Presbyopia Q&A / FAQ

While RE correction is much needed, how do we keep the approach comprehensive? Or should they take parallel approaches. What types of evidence are most needed to support policy shifts towards providing presbyopia correction at the point of screening, including OTC models in the LMICs?

Multiple strategies and channels – for both screening and distribution – are needed to ensure people have access. The more varied the channels, the greater the opportunities to provide people who have diverse needs with near-vision spectacles.

Looking specifically at RE correction via over-the-counter access, concerns around safety, quality and referral pathways are valid, but all of these are manageable concerns. Over-the-counter can be linked with referral pathways, and provides an opportunity to allow for inclusion of quality checks, standards and regulations. Through partners, we are finding that the provision of reading glasses closer to communities actually leads to more uptake in additional eye care services. Having simple education points/messages at the point-of-sale can go a long way in helping people understand what to do if the glasses do not meet their needs and where to go for additional services.

At a strategic level, presbyopia, which is embedded in the WHO SPECS 2030 initiative (bit.ly/4ohy2hu), is seen as a potential 'quick win' to help accelerate progress toward the global eREC targets. This is because ready-made near-vision spectacles have lower product costs, require only basic workforce competencies, and can be supplied through simpler procurement processes using standard strengths that can be stocked in bulk. This creates a major opportunity to integrate services within community and primary care settings.

Take a look at the following articles for more evidence and information around why providing glasses at the point of screening and OTC is a great way to improve access and help address uncorrected presbyopia at scale: "Over-the-counter provision of near-vision spectacles: opportunities to grow": https://cehjournal.org/articles/10.56920/cehj.896 & "Expanding access to near-vision correction services: WHO targets, tools, and initiatives": https://cehjournal.org/articles/10.56920/cehj.892

In terms of accessibility/availability to presbyopia glasses, each country is different. success in one may be a challenge in other especially the trade related problems. In most countries integration into public systems would be ideal but takes time. What single strategy would you advice for availability and accessibility, specially for low resource countries?

The first article of the issue by WHO notes that while countries can take many approaches to improving access, two key steps with the greatest potential impact are over the counter access and integration within primary and community health care.

Looking at the key lessons and recommendations from the programme in rural areas, what is the best approach/strategy to set up such programmes in other rural areas where there is no current eye care delivery? How would such new initiatives, and the data they generate, integrate with existing programmes?

There is no one-size-fits all solution. Screening and distribution can be supported through multiple channels to ensure everyone has access: over the counter, via existing health channels (e.g. community and primary health workers), and through innovative channels. It is often helpful to bundle it into other delivery channels or time it to align where folks gather (example: community health workers kits, provide it on market days or at a religious institution where folks gather etc.). Partner case studies can be found https://cehjournal.org/articles/10.56920/cehj.894 & https://cehjournal.org/articles/10.56920/cehj.897

In Nigeria, did individuals pay for the reading glasses or were they provided free? Was a range of glasses on offer - different colours, models etc?
The glasses were provided for free through public health systems and community outreaches, with a few (e.g. black and brown) color options at the various diopters. More about the work can be found here:
https://www.clintonhealthaccess.org/news/nigeria-expands-presidential-eye-health-initiative-to-reach-another-one-million-people-across-21-states-in-2026/
Reading glasses are also being sold via pharmacies / PPMVs in Nigeria in support of creating a sustainable, cost effective access point.

Certain governments do not allow dispensing glasses through non-medical channels like pharmacy. Do you have any successful models where such issues are effectively addressed?
Over 40 countries have made eyeglasses OTC but for those that have not, it is worth looking at IAPBs work and global eye health summit to support eye health country level commitments, Vital Strategy's work on policy, WHO's tools, and the following articles to help provide evidence to support the case for changing policy: https://cehjournal.org/110/volume/38/issue/129
WHO's article within the issue: https://cehjournal.org/articles/10.56920/cehj.892

How about adding social protection mechanisms? Local CSR? Philanthropy?
The issue has a few other articles that focus on this, including the role of philanthropy to help us get to that 'tipping point' of reaching normalized use of glasses + sustainable models. Linking them here: https://cehjournal.org/articles/10.56920/cehj.904 & https://cehjournal.org/articles/10.56920/cehj.899. Additionally, governments are looking at various social protection mechanisms. For example, in Peru, Pensión 65, the Solidarity Assistance Program of Peru's Ministry of Development and Social Inclusion, launched a nationwide initiative that offers vision screening and free near-vision spectacles to

socioeconomically vulnerable older adults. Read more here: https://cehjournal.org/articles/10.56920/cehj.897

How is the distance refractive error, which needs to be corrected prior to presbyopia correction being managed? Who is responsible for providing the refraction service? What was the challenge in handling this?

