

The Changing Times

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The game-changing tech innovations that are revolutionising eye health

Investing in eye health will transform global development

Eye health interventions are a 'best buy' in global health that can help to address inequality and achieve the global Sustainable Development Goals, according to research by the International Agency for the Prevention of Blindness.

The research shows that investing USD\$7 billion in eye health projects in low and middle income countries between 2026 and 2030 could deliver USD\$199 billion in economic benefits, a return of \$28 for every \$1 spent.

But despite being both cost-efficient and effective, investment in eye health is one of the most overlooked areas in global health spending.

"Eye health remains neglected in global health financing, despite clear evidence that investing in this area delivers powerful social and economic returns," said Rasak Adekoya, Sightsavers' global technical lead for inclusive finance. "Addressing this funding gap is critical to drive global progress and make sure no one is left behind."



Eye screening is vital to ensure patients can be diagnosed quickly. ©Sightsavers/Malumbo Simwaka



In Nigeria, ophthalmic nurses Moses and Rachel test patients' vision and refer them for treatment. Swift intervention means patients can return to school or work as soon as possible. ©Sightsavers/Nelson Owoicho

More than one billion people worldwide have a preventable or treatable vision impairment, caused by conditions including cataracts, glaucoma, trachoma and refractive error. The consequences affect education systems, labour markets and national economies.

For children, vision issues can make reading difficult, reduce concentration and undermine confidence. Uncorrected vision problems are also linked to lower educational achievement and higher dropout rates, particularly in low income areas where support services are limited.

The economic argument becomes even clearer in adulthood. Vision impairment is estimated to cost the global economy hundreds of billions of dollars each year in lost productivity, according to the

World Health Organization. For people working in agriculture, manufacturing or the informal sector, sight loss can mean an abrupt end to their livelihood.

In contrast, restoring vision with cataract surgery or glasses can

“ Investing in eye health could deliver a return of \$28 for every \$1 spent

enable people to return to work almost immediately. The benefits extend beyond individuals by reducing the need for unpaid care, which is often provided by women and girls, and increasing household income and stability.

Meanwhile, school-based eye health programmes for children, which combine eye screening, glasses and referral for treatment, have been shown to improve attendance and learning outcomes at relatively low cost.

"Eye health has a ripple effect that improves gender equity, education, and economic and health outcomes," said Fiona Lawless, policy adviser at Sightsavers. "The benefits of investing in eye care for individuals and communities are significant.

"If the world's eye care needs were met, the impact would be astounding. With the right investment, we can incorporate eye health into universal health coverage planning, processes and budgeting, to make sure that eye care is equitable and accessible for everyone."

Eye care and universal health coverage: why we can't afford to lose momentum



By Sumrana Yasmin
Sightsavers' technical director for inclusive health

Momentum matters. In global health, moments of convergence – where evidence, advocacy and political attention align – are rare and precious.

We are living through one such moment for eye care. There have been recent gains in recognition, including a growing eye health presence in universal health coverage discussions, and greater

visibility at global forums. This signals a long-awaited shift: access to eye care is no longer a 'nice to have', but a health system essential.

This matters because the need is immense and urgent. Preventable and treatable vision impairment continues to affect hundreds of millions of people worldwide, undermining education, livelihoods, gender equity and economic growth. When global leaders gather to reaffirm commitments to universal health coverage, eye care is increasingly part of the conversation – and that is progress worth protecting. But momentum, if not harnessed, dissipates quickly.

The Global Summit for Eye Health, which is being held in November 2026, is dedicated to securing high-level commitments from governments and other stakeholders to prioritise eye health within their agendas. It will focus on galvanising political leadership, mobilising resources and finances to deliver transformational change, and securing an

eye health roadmap and accountability framework.

The moment is here. We must commit to integrating comprehensive eye care into national universal health coverage benefit packages for prevention, treatment and rehabilitation. This means financing essential services, strengthening the eye health

“ The next phase is about delivery at scale – shifting from projects to system-wide solutions

workforce, investing in primary eye care and embedding robust data systems to track who is being reached and who is being left behind.

These commitments must prioritise equity and ensure women, people with disabilities, older people and those living in hard-to-reach settings are at the centre – not at the margins – of eye health planning.

