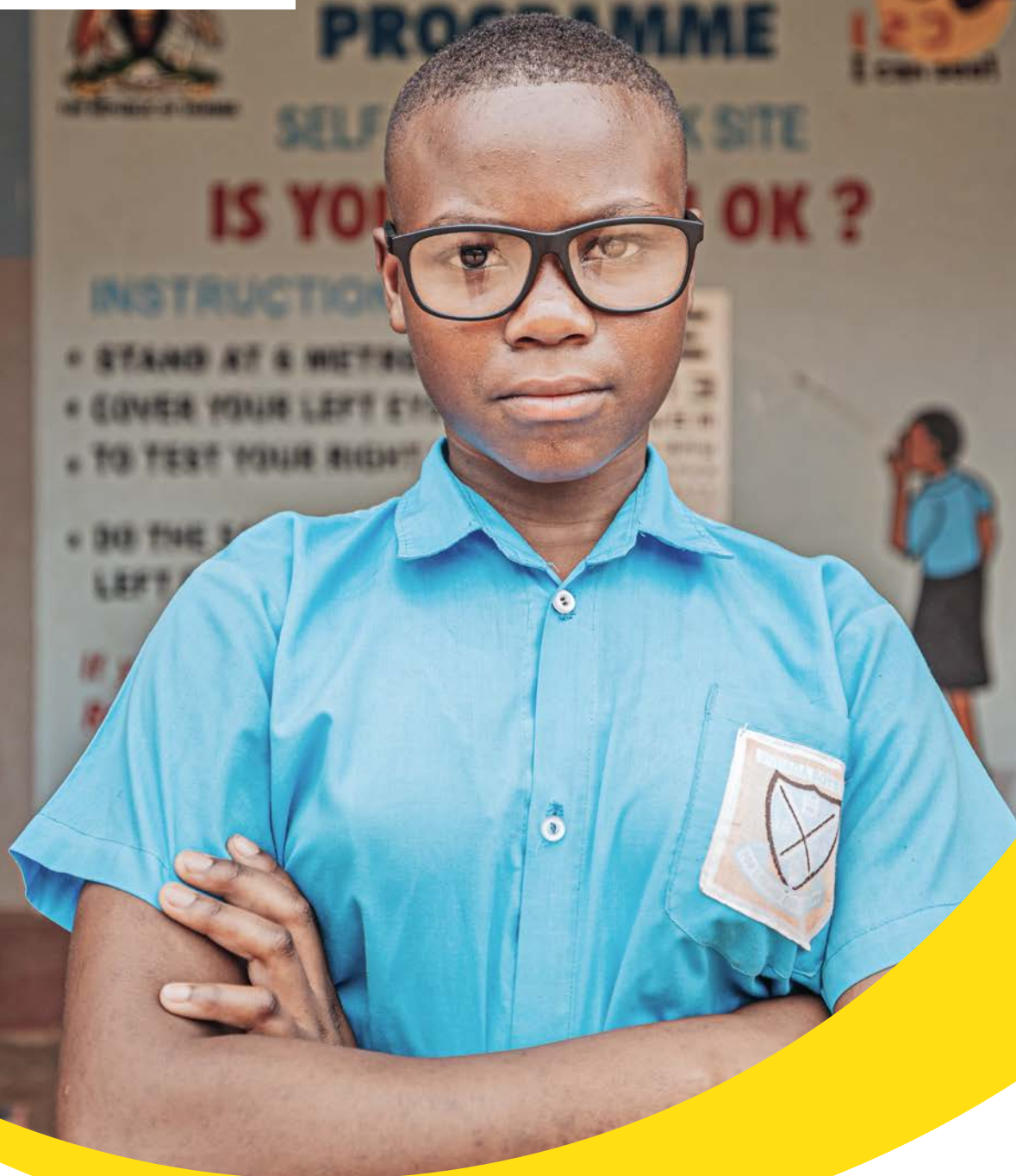




ADVOCACY ISSUE BRIEF: **EYE HEALTH**

Would like to find out what the eye health situation is in your country?

Check out the platform for global eye health!

IAPB Vision Atlas:
<https://visionatlas.iapb.org/>

Explainer: Eye Conditions

Cataract: Clouding of the eye's natural lens, causing blurred or reduced vision.

