cadres

Expand reach with a focus on upskilling women

Develop national mentoring network & retention incentives at regional level

Expand women leaders program to other cadres (Nurses, Counselors, Program Managers, etc.)

3 Revenue & Financing

SDG Links - SDG 17 primarily; also SDG 3, 10, 11

Build a reserve fund for national crises & emergencies

Create a diversified corpus for sustainability

Scaled PPP frameworks for universal eye care

Women-led care models (as a financing + delivery shift)

4 Thought Leadership

SDG Links - SDG 17, plus SDG 3/4/10/11 depending on theme

Strengthening policy-linked advocacy networks (including GLOW & VISION 2020 India alliances)

Advocate inclusion of eye care within UHC/insurance schemes (policy level)

Document and disseminate models of climate-resistant centers

Promote models for continuum-of-care pediatric systems and integrated primary care eye health

5 System Efficiencies

SDG Links - SDG 3, 9, 11, 17 (and SDG 10 via disaggregated data)

Scale digital QA tools & community engagement

Periodic audits of compliance with protocols

Fully integrated community → hospital data platform with real-time dashboards

Strengthen gender/age/disability-disaggregated data

Conclusion

Orbis remains firmly committed to advancing the Sustainable Development Goals (SDGs) by placing eye health at the centre of and the entry point for inclusive, equitable, and sustainable development. As outlined in this document, progress in eye care is deeply linked to outcomes across health, education, gender equality, innovation, climate resilience, sustainable communities, and partnerships. Preventing and addressing avoidable vision loss strengthens SDG 3 (Good Health and Well-Being) while accelerating progress across multiple SDGs through improved independence, learning, livelihoods, safety, and social participation across the life course.¹⁴

Evidence already shows that eye-care interventions can generate substantial productivity and welfare benefits. For example, a randomised controlled trial among tea workers with presbyopia in India found that providing free spectacles increased workplace relative productivity by 22% ($p < 0.0001$). Prospective cohort studies also demonstrate improvements in household welfare following cataract surgery, including increased household per-capita expenditure (e.g., an 88% increase over one year in the Philippines) and increased household income (e.g., in rural India, the proportion of households earning less than 1,000 rupees per month decreased from 51% to 21% one year after surgery). Broader evaluations further indicate that cataract surgery and other vision-restoring interventions can contribute to economic productivity gains and strong returns on investment, including large national-level productivity benefits in some analyses.

A forward-looking SDG-aligned agenda must also foreground gender equality and equity, not as peripheral concerns but as core indicators of effective and people-centred eye health systems. A systematic review and meta-analysis found that interventions to promote eye service use supported by trained rural community eye health volunteers in lower-income and middle-income countries reduced gender inequality

across multiple outcomes, including all-cause blindness, clinic attendance, cataract surgery coverage, and trachoma treatment coverage. Additional evidence shows that affordability-focused approaches can reduce gender gaps in demand: in China, free cataract screening combined with low-cost, high-quality cataract surgery reduced gender disparity in willingness to pay over a five-year period, with willingness to pay rising from 67% in men and 50% in women at baseline to 88% in men and 91% in women at follow-up. Importantly, equity gains can be demonstrated at the household level: a cohort study across Kenya, the Philippines, and Bangladesh showed that people undergoing cataract surgery were poorer than non-visually impaired comparators before surgery, but after surgery the difference in per capita expenditure was no longer observed, indicating improved equity in economic well-being. At the same time, future strategies must remain attentive to unintended effects: evidence from Scotland suggests that while free eye examinations increased overall service use, inequalities by income and education widened—highlighting that universal approaches may still require targeted outreach and tailored design to ensure equity gains are realised.¹⁵

Finally, the future of eye health must be linked more explicitly to safe, resilient, and inclusive communities, aligning strongly with SDG 11 (Sustainable Cities and Communities). Vision restoration improves functional mobility and safety in daily life. A meta-analysis found that cataract surgery reduced driving-related difficulties (pooled odds ratio 0.12, 95% CI 0.10–0.16), and multiple observational studies have reported significant reductions in motor vehicle crashes following cataract surgery. These findings underscore that eye health is directly connected to safer mobility, reduced injuries, and stronger community participation—benefits that extend beyond the health sector into transport, urban planning, and social wellbeing.