We know that turning

these commitments into actions requires discipline and accountability. The road to 2030, and beyond, demands clear national roadmaps with measurable milestones, budget lines and reporting mechanisms. Ministries of health, education, finance and social welfare must work together, recognising that eye health is not only a health system issue, but also one where investment in the sector will benefit development more broadly.

The next phase is about delivery at scale. It is about shifting from projects to system-wide solutions, from short-term campaigns to sustained services. It is also about resilience; ensuring eye care continues during crises, from pandemics to climate-related shocks. As we look past 2030, eye health must be embedded in conversations about healthy ageing, non-communicable diseases and inclusive economies.

This is where Sightsavers fits in. Across Africa and Asia, we work with governments to integrate eye care into health systems, expand the eye health workforce, generate robust evidence and strengthen data for decision-making. From supporting the inclusion of eye care in national health insurance schemes to training community health workers to deliver basic eye services and championing disability inclusion and gender equity in eye care, Sightsavers helps to translate global ambition into national action, and national action into community impact.

Ultimately, eye health is inseparable from global health and from development itself. Good vision underpins everything from learning, productivity and road safety through to wellbeing and dignity. It enables children to thrive in school, adults to earn a living and older people to remain independent.

Universal health coverage is a promise: that everyone, everywhere, can access the care they need without hardship. If we are serious about that promise, we must see eye care clearly: not as an add-on, but as an integral part of healthier, more equitable societies.



In Nigeria, Sightsavers programme officers Barbara Marok (left) and Habibu Bawa help 11-year-old Zainab to try on her new glasses, which will help her see the blackboard clearly at school © Sightsavers/KC Nwakalor

Equal World?
 Not a question. A right.

#EqualWorld

Charity Film Awards Finalist 2025

Orion IFF Finalist 2025

★★★★★

“The most powerful testament of what young people with disabilities want to bring into the global agenda”

Dr Felipe Paullier, United Nations Assistant Secretary-General for Youth Affairs




Profile: Basiru Bah

Occupation: Political science graduate, law student, disability activist and global youth champion for Sightsavers’ Equal World campaign

Lives: Freetown, Sierra Leone

How have you been involved with disability advocacy over the years?

I have been involved in advocacy since I was in primary school. When I went to secondary school, Sightsavers supported our school with materials [for students with visual impairments]. I have not stopped. Now, I am a global youth champion for Sightsavers Equal World campaign, which calls on governments and global leaders to uphold disability rights and commit to disability-inclusive development.

What is one of your proudest achievements?

With other partners and agencies, I led the advocacy for the Sustainable Development Goals to be transcribed into braille. I engaged with the government, the UN system and partners including Sightsavers. And today, we have the SDGs in braille, which gives access to visually impaired people so they can read and understand what is in the SDGs and how they’ll be able to benefit from it.

How important do you think access to eye care is for people with and without disabilities?

Access to eye care is absolutely critical, whether someone has a disability or not. A large

percentage of blindness here in Sierra Leone can be prevented, and cataracts alone cause a huge portion of it. The workforce gap is what really stands out for me: there are only a few eye care professionals for more than eight million people. This isn’t just a health issue. When people can’t see clearly, it directly hits their ability to work, go to school, and participate in their communities. Uncorrected vision problems can push someone out of jobs that require detailed sight, which keeps families stuck in poverty. So improving access feels like one of the most direct ways to tackle poverty and exclusion, and foster national development.

What do you think needs to happen to create a fairer society for people with visual impairment and other disabilities?

I want to see young people with disabilities fully understand their rights and responsibilities, and be active enough to be able to demand their rights: access to quality education, employment, decent jobs and better health care facilities. Perhaps more importantly for young people with disabilities, they should be part of decision-making. As young people, we should contribute to ensure that the world is a better place for all of us.

Today’s word search

We’ve hidden 12 words in the puzzle grid below. Can you find them all?