Trachoma: A bacterial eye infection that can cause scarring of the cornea and vision loss.

Glaucoma: A group of eye conditions that damage the optic nerve and can cause vision loss.

Refractive Error: A condition in which the eye cannot focus light clearly, causing blurred vision.

Presbyopia: An age-related condition that makes it difficult to see clearly up close.

Onchocerciasis (River Blindness): A disease that, in severe cases, causes vision loss or blindness.

Lymphatic filariasis: A disease that affects the lymphatic system and can cause disability and, in some cases, eye problems that may affect vision.

Executive Summary

Everyone has the right to the highest attainable standard of health recognized in the International Covenant on Economic, Social and Cultural Rights.

However, globally, at least 2.2 billion people have vision impairment, including 43 million who are blind. At least one billion have vision impairment that could have been prevented or is yet to be addressed, with 90% living in low-and-middle income countries (LMICs). Sub-Saharan Africa is particularly affected¹.

On the occasion of the first-ever Global Eye Health Summit in November 2026, this Advocacy Issue Brief outlines the causes behind these challenges and the severe impact of eye conditions on human rights, sustainable development and economies as well as effective solutions available and opportunities for development cooperation.

The brief outlines how Light for the World addresses these challenges and aims for systems change through its programmes, advocacy and collaboration with key partners. Finally, it provides recommendations to governments, international organisations and development actors on how to end avoidable sight loss.

Introduction: The importance of eye health

The leading causes of vision impairment and blindness are refractive errors and cataracts. Globally, half of the people who need cataract surgery do not have access to that operation². Disadvantaged populations are disproportionately impacted by vision impairment. Women and girls make up around 55% of those with moderate and severe vision impairment worldwide and have less access to the correction of vision impairment than men³. At the same time, poor vision contributes to inequalities for marginalised and socially disadvantaged populations.

As the population increases and ages, the number of persons living with vision impairment or sight loss will inevitably grow. Projections indicate that in 2050, 1.7 billion people will live with uncorrected vision impairment⁴.

1 IAPB (Online): The Magnitude of sight loss. Global Data Story. See: <https://visionatlas.iapb.org/topics/magnitude-of-sight-loss/> [accessed: 30.9.2026]; WHO (2019): World Report on Vision. See <https://www.who.int/docs/default-source/documents/publications/world-vision-report-accessible.pdf> [accessed: 25.09.2026]; IAPB et al. (2025): The Value of Vision. The case for investing in eye health. Page 5. See: https://visionatlas.iapb.org/wp-content/uploads/2025/09/The-Value-of-Vision_Full-Report.pdf [accessed: 30.9.2026]

2 WHO (2026): Blindness and vision impairment. See: <https://www.who.int/news-room/fact-sheets/detail/blindness-and-visual-impairment#:~:text=Globally,%20the%20leadin> [accessed 2.10.2026]

3 Bourne RRA et al.: Magnitude, temporal trends, and projections of the global prevalence of blindness and distance and near vision impairment. The Lancet Global Health, 2017. See: [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(17\)30293-0/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30293-0/fulltext) [Accessed 30.9.2026]; American Academy of Ophthalmology (2025): Global Gender Disparities in Access to Refractive Error Services. Page 257. See: <https://researchonline.lshtm.ac.uk/id/eprint/4678547/1/Mavi-et-al-2025-Global-gender-disparities.pdf> [accessed 30.9.2026]

4 IAPB et al. (2025) page 24

The Austrian Federal Ministry of Labour, Social Affairs, Health, Care and Consumer Protection has funded a crucial two-year project (2024–2026) of Light for the World as part of International Partnerships Austria to improve child eye health in Uganda. It contributes to our vision that every child can access quality eye health services to reach their full potential, unhindered by any visual problems affecting their learning.

Thanks to this ministry, Light for the World also implemented our first gender-focused eye health project called “Equitable, sustainable eye care for all!” in a multi-country pilot project (2021–2022). It allowed us to gather the evidence needed to plan gender-sensitive quality eye care interventions, test new activities and identify effective and replicable good practices to overcome the gender eye health gap in similar projects and in the health sector in general.