Distribution points can be opportunities to inform and educate members of the public about the importance of regular eye examinations and direct them to other eye health services for additional care. This improves access to effective distance refractive correction, cataract surgery, and treatment for more complex eye problems.

- WHO notes that community health workers and primary health workers, as part of an integrated, competency- based refractive error team, can be safely trained to screen for near-vision impairment and provide ready-made near-vision spectacles. WHO recommends that, at a minimum, distance and near-vision screening and an external eye health screen is undertaken. If the distance-vision and eye health screen are passed, and only the near-vision screen is failed, near-vision spectacles can be trialled and dispensed. If there are any issues with their distance vision or eye health, or if near-vision spectacles do not improve their near vision, the person should be referred for a full eye examination. The full protocol is given in the WHO Vision and eye health screening implementation handbook (bit.ly/fh4Y6ad).
- The WHO also recommends national strategies to align over-the-counter provision with broader health system planning in eye care, including the workforce, delivery models, and supply chains, to ensure referral pathways are in place for individuals whose vision does not improve with these devices. A broader range of accessible providers, such as pharmacists and trained retail personnel, can support over-the-counter provision by offering vision and eye health screening and helping people choose appropriate strengths, supported by clear user instructions and health education materials that promote safe self-selection and indicate when further eye examination is needed.

What is the average cost of correction glasses, and given the level of poverty in Africa I strongly believe there will still be many people who cannot affords these vital instruments. How can we reach those many people in rural areas who cannot afford them?

There is a global movement to provide reading glasses through many channels (health centers, CHWs, pharmacies etc.) that are free, at cost, and with a margin. Please see more about the various approaches to reach those in need here: https://cehjournal.org/articles/10.56920/cehj.900

Concern: How community health workers if empowered to assess and distribute reading spectacles will address the blinding related stigma associated with using spectacles

Normalizing use of any health commodity takes time and the right messaging / marking. There is great research on how new products enter market and become normalized over time, and how we can do the same for reading glasses: https://cehjournal.org/articles/10.56920/cehj.899

Pakistan does not appear to be on the map of participating countries. What is the procedure to get enrolled in this very important mission?

For SPECS 2030: Individuals who are involved in the provision and/or coordination of eye care are encouraged to advocate for the need to strengthen the provision of refractive services at all levels of the health system. To support this, a series of specific technical resources are available on the WHO SPECS 2030 website (www.who.int/initiatives/specs-2030). Additional resources will be added throughout 2024 and 2025. Prof. Asad Khan (former national eye care coordinator) from Pakistan is appointed to the Strategic and Technical Advisory Group (STAG) for SPECS 2030.

Organisations and institutions can apply to become members of the Global SPECS Network. Further information regarding the eligibility criteria and how to apply can be found on the Global SPECS Network webpage (www.who.int/initiatives/specs-2030/global-specs-network).

Finally, private sector representatives are encouraged to join the SPECS Private Sector Dialogues.

For more information, please contact the WHO Vision and Eye Care Programme (vision@who.int).

Given that the glasses are currently provided for free through public health systems, what strategies are in place to transition toward a sustainable model that can maintain access once external support reduces?
In most markets we and our partners are working on providing glasses through public and private sector access points at a low cost. There is great research on how new products enter market and become normalized over time and how we can do the same for reading glasses: https://cehjournal.org/articles/10.56920/cehj.899

Despite the low cost and simplicity of ready made reading glasses, access remains limited at scale in low income countries. what is the core constraint? is it supply chain inefficiency, or underestimating demand side barriers as awareness, need and willingness to pay?
There are a number of reasons, including limited access to eye health services, regulatory barriers, social or cultural norms (i.e., around ageing), lack of awareness of presbyopia, or competition with daily survival needs, among others. Removing regulatory barriers, strengthening supply chains, and increasing access points are all essential to support the normalisation and adoption of near-vision spectacles at scale.

For Oteri Okolo: Do you assess the impact after distribution...Like side effects, attitude change...etc ...And your experience on sustainability issues (Where are Resource sources?)

Following Phase I, we are already seeing states take steps to sustain programming locally, including allocating their own budget lines and hiring staff for presbyopia programming. CHAI is currently undergoing a qualitative assessment to better understand the impacts of the programming and working on a "playbook" of lessons learned from the Nigeria model.

FAQ

Why is presbyopia such a significant global eye health challenge?
Presbyopia is an age-related reduction in the eye's ability to focus on near objects (accommodation), and it affects nearly everyone aged 40 years or above. However, despite the scale, access to near-vision spectacles is limited, particularly in low- and middle-income countries, and it remains one of the most neglected global health and development issues.

How many people are affected by presbyopia, and what proportion currently lack access to correction?
1.8 billion people have presbyopia, and nearly half of them (as many as 826 million people) do not have access to optical correction (bit.ly/wrvision).