L	G	V	S	T	A	E	E	G	S	H	T	H	R
E	A	V	U	C	G	R	Q	L	L	T	C	X	Y
E	K	I	C	T	D	U	U	N	O	I	S	I	V
S	Y	E	T	Z	E	T	I	I	B	N	I	T	P
L	S	U	C	N	L	U	T	O	O	H	A	C	R
S	D	X	J	T	E	F	Y	I	B	W	B	T	O
E	U	S	I	G	H	T	S	A	V	E	R	S	T
Q	Y	Z	Q	J	L	U	O	N	L	E	C	H	E
N	D	E	V	W	L	J	R	P	A	X	R	L	C
O	I	U	S	C	Y	Q	L	T	X	F	I	S	T
I	M	J	N	I	E	S	M	Y	F	H	G	N	Z
T	M	I	U	S	G	E	Y	I	S	Y	H	N	P
C	F	M	E	G	N	H	R	D	N	D	T	D	K
A	A	F	Z	T	D	G	T	N	G	M	S	F	J

- Access
- Equity
- Eyesight
- Future
- Inclusion
- Potential
- Protect
- Sightsavers
- Treatment
- Vision
- Rights
- Action

On the road to clear vision: the innovative project supporting Kenyan truck drivers

Truck drivers in Kenya often struggle to get eye treatment because of limited awareness and high costs. Despite legal requirements for medical assessments when they renew their licence, many drivers don't have regular vision checks, posing risks to road safety. To address this, Sightsavers hosts free eye care and roadside screening in towns along major routes for long-distance drivers and members of the local community.



Driver Henry came to the screening because he'd been getting pain in one eye. "The eye started to hurt like there was dust in it," he says. "It even caused a headache on one side. I wanted to go to Tanzania to have my eyes examined, but I did not have the money."



Long-distance driver Emmanuel had his eyes tested after a health worker from the project explained the service was free. He had previously had issues with his eyes becoming red and swollen, but had never had his eyes tested.



Henry hopes the glasses he was given at the screening will help. "The people who examined me told me to take care of the other eye too: it should not be strained," he says. "Even when I want to drive for 24 hours, I must rest to give the eye time, as it's the only one functioning."



Moses has been driving for 20 years, often for 14 hours a day, but had never had his eyes tested before coming to the screening camp. "I decided to come because I have had some eye problems," he said.



Reading and bright light, explained Moses, made his eyes feel strained and tired. He was happy to be prescribed reading glasses and distance glasses, saying: "They will definitely help me a lot!"



At the screening, Emmanuel was prescribed medication and referred for further review at Bungoma County Hospital. He returned to his truck, ready for the long drive from Bungoma County to Kampala, Uganda.



Patrick, a cataract surgeon and clinical officer, explains that screenings are held at a popular rest stop and that people getting a good service will help spread the word. "Next time, we expect numbers to be higher," he says.



Health coordinator Humphrey says many drivers are over 40 years old and need regular eye tests. "This helps our community members access quality eye care services... It's an opportunity we cannot let go."



Hesbon works as a community health volunteer in Bungoma County, visiting people in their homes to identify signs of illness and referring them for diagnosis and treatment. "I work in the community and I know the difficulties people in the community come through," he says. "We are doing [the screening] here in the community and not in a clinic so all people in the area can come. Today we've seen between 20 and 25 drivers."

“We’ve seen a transformation!”

Kajwang is a teacher who was trained as part of a Sightsavers project in Kenya to check his students for eye conditions and refer them for treatment where needed. The positive difference this has made is immeasurable. Here, he describes the training and the impact it’s had on his students – but also on his teaching.

“The objective of the training was to equip us teachers with skills that we could use to identify visual impairment among our students. We were taught how to screen for impairments and refer students to the specialists. Before this I had no clue at all, I was just a teacher who came to school and taught and went home. I couldn’t tell if a student was struggling in class with sight, but after the training I can now easily identify sight challenges in class.

“There was a student of mine, Patrick. He used to sit at the back... he would rarely participate in class. He was always just silent. I called him to the office and asked what the problem was: he said that he didn’t have a problem.