To reduce the number of people living with avoidable sight loss and to prevent sight-loss-related poverty and death, we need to act now. Fortunately, there are proven and feasible solutions. Light for the World contributes by improving access to eye health services and fighting neglected tropical diseases (NTDs).

The importance of eye health and its global effects is emphasized at the first-ever Global Eye Health Summit in Antigua and Barbuda in November 2026.

Eye health: Major impact on human rights and sustainable development⁵

Eye conditions are strongly intertwined with socio-economic factors. In extreme cases, they even lead to higher death rates. Data shows that persons with eye conditions are twice as likely to be unemployed as those without eye conditions and are – as well as those around them – exposed to a higher risk of poverty and negative effects on their mental health. Vision impairment poses an enormous global financial burden, with an estimated USD 411 billion in annual productivity losses related to employment losses, resulting from reduced work efficiency caused by undetected vision impairment. The Value of Vision Report, published by the International Agency for the Prevention of Blindness (IAPB) in 2025, estimates that an investment of approximately USD 7 billion in eye health over the next five years could prevent 5,800 traffic deaths, 211,000 injuries and 1.7 million cases of depression. This investment would bring a 28-fold return on every invested dollar. For example, improved access to cataract surgeries could halve the risk of motor vehicle crashes and lower the prevalence of depression among those affected by 20%.

Unequal access to (eye) health care services by people with disabilities

Physical accessibility prevents women and men with disabilities from using health care services due to, for example, the lack of ramps for wheelchair users or the lack of sign language interpretation, which limits access to information and effective communication between service providers and clients.

Women and girls have less access to eye health services

Women often do not have their own financial resources or lack control over how they are used. As a result, their access to eye health often depends on the decision of the male head of the household. In addition, their caregiving responsibilities leave them with less time to seek health services. These constraints contribute to women seeking eye health care at a very late stage, often when they are already seriously ill.

Women also often have less access to information about eye health and disease prevention. This is particularly important in the context of trachoma: due to their caregiving role, they are more exposed to contaminated water sources and are more often infected with trachoma.

⁵ The majority of this chapter is cited from: IAPB et al. (2025)



Children with impaired vision cannot fully benefit from education

80% of what a child learns is processed visually⁶. According to IAPB⁷, children experiencing vision impairment in school settings achieve only half the learning gains of their peers with good vision.

Although Article 26 of the Universal Declaration of Human Rights entitles everyone to the right to education, children with eye conditions are often excluded from fully benefiting from quality education. This is mainly due to a lack of access to treatment and can lead to significant avertable restrictions in their future careers, academic performances and overall opportunities in their respective lives.

Preventive eye screenings in schools (including follow-up treatment) are an effective solution to tackle this issue and are implemented by Light for the World in several countries.

Eye health in low-income-countries: An opportunity for development cooperation

Eye health remains a particularly pressing challenge in LMICs where 90% of people with vision loss live. Yet eye care services remain inadequate, and eye care coverage is shockingly low. One in seven people in LMICs lives with unaddressed vision impairments, many of whom are unaware that they have a correctable vision problem. In fact, out of the 43 million who are blind worldwide, 41 million live in LMICs. Beyond its impact on quality of life, the annual productivity loss in LMICs due to a lack of eye care is estimated to cost roughly USD 1 trillion. Thus, addressing this health gap presents an economic opportunity. USD 1 invested in eye health in LMICs yields USD 28 in returns⁸.

In LMICs...

- ▶ ...the prevalence of cataract is five times higher than in higher-middle income countries.
- ▶ ...drivers often receive driving licences without any eye tests. If they have vision impairments, they have an increased risk of being injured or dying in traffic accidents⁹.
- ▶ ...it is estimated that two out of three people with distance vision impairment due to refractive error do not have access to eyeglasses. More than 800 million people have unaddressed near vision impairment (presbyopia) that could easily be solved with a pair of reading glasses¹⁰.