How affordable are reading glasses, and why does access remain limited despite low production costs? What are the main barriers preventing people from accessing near-vision spectacles?
Ready- made near-vision spectacles are a simple and accessible intervention that cost less than USD 1 to manufacture and can dramatically improve vision, and are often sold around 3-5 USD in high-income countries. However, access to near-vision spectacles remains limited in low- and middle-income countries, often causing costs of glasses to skyrocket. Barriers to access include limited access to eye health services, regulatory barriers around the provision of glasses, high import costs/duties, social or cultural norms (i.e., around ageing), lack of awareness of presbyopia, or competition with daily survival needs, among others.

What solutions or delivery models can improve access to reading glasses globally?
Removing regulatory barriers, strengthening supply chains, and increasing access points are all essential to support the normalisation and adoption of near-vision spectacles at scale. Philanthropy can play a massive role in supporting this push, as well. There are a number of delivery models that can improve access (e.g., community-based delivery, via healthcare workers). Some of these are highlighted in the partner case studies:
https://cehjournal.org/articles/10.56920/cehj.894 &
https://cehjournal.org/articles/10.56920/cehj.897

What is the SPECS initiative and how is it helping to improve near vision provision?
WHO SPECS 2030 envisions a world in which everyone who needs a refractive error intervention has access to quality, affordable and people-centred refractive error services. The WHO SPECS 2030 initiative has the mission to support Member States with the achievement of the Seventy-fourth World Health Assembly endorsed 2030 target on effective refractive error coverage. Specifically, the global target is to increase the percentage of people with access to

appropriate spectacles (known as effective coverage of refractive error, or eREC), by 40 percentage points by 2030.

The WHO SPECS 2030 initiative provides a global framework for improving refractive error coverage. Within this, presbyopia is seen as a potential 'quick win' to help accelerate progress toward the global eREC targets. (This is because ready-made near-vision spectacles have lower product costs, require only basic workforce competencies, and can be supplied through simpler procurement processes using standard strengths that can be stocked in bulk. This creates a major opportunity to integrate services within community and primary care settings.) Read a brief about the SPECS 2030 here & access the website: bit.ly/4ohy2hu.

What can services and programmes do about the over-the-counter regulations in their own country/region? What can people do to advocate for change?

Individuals who are involved in the provision and/or coordination of eye care are encouraged to advocate for the need to strengthen the provision of refractive services at all levels of the health system. To support this, a series of specific technical resources are available on the WHO SPECS 2030 website (www.who.int/initiatives/specs-2030).

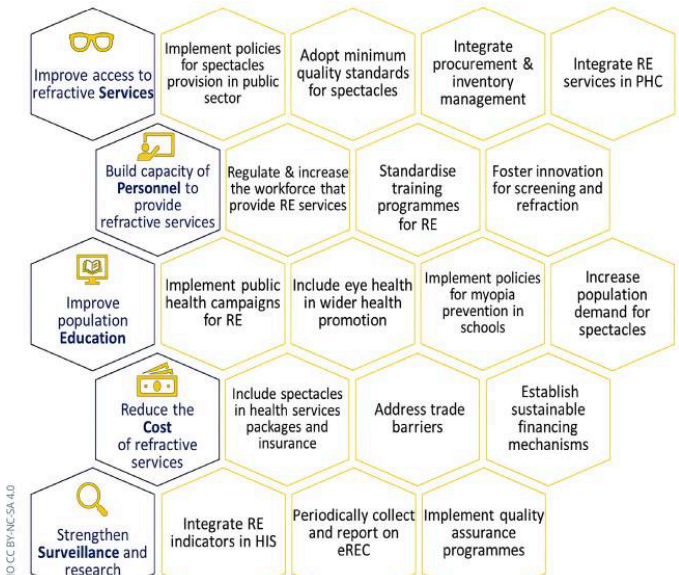
Reach out to your country's national eye coordinator to ask how your country is supporting the SPECS 2030 framework, and collaborate with organisations and partners already working in your country in eye health care.

Take a looking at IAPBs work and Global Summit for Eye Health to support eye health country level commitments, Vital Strategy's work on policy, WHO's tools, and the following articles to help provide evidence to support the case for changing policy: https://cehjournal.org/articles/10.56920/cehj.896, https://cehjournal.org/articles/10.56920/cehj.892.

Share evidence, including from this journal issue, that over-the-counter distribution improves access and can be an opportunity to educate and drive up eye care-seeking behaviours. Furthermore, building the case from not only a health equity perspective, but also an economic and livelihoods perspective, can be powerful. The journal issue features a number of data points on productivity loss and other impacts from uncorrected near-vision.

Is a specific or comprehensive approach better for improving access to near vision glasses?

To meet the substantial need in low- and middle-income countries, it is crucial to make ready-made near-vision spectacles accessible



and as close as possible to people's homes.