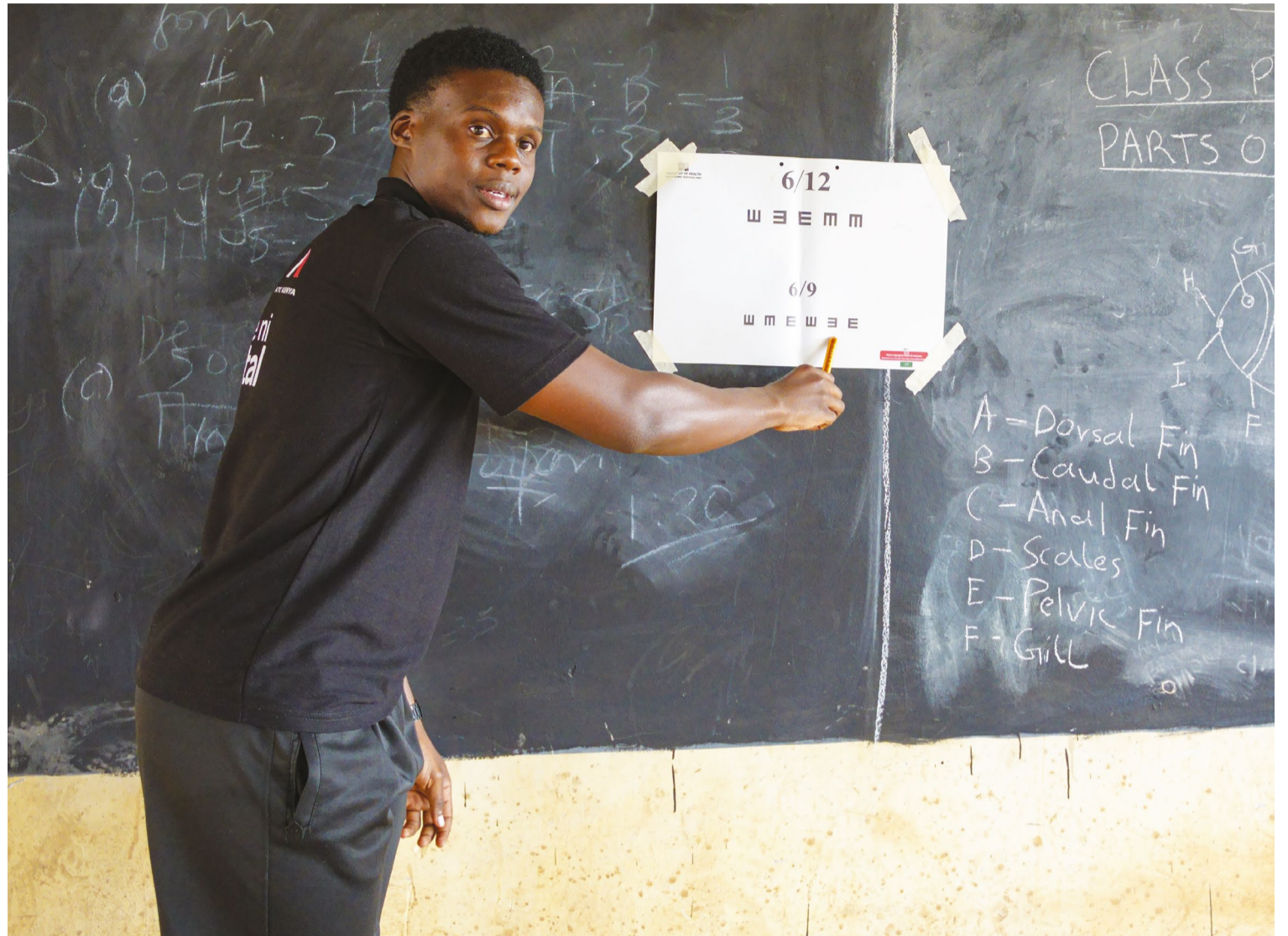
“I tried bringing him to the front of the class, not because he had an issue with his eyes, but I assumed maybe he was just being lazy at the back. When he came, I noticed that he was squinting. And now I’ve had the training, I realised that he has a problem. So we helped Patrick; we sent him for referral.

“When he came back, he could answer questions. He was active. At first I thought he was a slow reader, but he’s actually a very good reader. And he comes and tells you... he’s so appreciative: ‘You guys helped me and I’m now feeling better, I’m performing better.’ That for me

“The project made sure that these students were treated, and their self-esteem rose significantly

is so satisfying. It gives me hope for these kids in school and their future too.