6 UCLA (2013): Impact Analysis of Vision to Learn. See: <https://visiontolearn.org/impact/ucla-study-impact-analysis-of-vision-to-learn/> [accessed: 30.9.2026]

7 IAPB et al. (2025) page 18

8 IAPB et al. (2025) page 8, 10, 25, 87

9 IAPB et al. (2025) page 64, 77

10 WHO (2026): Eye care, vision impairment and blindness: Refractive errors. See: <https://www.who.int/news-room/questions-and-answers/item/blindness-and-vision-impairment-refractive-errors> [accessed: 5.10.2026]

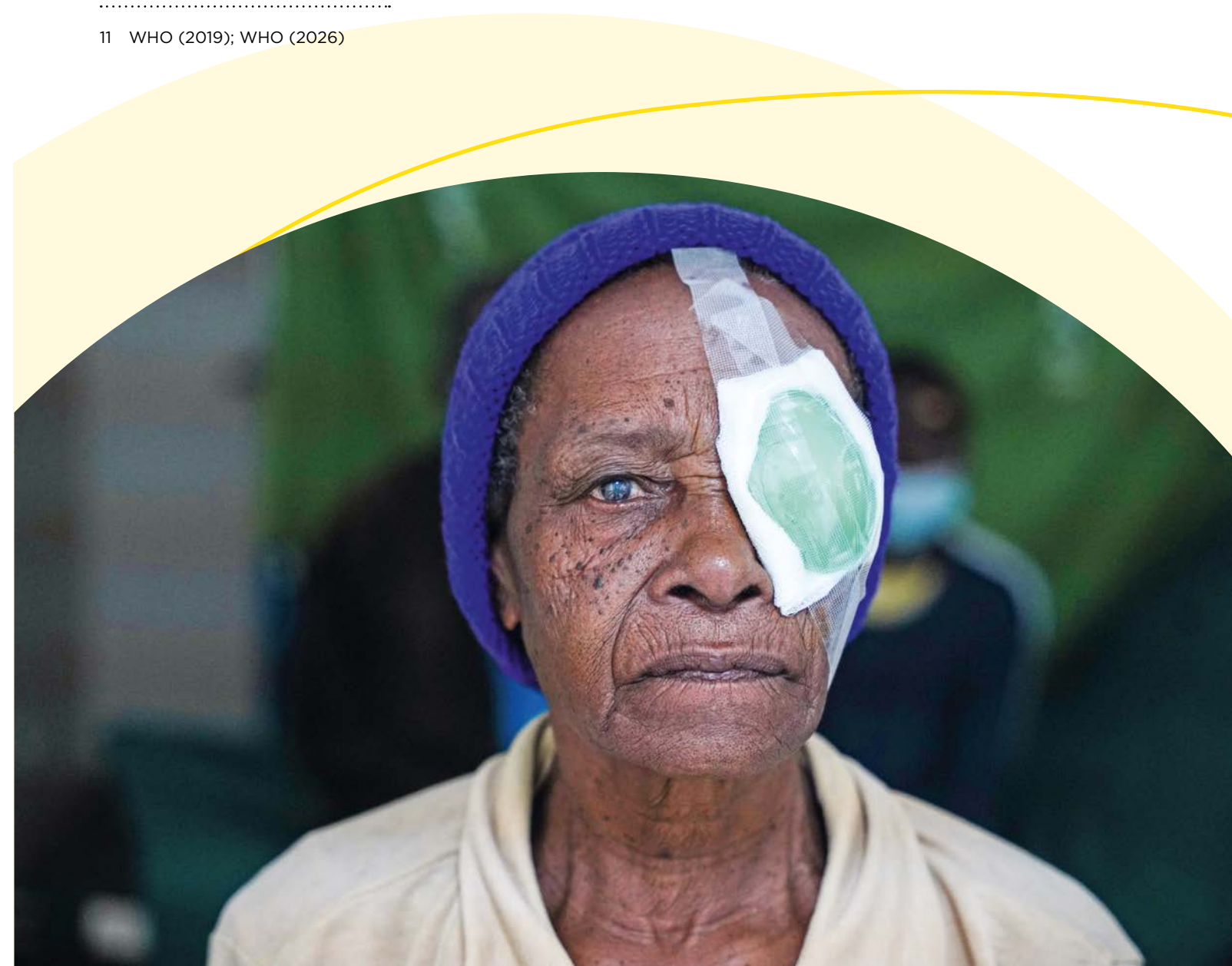
While LMICs face the most pronounced challenges, they simultaneously emerge as the most fertile ground for effective and meaningful solutions.