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Glossary of Acronyms

AI – Artificial Intelligence

Computer-based systems capable of performing tasks that typically require human intelligence, such as image analysis, pattern recognition, and decision support; increasingly used in eye-care screening, diagnosis, and data analytics.

ANM – Auxiliary Nurse Midwife

A frontline female health worker in India's public health system who provides basic maternal, child, and community health services, including screening, referrals, and health education.

ASHAs – Accredited Social Health Activists

Community-based female health volunteers under India's National Health Mission who facilitate access to healthcare services, promote health awareness, and support outreach, screening, and referrals.

CHC – Community Health Centre

A secondary-level public healthcare facility in India that provides specialist services and serves as a referral point for Primary Health Centres.

DR – Diabetic Retinopathy

A diabetes-related eye condition caused by damage to retinal blood vessels, which can lead to vision loss if not detected and treated early.

DTH – Digital Training Hub

Orbis's integrated digital platform for workforce capacity building, using simulation-based training, tele-mentoring, remote clinical support, and continuous professional education.

EIVOC – Elite School of Optometry's International Vision Science and Optometry Conference

A regional professional conference focused on knowledge exchange, innovation, and capacity building in eye care in eastern India.

EMR / EMRs – Electronic Medical Record(s)

Digital systems used to record, store, and manage patient health information, improving continuity of care, follow-up, data quality, and health system efficiency.

EV – Electric Vehicle

Vehicles powered by electricity rather than fossil fuels, used to reduce carbon emissions and support environmentally sustainable outreach and service delivery.

GLOW – Global Ophthalmic Women

A global initiative focused on advancing leadership, mentorship, and professional development opportunities for women in optometry and vision care.

HBT – Hospital Based Training

A capacity-building approach that delivers hands-on, needs-based clinical training within partner hospitals to strengthen skills across eye-care cadres.

HR – Human Resources

The workforce involved in delivering health services, including recruitment, training, retention, and leadership development of health professionals.

ICDS – Integrated Child Development Services

A Government of India program providing nutrition, health, and early childhood development services to children, pregnant women, and lactating mothers.

ICT – Information and Communication Technology

Digital technologies used for information processing and communication, including data systems, telemedicine platforms, and digital training tools.

IEC – Information, Education and Communication

Structured activities and materials designed to inform, educate, and influence health-related behaviors at the individual and community level.

I&D – Innovation and Development

The process of developing and applying new ideas, technologies, and approaches to improve service delivery, efficiency, and impact.

MCH – Maternal and Child Health

Health services and programs focused on improving the health and well-being of mothers, infants, and children, including preventive and promotive care.

NCD – Non-Communicable Disease

Chronic diseases that are not transmitted between individuals, such as diabetes and hypertension, often associated with long-term health complications including eye diseases.

NGO / NGOs – Non-Governmental Organization(s)

Independent, non-profit organizations that deliver services, advocate for policy change, and support development initiatives in partnership with governments and communities.

OCI – Optometry Council of India

The national professional body representing optometrists in India, working to strengthen education, standards, and professional development.

PHC – Primary Health Centre

The first point of contact within India's public health system, providing essential primary healthcare services to defined geographic populations.

POLTCs – Pediatric Ophthalmology Learning and Training Centers

Specialized centers focused on building skills and capacity in pediatric ophthalmology through structured training and mentorship.

PPP – Public–Private Partnership

Collaborative arrangements between government and private or non-governmental entities to deliver services, share resources, and improve system efficiency.

QA – Quality Assurance

Systematic processes used to ensure that health services meet defined standards of safety, effectiveness, and quality.

ROP – Retinopathy of Prematurity

A potentially blinding eye condition affecting premature infants, caused by abnormal retinal blood vessel development.

SDG / SDGs – Sustainable Development Goal(s)

A set of 17 global goals adopted by the United Nations to address social, economic, and environmental challenges by 2030.

UHC – Universal Health Coverage

A health system goal ensuring that all people have access to needed health services of sufficient quality without financial hardship.

VC / VCs – Vision Centre(s)

Community-based primary eye-care facilities providing screening, basic treatment, referrals, and follow-up, particularly in underserved areas.

WASH – Water, Sanitation and Hygiene

Interventions and infrastructure related to safe water, sanitation, and hygiene practices, critical for preventing infectious diseases and supporting health outcomes.

Appendices

Appendix A: Methodology and Data Sources

A.1 Purpose and Scope

This appendix outlines the methodology used to assess and document Orbis India's contributions to the Sustainable Development Goals.