“As a teacher, it is very motivating. You wake up every day and you’re motivated



Kajwang now carries out eye tests in his classroom, to identify students that need treatment. © Sightsavers

Patrick and his classmates share the difference the project has made for them

“Before I received help, sometimes I stayed at home because I couldn’t see well in class. I used to struggle even to write. They used to dictate to me. I couldn’t even see the board well. Now I feel confident because I can see properly. I feel that I can achieve the things that other students can achieve. I feel great. I feel like my future is opening up.” **Patrick**

“I was afraid... Sometimes I used to cry as I couldn’t see, and my parents didn’t have the money. When I got the glasses, I felt happy. I could see my friends playing, and I could play with them. I could read my books. I could do my studies and sing better than before, unlike the time when I just stayed at home... I am proud of myself for making a bright future.” **Joy**

“Before I got my glasses, I couldn’t read well. My eyes would get watery and itchy whenever I read. But when I got the glasses, I was able to study well. My eyes don’t get itchy, and I can see the blackboards much better than before. Now I want to be an eye doctor: I don’t want people who come after me to go through the same thing. I want to help them.” **Nicole**

to come to school because you think: ‘Patrick is going to look at me, at the blackboard, and see without any difficulty.’

“Most of these kids come from very poor backgrounds. They will go to the hospital and they’ll be given a quotation for a bill they will never afford. So they go home and they’re frustrated: they can’t concentrate in class and it’s now bringing them down. But the project made sure that these students were treated, and their self-esteem rose significantly. And some who couldn’t even concentrate in class can now concentrate.

“This will ensure that their future is safeguarded. They can now

work towards getting good grades. When I came to school, some didn’t even have ambition, but now that they can read excellently, some even want to be opticians.

“A lot of people are benefiting. For us teachers, who are mingling with the kids at personal level, we’ve seen a transformation. We’ve seen the impact, we’ve seen how these kids are carrying on after treatment and it is so motivating. These kids are full of hope these days. They have a lot of potential.

“Today I can do more than just teaching class. I can help a student. I can identify sight problems. And that for me is a beautiful thing.”

Join our campaign

Learn how to get involved:
sightsavers.org/campaigns



Time for change: how to improve eye care access for women and girls

In many countries, women and girls face significant barriers to healthcare in general, and eye care in particular. They may be unable to travel because of caregiving responsibilities, because they need a male chaperone, or because of a lack of money and transport options. By targeting women and girls with initiatives that make services more affordable and accessible, we can provide access to eye care for everyone who needs it.

1 Data collection

You cannot start to solve a problem without knowing it exists – or how big it is. Gathering and analysing data by gender is necessary so we can see if there are any differences between access to eye care services for women and men (or girls and boys), in areas such as cataract surgery or refractive error screening, and how great those differences are.

2 Consult with key groups

To understand what is preventing women and girls from accessing eye care services, and how to overcome these barriers, you will need to speak with them – either individually, through conversations, or collectively, through focus group discussions. Ask why they think women are not accessing eye health services, and what they think will make things better.

3 Finding solutions

Specific barriers need specific solutions, which should be developed in conjunction with the communities involved. Women – and women leaders – must be at the heart of these discussions, but we also need to involve cultural and religious leaders to ensure that actions taken are appropriate for and acceptable to everyone in the community.

4 Educate health workers

Many of your colleagues may not grasp the depth of inequities women and girls experience, or how these can affect access to healthcare. Try hosting an information session to share examples and brainstorm actionable solutions, conducting training to create awareness of traditional gender roles and expectations, and co-creating solutions to the barriers you have identified.

5 Address cultural and gender expectations

Ingrained cultural and gender expectations can be more complex to address, but eye care professionals are trusted members of the community and can speak with community and religious leaders about the need for women to have access to eye care. It can be helpful to work together with other health professionals, for example maternal and child health workers.



To ensure equitable access to eye care, it's vital to understand what stops women from accessing services. © Sightsavers/Thoko Chikondi

6 To support better outcomes, include men

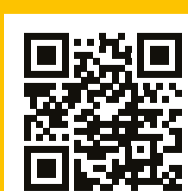
Messages aimed at men – about the importance of women's access to eye care, and the benefits of this – help challenge patriarchal norms in some societies. This can include messages about the need to provide money and other support for female family members to access eye care services, as well as messages about the need for men to perform domestic duties and take over caring responsibilities so that women can travel to receive eye care and have time to recover after surgery.

To read the full article, search 'Improving access to eye care for women and girls' at www.cehjournal.org

We start with sight,
but **we don't stop there**

Protecting sight | Preventing disease | Fighting for inclusion

Learn more:



Sightsavers

How technology can transform eye health

Technology-based and artificial intelligence-assisted solutions for eye care, using smartphone-based platforms and other tools, are having a huge impact in the countries where Sightsavers works. **Dorothy Yator** and **Hortance Manjo** explain how three pioneering innovations are changing health provision and helping to reduce inequality.