The main challenges in LMICs include untreated cataract and uncorrected refractive errors, limited public investment, rural-urban disparity, shortage of trained personnel, gender inequalities and a lack of awareness. The insufficiency of adequate care is often caused by limited or no transport options or financial shortages. Globally, challenges include a lack of data, weak health information systems, a poor integration of eye care into health systems and a poor coordination of eye care workforce¹¹.

Light for the World has effectively supported the integration of eye health into national health systems. The Ethiopian Ministry of Health, for example, has committed to allocating a dedicated budget for eye health and has used its own funds to purchase operating microscopes for secondary eye care units.

Light for the World follows a partnership approach. For decades, we have been collaborating with local partners specialising in eye health. Together, we continuously improve existing models, tools and approaches and advocate for systemic change.

11 WHO (2019); WHO (2026)



Neglected Tropical Diseases (NTDs) are a driver of vision loss

NTDs affect more than 1.5 billion people globally and comprise a dynamic group of 21 diseases¹², including eye conditions like onchocerciasis and trachoma. NTDs are not solely a biomedical challenge but are deeply embedded in social and economic injustice. Residents of LMICs and, specifically, marginalized groups are disproportionately affected by NTDs. The disease burden is especially pronounced in Africa, which accounts for 39% of global NTDs¹³. Persons with disabilities tend to face a higher risk of infection due to discrimination and structural economic disadvantages¹⁴.

Together with our partners, Light for the World fights three of these NTDs, focusing especially on preventive treatment.

12 UNDP (2026): Making the case for investing in NTDs in Ghana. Page 5. See: <https://www.undp.org/sites/g/files/zskgke326/files/2026-03/making-the-case-for-investing-in-ntds-in-ghana-20260319.pdf> [accessed: 30.9.2026]

13 WHO (2023): Ending the neglect: Lessons from a decade of success in responding to NTDs in the African Region. Page 4. See: https://www.afro.who.int/sites/default/files/2023-08/Ending_neglect_NTD_2022.pdf [accessed: 30.9.2026]

14 Juma et al. (2025): Inclusion in Neglected Tropical Disease Programmes: A Review of Inclusive Approaches for Control and Elimination - PMC. See: <https://pmc.ncbi.nlm.nih.gov/articles/PMC12785812/> [accessed: 30.9.2026]

The climate crisis heightens the risk for eye conditions¹⁵

Noticeably, disadvantaged populations in resource-limited settings are not only disproportionately affected by NTDs but also face the most severe effects of the climate crisis¹⁶.

Climate change can lead to higher rates of trachoma, acute eye injuries, glaucoma and severe allergic eye diseases due to rising temperatures, worsening air pollution, unpredictable extreme weather conditions and changing rainfall patterns. Increased UV radiation, extreme heat and smoke can contribute to worsening eye conditions.

Women are especially vulnerable to changing weather conditions. They often perform outdoor work and are thus more exposed to contaminated water sources, subsequently raising their risk of infections like trachoma. Persons with disabilities face a higher risk as well: they are up to four times more likely to be injured or die in climate-related disasters and tend to encounter barriers to information, and eye health services.

Climate change is expected to deepen existing inequalities, worsen the prevalence of eye conditions and might even undermine efforts for the elimination of infectious disease transmission¹⁷. At Light for the World, we mainstream climate adaptation and resilience in our eye health programmes by, for example, offering trainings in the maintenance and repair of equipment or by buying locally when possible.

Key players in eye health: International Agency for the Prevention of Blindness (IAPB) and the World Health Organization (WHO)

The WHO and IAPB lead the global efforts for eye health. Light for the World is a member of IAPB as well as of the Global SPECS Network initiative and the Disability Health Equity Network hosted by the WHO.

IAPB is a global alliance of 300 organisations from over 100 countries. It advocates for the sector of eye care, raises awareness about the importance of eye health, connects stakeholders and enables access to up-to-date knowledge, information and practice¹⁸.

Light for the World's efforts are designed to contribute to the 2030 global targets for eye health, which were agreed upon during the 2021 World Health Assembly¹⁹. As members of IAPB, WHO SPECS and the Disability Health Equity Network, we align with their agendas and create synergies with other members of those networks to enhance impact.