As a policy maker, there are multiple pathways that support improved access, including improving access to eye care services and reading glasses access points, increasing awareness and education, reducing the cost of services, removing regulatory barriers, and strengthening supply chains, among others (see SPECS targets and desired outcomes image, right). Some of the "quickest wins" include integrating distribution into community and primary health care and making them available over-the-counter.

Individual partner and programmatic approaches–whether embedding into existing programmes, utilizing trusted local networks (such as churches and mosques), or bringing the glasses as close to communities as possible (including at their homes and workplaces–are all important measures towards the aim of improving access to near-vision glasses and normalizing them in communities.

What role does data generation and tracking play? Where is data currently being collected/analysed?

Achieving the SPECS 2030 target requires measuring "effective refractive error coverage." Country-level data is therefore critical for baseline and for accountability. The Rapid Assessment of Avoidable Blindness (RAAB) is a population-based eye health survey that assesses the prevalence and causes of vision impairment and blindness among people aged 50 years and older, as well as reporting priority eye care service indicators. It is used by both governments and non-governmental eye health service providers at national and sub-national levels. RAAB surveys provide the majority of data used to estimate the global and regional prevalence and causes of vision impairment, as well as data which is vital for tracking progress towards universal health coverage. (RAAB) Additionally, data and evidence on the impacts of uncorrected vision impairment is an important tool for advocacy with governments.

Peek Acuity (bit.ly/cehj_5DVQ) tools can be used to screen for presbyopia and guide provision of near-vision spectacles, and provide a systematic approach to data collection which supports RAAB.

How can new presbyopia services be established in rural areas where there is currently little or no eye care provision?

In such settings, vision screening and glasses near-vision glasses distribution can be embedded into existing community-based programming and services and/or with trusted local stakeholders. Examples in the issue highlight multiple examples of this, including postal workers, community health workers, private sector companies, faith-based institutions, workplace distribution, and embedding into existing NGO services.

How can sustainability be prioritised in services? What about incentives for the 'second pair'?

Research across India, Sierra Leone, Pakistan (report forthcoming), and other countries shows that once people begin using near-vision spectacles, uptake becomes 'sticky': usage rates remain well above 70% even after five years; in India and Pakistan, these rates are greater than 90%. Furthermore, repurchasing rates (buying a second pair) reach 50–60%, even among those living at or just above the poverty line, at price points above USD 6 per pair. This demonstrates that, while subsidies or free distribution are essential to overcome the barrier of first-time use, people continue to wear their near-vision glasses, and many are willing (and able) to purchase subsequent pairs once they see the value in them. This research supports the idea that once stimulus programs correct for latent demand and improve access to and uptake of readers, public and private providers can step in to meet a growing consumer-driven demand.

What role do partnerships play in addressing this issue?
Philanthropy can play a critical role in helping to create that initial demand: by supporting subsidised or free access for people receiving their first pair of near-vision spectacles. In relation to the above studies, philanthropy helps to 'de-risk' the market: it covers the cost of initial adoption and paves the way for sustainable, consumer-driven demand. Read more: https://cehjournal.org/articles/10.56920/cehj.904

What actions can healthcare professionals, organisations or policymakers take following this webinar?

If you're an eye care worker wanting to give your patients access to near-vision spectacles:

- Remember to check near visual acuity. Some testing options are listed under Useful Resources (right).
- When taking a history, don't skip over presbyopia symptoms or assume the patient already has near-vision spectacles.
- Find out where near-vision spectacles are currently available in your area and consider directing patients to these sources, or collaborate to bring spectacle provision into your workplace.
- Identify those patients who may not be suitable for ready-made spectacles (such as patients with myopia or significant astigmatism), and direct them to optometrists for formal refraction.
- If awareness is the barrier, consider simple awareness raising (such as with the posters included in this issue) or a more intensive campaign.
- Contact your country's national eye care coordinator or do an internet search to find out what projects are running in your country or to ask where you can find affordable near-vision spectacles.

If you're a policy maker or policy advisor:

- Support policies that reduce barriers to importing and providing near-vision spectacles, e.g. reducing tariffs.
- Use the WHO Refractive error situational analysis tool to integrate presbyopia into your national eye care strategies (for more, see article on pp. 4–5).

- Support screening and distribution through multiple channels, to ensure everyone has access: over the counter, via existing health channels (e.g. community and primary health workers), and through innovative channels.
- Reach out to and collaborate with organisations and partners already working in your country.
- Unlock funding to support scalable approaches (see philanthropy article on p. 14).
- Consider presbyopia a stepping stone to more comprehensive eye care. Alongside the relatively straightforward task of providing presbyopia correction, refer people for additional care, which improves access to effective distance refractive correction, cataract surgery, and treatment for more complex eye problems.

Access the issue for additional tools and resources:
https://cehjournal.org/110/volume/38/issue/129