Dorothy Yator, based in Kenya, is Sightsavers' programme officer for the Focus on Clear Vision project, funded by Bloomberg.

"Peek Vision is one of the platforms that we're currently using for screening, data collection and tracking referral pathways, adapting the technology based on the need and programme approach. The good thing about this technology is that it enables us to have real-time numbers; to know how to plan and adapt our programming. For example, it tells us that this week we've screened 3,000 people. Of those 3,000, it will segregate the key eye conditions. When we have our review meetings with the county eye coordination team, they learn that this is what we want to put in our strategic plan when it comes to eye care support.

"When we're reviewing these statistics at schools, as part of integrated school eye health projects, the data collected tells stakeholders about the key conditions affecting children. Are they battling bacterial conjunctivitis? Do they have dry eye syndrome? Do they have allergies? It also gives us a new way to see where we need to focus our efforts. So it gives us that real-time prompt.

"It generates information for our reports. This means we can see everything at a click – data from the system supports rapid decision-making, allowing eye care services to be adjusted to address the specific conditions identified among children screened in schools and communities. It also supports health facilities to input and store data. It makes their work even easier, so they can showcase the contribution of the programme.

"The community health promoters and the teachers are really enjoying it. The digital data collection tool makes it easier for service providers to capture and analyse information, as well as manage referrals, compared to



A handheld autorefractor is used to check student Abubakar's eyes at his school in Kebbi, northern Nigeria. © Peek Vision

the manual system. The project is aligning what they're doing with the health management information system.

"Initially, the community health promoters were nervous about using the Peek app, but through training and regular use, they gained confidence. They are now able to screen clients in the community, enter patient data into the system and refer patients to facility-level staff. This means doctors or ophthalmic clinical officers at the next level of care can access the data entered by the health promoters and build up a continuous history of the patient.

"My hope is to have eye care integrated into primary healthcare. I'm looking forward to a future where a person can easily walk into a dispensary and get eye health services without incurring cost, even travelling to other counties to access eye

“ We can see everything at a click – the data supports rapid decision-making and allows services to be adjusted to real needs

care. I'm also looking forward to having this well embedded in the normal structure all the way from community to primary, secondary and tertiary levels. And it's something I'm seeing. It's slowly picking up. I believe, by the time we do our annual reviews, we'll be able to see some good changes.”

Hortance Manjo is Sightsavers' global technical lead for uncorrected refractive error, and is based in Cameroon.

"The **Oui Inc Smart Eye Camera** is a smartphone-enabled diagnostic tool that allows both the front and back of the eye to be examined, helping to detect conditions including cataracts, glaucoma and diabetic retinopathy at early stages. This technology improves the reach, efficiency and quality of eye health service delivery in outreach and low-resource areas.

"The camera's portability and reliance on smartphone power make it well suited for outreach clinics. High-quality image capture enables the images to be reviewed remotely by specialist teleophthalmologists. This reduces unnecessary referrals and patient travel. This has already been demonstrated in Liberia, where teams have used it to reach people who would

otherwise face significant barriers to accessing eye care. Pilot testing is generating evidence on accuracy, user experience and system-wide benefits, supporting more efficient use of the eye care workforce and the chance to scale up the approach.

"**QuickSee** is a lightweight, handheld refractive device that helps to provide better vision and eye health services. It enables fast, accurate glasses prescriptions to be provided without the need for bulky clinical equipment. In Sierra Leone, it has been used as part of a pilot project, allowing trained pharmacists and primary health workers to safely and efficiently provide basic refraction services.

"When used by trained staff, QuickSee speeds up screening and diagnostic workflows, ensuring more efficient use of

“ The camera's portability and reliance on smartphone power make it well suited for outreach clinics in low-resource areas

clinical time. Its portability and ability to generate prescriptions in seconds enable services to be delivered closer to communities. This means less reliance on specialist staff, fewer travel barriers and shorter waiting times; and contributes to a more flexible and expanded eye care workforce in under-resourced areas.

"We believe that innovative use of technology, such as artificial intelligence, digital health information systems, telemedicine and mobile health (mHealth) will help us address the barriers to access and uptake of vision and eye care services, enabling these services to be scaled up at a much faster pace.”