15 The majority of this chapter is cited from: IAPB (2026): Climate Resilient, Gender Responsive Eye Care. See: <https://www.iapb.org/wp-content/uploads/2026/06/Gender-Climate-and-Eye-Health-Guidance-Accessible.pdf> [accessed: 30.9.2026]

16 Kumar et al. (2026): Neglected tropical diseases: recent trends and challenges associated with its rapid diagnosis and effective therapeutic strategies - PMC. <https://pmc.ncbi.nlm.nih.gov/articles/PMC12872868/> [accessed: 30.9.2026]

17 Romanello et al. (2021): the 2021 report of the Lancet Countdown on health and climate change: code red for a healthy future. See: <https://pubmed.ncbi.nlm.nih.gov/34687662/> [accessed: 30.9.2026]

18 IAPB (Online): About. See: <https://www.iapb.org/about/> [accessed: 2.10.2026]

19 IAPB (2021): World Health Assembly: Global Targets for 2030 - The International Agency for the Prevention of Blindness. See: <https://www.iapb.org/learn/resources/global-targets-for-2030/> [accessed: 2.10.2026]



The 2030 global target for refractive error aims for a 40% increase of effective refractive error coverage and a 30% increase of effective cataract surgery coverage by 2030²⁰. The WHO SPECS 2030 initiative supports member states in achieving this goal, aims for coordinated advocacy and envisions a world where everyone has access to quality, affordable and people-centred refractive services. The initiative calls for global action across strategic pillars to improve refractive error coverage²¹. These pillars are: improving access to refractive services, building capacity of personnel to provide refractive services, improving the education of the population, reducing the cost of refractive services and strengthening the surveillance as well as research.

A key moment for advocacy: The Global Eye Health Summit 2026

“The time for talking has passed. Now is the time for action“. With these words, Gaston Brown, the prime minister of Antigua and Barbuda, called on governments to engage in the first-ever Global Eye Health Summit²², which his government hosts on 2 November 2026²³.

The summit addresses the disconnect between existing medical solutions and the one billion people who still cannot access them, calls for global action to end avoidable sight loss by securing high-level commitments (policy goals, roadmaps and financing) from governments, NGOs, international institutions and the private sector to accelerate progress towards universal eye health coverage.

Our work

Light for the World's eye health work in Burkina Faso, Ethiopia, Mozambique and Uganda focuses on delivering comprehensive, people-centred services to hard-to-reach populations. We improve access to rare and complex eye disease services such as glaucoma treatment and work to eliminate eye health related NTDs. Together with governmental health structures, we fight three of the NTDs: trachoma, river blindness and lymphatic filariasis. Focusing especially on preventive treatment, we limit their spread through the provision of medicine, awareness-raising, case detection, case management and improved vector control²⁴.

20 WHO (2021): Integrated people-centred eye care, including preventable vision impairment and blindness. See: [https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74\(12\)-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74(12)-en.pdf) [accessed: 2.10.2026]

21 WHO (Online): SPECS 2030. Vision and Mission. See: <https://www.who.int/initiatives/specs-2030> [accessed: 2.10.2026]

22 Embassy of Antigua & Barbuda (2025): Prime Minister Gaston Browne Champions Universal Eye Health. See: <https://embassy.ag/dario-item-antigua-barbuda-prime-minister-gaston-browne-champions-universal-eye-health-announces-2026-global-summit-on-eye-health/> [accessed: 1.10.2026]

23 IAPB et al. (2026): Global Summit for Eye Health - Making the world see the value of vision. See: <https://globalsummitforeye-health.org/> [accessed: 2.10.2026]

24 Light for the World (Online): Neglected Tropical Eye Diseases. See: <https://www.light-for-the-world.org/our-work/eye-health/neglected-tropical-diseases/> [accessed: 2.10.2026]



We understand that the challenges of effective eye health coverage are not solely medical but intersectional and strongly related to socio-economic factors. Therefore, we aim for systems change. In working with partners and ministries in our programme countries, we avoid creating parallel structures. We contribute to strengthening sustainable eye health systems and integrating eye health, including mass drug administration, within local health policy frameworks, national health plans and universal health coverage plans.