A.2 Approach to SDG Alignment

The SDG alignment presented in this report was developed using a program-mapping and evidence synthesis approach, which included:

- Review of Orbis India program documents, annual reports, and internal monitoring data
- Mapping of program activities and outcomes to specific SDG goals and targets
- Identification of cross-cutting themes that link eye health to broader development outcomes
- Integration of global and peer-reviewed evidence to contextualize Orbis's contributions

Programs were categorized as contributing directly, indirectly, or enabling progress toward SDG targets.

A.3 Data Sources

The following data sources informed the analysis:

Programmatic and Operational Data

- Orbis India program reports and partner hospital documentation
- Training and workforce development records (DTH, HBT, fellowships)
- Community outreach and service delivery data from Vision Centres and outreach programs

Secondary and Policy Data

- WHO and UN Sustainable Development Goal frameworks
- Global Burden of Disease (GBD) and Vision Loss Expert Group estimates
- National health and eye-care policy documents relevant to India

Published Evidence

- Peer-reviewed studies on the health, economic, and equity impacts of eye-care interventions, including cataract surgery, refractive correction, and community-based eye-care delivery
- Systematic reviews and meta-analyses examining gender equity, productivity, and safety outcomes related to improved vision

A.4 Limitations

This report is descriptive in nature and does not attempt to attribute causal impact at the population level. While global evidence is used to illustrate broader development effects of eye care, not all outcomes cited are directly measured within Orbis India programs. Data availability and disaggregation vary across programs and geographies, particularly for equity-related indicators

Appendix B: Overview of Orbis Programs in India

B.1 Geographic and Programmatic Footprint

Orbis has a long-standing presence in India, working across multiple states through partnerships with public-sector institutions, non-governmental organizations, academic centers, and community-based platforms. Programs operate across the continuum of care, including community outreach, primary eye care through Vision Centres, and secondary and tertiary hospital services.

B.2 Core Programmatic Areas

1. Comprehensive Eye Care Services

Orbis supports delivery of comprehensive eye care across clinical areas including cataract, pediatric ophthalmology, diabetic retinopathy, retinopathy of prematurity, glaucoma, cornea, oculoplastics, and optometry. Services are integrated within existing health systems and referral networks to promote continuity of care and sustainability.

2. Workforce Education and Capacity Building

A central pillar of Orbis India's work is strengthening the eye-care workforce. This includes:

- Structured training programs for ophthalmologists, optometrists, and allied health professionals
- Use of digital platforms such as the Digital Training Hub (DTH) and Cybersight for simulation-based learning, tele-mentoring, and continuous professional development
- Hospital Based Training (HBT) models to build skills across cadres within partner institutions

3. Community Outreach and Early Detection

Orbis works with frontline workers, including ASHAs, Anganwadi workers, teachers, and volunteers, to support community-based screening, referrals, and awareness. These efforts are critical for early detection of childhood eye conditions and preventable vision loss in underserved populations.

