2026 Global Summit for Eye Health

Draft Guidance

Ethiopia Strategy to Secure Government Commitments

Purpose and Status of this Document

This document is **Draft Guidance** intended to support a strategic process to explore, shape, and secure potential Government of Ethiopia commitments in the lead-up to the **2026 Global Summit for Eye Health**. It is propositional rather than prescriptive and is designed to support structured discussion, consultation, and iterative refinement with the **National Department of Health (NDOH)** and key stakeholders.

Timeframes included are indicative. Face-to-face engagement is considered important throughout the process. Exact dates, sequencing, and formats will be adjusted as required to reflect Ethiopia's policy, planning, and decision-making context.

Overview of the Global Summit for Eye Health

The first-ever Global Summit for Eye Health, to be hosted by the Government of Antigua and Barbuda in **November 2026**, represents a landmark moment for eye health globally. Building on the WHO Resolution on **Integrated People-Centred Eye Care (IPEC)** and the UN Resolution on Vision, the Summit will convene Heads of Government, Ministers, multilateral agencies, development banks, industry, and civil society.

The Summit aims to strengthen national action, unlock sustainable financing, and establish a global accountability framework for eye health. It positions eye health as a whole-of-life and whole-of-government priority that underpins **Universal Health Coverage (UHC)**, supports healthy ageing, strengthens non-communicable disease (NCD) responses, enhances education outcomes and workforce productivity, and promotes social and economic inclusion.

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Ethiopia's Context

Ethiopia has made important progress in eye health over recent decades, particularly through strong community-based platforms, expansion of primary health care, and long-standing partnerships with non-state actors.

Key features of Ethiopia's eye health landscape include:

- **A large, predominantly rural population** served through an extensive primary health care system anchored in health centres and the Health Extension Programme.
- **Federal leadership through the Federal Ministry of Health**, with Regional Health Bureaus (RHBs) responsible for implementation, planning, and service delivery within federal policy frameworks
- **Growing recognition of eye health within broader health priorities**, reflected in the development of the National Eye Health Strategic Plan (2024–2026), which aligns eye care with goals on NCD prevention and management and aims to integrate eye care across the health system.
- **Strong engagement of international NGOs, faith-based providers, and professional institutions** in service delivery, workforce development, and infrastructure support.
- **Implementation gaps** due to financing, workforce distribution and service coverage despite strong eye health policies and alignment with global frameworks.

Ethiopia's experience demonstrates the value of community-oriented delivery platforms and partnerships, while highlighting opportunities to strengthen national coordination, data use, and system wide accountability for eye health.

Why the Global Summit for Eye Health Is Important for Ethiopia

The 2026 Global Summit for Eye Health presents a timely opportunity for Ethiopia to consolidate progress, align eye health more visibly with national reform priorities, and articulate federal commitments that support equitable service expansion across regions.

Engagement in the Summit could enable Ethiopia to:

- Platform Ethiopia's ambitious health system transformation agendas, including UHC by 2030, primary health care strengthening, and digital health reforms.
- Highlight effective government–partner collaboration in expanding access to eye care.
- Signal political commitment and leadership while anchoring actions in existing national strategies and implementation capacity.
- Contribute valuable lessons on community-based service delivery and scale in low-resource settings to the global eye health agenda.

Participation in the Summit does not imply a new policy direction. Rather, it offers an opportunity to recognise, strengthen, and internationally affirm Ethiopia's ongoing efforts through clear, time-bound, government-led commitments.

Characteristics of Potential Commitments

In discussion with the Federal Ministry of Health and partners, potential commitments may be explored that are:

- **New or scaled**, building on existing initiatives rather than restating current policy
- **Specific, measurable, and time-bound**, with clear accountability
- **Aligned with Ethiopia's health sector strategies**, including UHC, primary health care, and NCD priorities
- **Appropriate to a federal system**, with clear articulation of federal leadership and regional implementation roles
- **Grounded in existing data and delivery capacity**
- **Aligned with global frameworks**, including WHO IPEC, the World Report on Vision, and Global Summit accelerators
- **Feasible and cost-aware**, drawing where possible on existing budgets and financing mechanisms

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Pathway to Exploring Government Commitments

The proposed approach aligns with established government decision-making pathways, progressing from technical engagement to senior endorsement and public signalling. The process is structured across five phases. Each phase should include:

- Consultation with relevant stakeholders (national and county)
- Engagement with national eye health technical structures and professional bodies

- Check-ins with the IAPB Africa regional team to review progress, risks, and next steps
- Simple tracking of consultations, decisions, and milestones