Joining efforts with like-minded stakeholders and networks, we achieve maximum impact and advocate for global standards of safe and universal eye care. We implement all IAPB recommendations relevant to our portfolio in alignment with the six WHO Accelerators.

The key components of our eye health portfolio – fostering locally-led development – are:

- ▶ We build the **capacity of the national eye health workforce**.
- ▶ We enhance access through **outreach services** for underserved communities.
- ▶ We aim to **narrow the gender eye health gap** and to make quality care **accessible for persons with disabilities**.
- ▶ We **improve essential infrastructure** and the availability of equipment and supplies.
- ▶ We **strengthen eye health data** and evidence-based planning.
- ▶ We **support early identification, referral and management of eye conditions among children** by engaging with the broader health and education sector.
- ▶ We **advocate for guidelines and policies** supporting integrated, equitable and accessible eye care to ensure sustainable impact.

„1, 2, 3...I can see!“

All these key components are reflected in our **10-year flagship programme for child eye health “1, 2, 3...I can see!”**. The programme is implemented in Burkina Faso, Ethiopia, Mozambique and Uganda.

The programme's three main objectives are:

1. creating evidence-based policies for informed planning and governance for child eye health,
2. strengthening service provision for child eye health and
3. enabling the early identification and referral of eye problems among children through the involvement of other health actors, the community and, quite prominently, the education sector.

The school eye health component is an innovative approach to identify eye problems among children as soon as possible. It was successfully trialled in Uganda in 2015 and has since been replicated in other countries within the scope of “1, 2, 3...I can see!”. School eye health plays a pivotal role in the provision of eyeglasses to school children and in enabling them to seek critical medical eye treatments. This leads to reduced school drop-outs, improved education and better prospects.

We put people at the centre and aim to ensure that eye care is accessible, coordinated, and equitable. Light for the World collaborates with the ministries of health and education in Burkina Faso, Ethiopia, Mozambique and Uganda to ensure sustainable and comprehensive access to eye care.

By December 2025, halfway through the programme,



AT LEAST
1.4 million
girls and boys
had been screened for visual
impairment



16,500
girls, boys and
teachers have
received
spectacles



OVER
6,200
girls and boys
have received
surgical care



OVER
2,000
general health
workers and community
health workers have
been upskilled.

Furthermore, together with partners, Light for the World sparked systems change²⁵:

- ▶ Child eye health has been integrated into the Eye Health Strategic Plans of the health ministries in four countries.
- ▶ In Mozambique, child eye health and school eye health are integrated in the provincial health and education plans.
- ▶ The national health information and monitoring systems of three countries have been amended with (additional) eye health indicators or crucial disaggregation factors, such as age and disability.
- ▶ The first National Eye Health Programme has been created within the Ministry of Health in Burkina Faso.

²⁵ Minihuber, K., Pastori Curbelo, N. & Tsehaye, M. (2025): Evaluation of Light for the World's Country Strategies for Burkina Faso, Ethiopia, Kenya, Mozambique, South Sudan and Uganda, 2021 to 2025. Final evaluation report, November 2025. Internal document, Light for the World

- ▶ A teachers' eye health training has been integrated into the National Teacher Curriculum in Uganda.
- ▶ In Ethiopia, the Ministry of Health began including spectacles and essential eye health medicines on the national essential drug list with duty-free import status.

Recommendations

Eye health is a key component of public health and is crucial for social and economic development. Therefore, governments, international organisations and development actors should:

- ▶ Increase public awareness and make an active commitment to support eye health
- ▶ Invest Official Development Aid (ODA) in eye health programmes and provide multi-year funding to enable sustainable results
- ▶ Support initiatives of the WHO in eye health such as the Global SPECS Network initiative
- ▶ Ensure that eye care services are gender-responsive and disability inclusive, e.g. by reducing social and physical barriers
- ▶ Strengthen people-centred health systems by investing in eye health personnel and enhancing rights-based health policies and strategies
- ▶ Focus on making eye health services accessible to disadvantaged groups and in underserved regions
- ▶ Foster the integration of eye health into primary health care and other relevant sectors, e.g. integrating child eye health into school health programmes
- ▶ Strengthen and disaggregate statistical data on eye health





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