4. Gender, Equity, and Inclusion

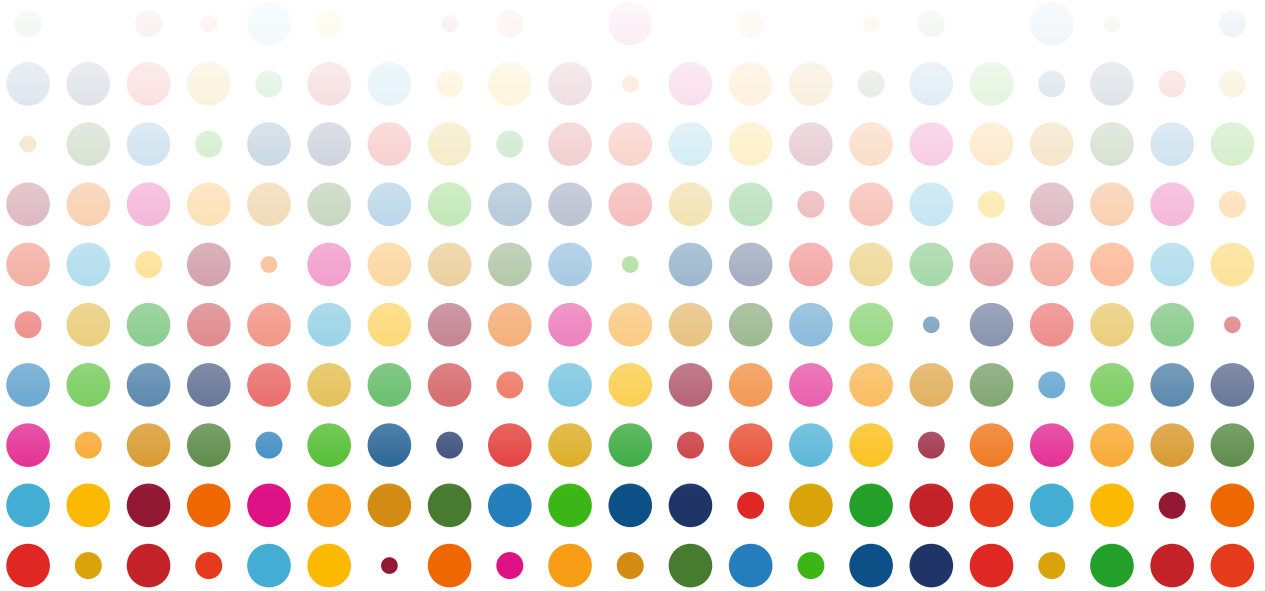
Equity is embedded across Orbis India programs, with targeted efforts to reach women and girls, children, people with disabilities, and rural and marginalized communities. Gender-responsive service delivery, leadership development for women professionals, and collaboration with professional bodies and global networks such as GLOW support progress toward SDG 5 and SDG 10.

5. Sustainability and Partnerships

Sustainability is supported through shared financing models, institutional strengthening, and long-term partnerships with government agencies, NGOs, and professional associations. Green Vision Centres, energy-efficient infrastructure, and climate-resilient outreach models further align Orbis India's work with SDGs 7, 11, and 13.

SDG to Program Mapping

SDG & Target	Program / Intervention (India)	Nature of Contribution	Level of Impact
SDG 3.8 - Universal Health Coverage	Integrated eye-care services across Vision Centres, secondary and tertiary hospitals, outreach and school screening	Direct	Community, Facility, System
SDG 3.c - Health workforce strengthening	Digital Training Hub (DTH), Hospital Based Training (HBT), fellowships, tele-mentoring	Direct	Facility, System
SDG 3.4 - NCD prevention & management	Diabetic retinopathy screening and treatment, glaucoma services, integration with PHC/NCD platforms	Direct	Facility, System
SDG 3.3 - Neglected tropical diseases	Trachoma elimination support, oculoplasty services for trichiasis	Direct	Community, Facility
SDG 4.3 / 4.4 - Access to quality education & skills	Structured clinical training, simulation-based learning, Cybersight mentorship, leadership development	Direct	Facility, System
SDG 5.5 - Women's leadership & participation	Women-focused leadership initiatives, collaboration with OCI and GLOW, mentorship networks	Enabling	System, Policy
SDG 7.1 / 7.2 - Clean and reliable energy	Solar-powered Green Vision Centres, energy-efficient systems	Direct	Facility, Community
SDG 9.5- Innovation ecosystems	Digital Training Hub, tele-ophthalmology, AI readiness, research collaborations	Enabling	System
SDG 9.c - ICT access	EMRs, REACHLite, digital screening and follow-up tools	Direct	Facility, System
SDG 10.2 - Social inclusion	Targeted outreach to women, children, rural and marginalized populations, inclusive service delivery	Direct	Community
SDG 10.3 - Reducing inequalities	Disaggregated data use (gender, age, disability), equity-focused program design	Enabling	System
SDG 11.a - Inclusive and resilient services	Strengthening referral networks, institutional capacity building, decentralized service models	Enabling	System
SDG 13.1 - Climate resilience	Climate-resilient Vision Centres, green outreach, EV use	Direct	Facility, Community
SDG 17.16 -Multi-stakeholder partnerships	Partnerships with government, NGOs, ICDS, Panchayats, professional bodies	Enabling	Policy, System
SDG 17.17 - Public-private partnerships	Shared financing models, joint implementation with partner hospitals	Enabling	System
SDG 17.9 - Capacity building	Leadership workshops, exposure visits, continuous learning platforms	Direct	Facility, System



Orbis International - India Country Office
307B/1, Solitaire Plaza, MG Road,
Near Guru Dronacharya Metro Station,
Gurugram-122 002, Haryana, India

 91-124-4284601 |  91-124-4284602 |  info.india@orbis.org