Phase 1: Engagement and Scoping

Indicative timing: February – March 2026

Objectives

- Explore alignment between possible commitment areas and FMoH priorities
- Introduce the Global Summit and commitment concept in an informal, non-binding manner
- Identify potential government champions

Indicative activities

- Technical briefings using Ethiopia's existing eye health data
- Initial discussions through the eye health focal points and partners

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Phase 2: Cross-Sector Alignment and Initial Consultation

Indicative timing: April – May 2026

Objectives

- Translate priority areas into draft commitment concepts
- Encourage cross-directorate and cross-sector input (e.g. NCDs, primary health care, data and digital health)
- Begin informal feasibility and resourcing considerations

Indicative activities

- Refinement of draft commitment language
- Alignment with national strategies and WHO reporting frameworks

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Phase 3: Commitment Shaping and Senior Engagement

Indicative timing: June – September 2026

Objectives

- Refine commitments with senior leadership input
- Prepare Ethiopia's narrative and positioning for regional and global audiences

Indicative activities

- Clarification of implementation pathways and responsibilities
- Preparation of draft public-facing commitment statements

Phase 4: Submission and Preparation

Indicative timing: By World Sight Day (October 2026)

Objectives

- Register commitments in the Global Summit tracking mechanism
- Support announcement planning and communications
- Prepare for post-announcement follow-up and implementation support

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Phase 5: Announcement and Implementation

Indicative timing: Post-announcement

Objectives

- Support implementation, monitoring, and reporting
- Enable recognition, peer learning, and accountability at regional and global levels.

Messaging and Positioning Considerations

Messaging throughout the process may emphasise that the Global Summit for Eye Health is a **recognition and leadership opportunity**, rather than an external policy request.

Indicative messaging themes include:

- Eye health as a contributor to **Ethiopia's UHC and health transformation agenda**
- The reach and potential of **primary and community-level platforms** for eye care

- Federal leadership combined with **regionally tailored implementation**
- Eye health as an enabler of productivity, education, and disability inclusion
- Ethiopia's contribution of scale and implementation experience to the global dialogue
- Data-driven planning and accountability

Messaging should be refined iteratively and aligned with senior government priorities and national development narratives.

Illustrative Areas for Potential Commitments

The areas below are indicative and intended to support discussion. Final decisions rest with the Government of Ethiopia.

- **Monitoring and accountability** (anchor area)
- **Integration of eye health within primary health care and NCD services**
- **Strengthen and Equitably Distribute the Eye Health Workforce**
- **Formalise Long-Term Partnerships and Sustainable Financing**

Illustrative Commitment Examples

These examples are provided to support discussion and refinement. They are not intended as final proposals.

1. Monitoring and Accountability (Flagship Example)

From 2027 onwards, Ethiopia could commit to progressively integrating selected eye health indicators such as cataract surgical output and refractive service coverage within national eHMIS and performance review processes, with phased regional implementation.

Rationale

- Strengthens accountability and routine use of data
- Aligns with health information system and digital health reforms
- Supports WHO 2030 eye health targets and Global Summit accelerators

2. Integration within Primary Health Care and NCD Services

From 2027–2030, Ethiopia could commit to systematically integrating priority eye health interventions within primary health care and selected NCD service platforms

(e.g. diabetes), drawing on the Health Extension Programme and health centre networks.

Rationale

- Builds on Ethiopia's strong PHC and community health worker platforms
- Supports early detection and referral for cataract, refractive error, and diabetic eye disease
- Reinforces people-centred, integrated service delivery under UHC

3. Strengthen and Equitably Distribute the Eye Health Workforce

Ethiopia could implement a long-term eye health workforce strategy focusing on expanding training for ophthalmic nurses, optometrists, and PEC-level workers.

Rationale

- Addresses one of the biggest bottlenecks in service delivery
- Improves quality and continuity of care
- Supports decentralisation beyond Addis Ababa and major cities

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Supporting Policy Frameworks and Evidence Base

This process will be supported by:

- The Global Summit for Eye Health Policy Framework and accelerator areas
- WHO frameworks on Integrated People-Centred Eye Care
- Ethiopia's national eye health data, surveys, and TWG outputs
- Existing national health and UHC strategies

Together, these provide a strong evidence base for feasible, measurable, and high-impact commitments.

Looking Ahead

The 2026 Global Summit for Eye Health offers Ethiopia a strategic opportunity to consolidate progress, elevate national priorities, and demonstrate leadership for Africa and the world. Through a structured, consultative approach anchored in existing strengths, Ethiopia can articulate clear and credible commitments that

deliver national impact while contributing to global accountability and progress in eye health.

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