The Pathway to Impact: Landmark Commitments

GLOBAL SUMMIT FOR EYE HEALTH
Antigua and Barbuda 2026

Host

Government of Antigua and Barbuda

People's Republic of Bangladesh

Co-operative Republic of Guyana

Co-Hosts

Rialtas na hÉireann
Government of Ireland

Federal Republic of Nigeria

Technical Collaborator

World Health Organization

Lead Co-ordinator

IAPB

Executive Summary
(as of 2 November 2026)

On 2 November 2026, 6 Heads of Government and leaders from 34 countries, representing almost 4 billion people, gathered in St John's, Antigua and Barbuda, for the first Global Summit for Eye Health. Hosted by the Government of Antigua and Barbuda, with Bangladesh, Guyana, Ireland and Nigeria as co-hosts, the Summit marked a landmark moment in elevating eye health as a global political, health and development priority.

Building on the United Nations General Assembly resolution 75/310, Vision for Everyone, world leaders and partners endorsed the first Global Compact for Eye Health. A total of 200 commitments spanning 120 countries were formally announced by governments, the private sector, funders, research organisations and civil society.

Landmark commitments and announcements

1. A new global political compact and accountability framework

The Global Compact for Eye Health was endorsed by 172 stakeholders, including 41 governments, establishing a shared framework for political leadership, implementation, and accountability. A joint WHO–IAPB Commitment Portal will provide public access to Summit commitments and support annual reporting on progress, strengthening transparency and accountability for delivery.

2. Governments embedding eye health in national health systems

52 governments committed to integrating eye care into national health systems, including primary health care and Universal Health Coverage (UHC) benefit packages. These commitments include strengthening the eye health workforce expanding service delivery, improving referral systems and incorporating eye health indicators into national health information systems.

Governments pledged over US$1.23 billion in domestic resources towards eye health, reflecting a commitment to sustainable, nationally led financing and reducing dependence on external support.

3. Expanding access to affordable glasses and unlocking regulatory reform

39 governments committed to expanding access to affordable glasses, recognising the contribution of corrected vision to learning, employment, productivity and economic opportunity.

30 governments further committed to improving access to screening and ready-made reading glasses through measures such as regulatory and fiscal reforms including the removal of tariffs and taxes, and enabling trained primary health care and community health workers to be a gateway for eye care services.

4. Making child eye health a national priority

29 governments committed to prioritising child eye health through measures such as expanded school-based vision screening, early detection and access to affordable glasses. These commitments are supported by 8 private-sector partners and 53 civil society organisations, alongside a commitment by UNICEF to support 25 countries as part of its target to screen over 90 million children.

5. Accelerating progress towards eliminating cataract-related blindness

The World Health Organization launched the SEE 2045 Cataract Elimination Initiative, which will support countries to eliminate cataract-related blindness as a public health problem. Antigua and Barbuda, Bangladesh, China, Kenya and Nigeria were announced as inaugural participating countries.

6. Regional leadership and cooperation

CARICOM and 18 Pacific Island countries announced regional commitments to advance eye health through stronger regional cooperation, cross-border workforce mobility, coordinated procurement and more resilient supply chains. These regional partnerships will overcome common barriers to access, particularly in small island and geographically dispersed health systems.

7. Accelerating the elimination of trachoma

The Summit secured a commitment to the elimination of trachoma, the leading infectious cause of blindness worldwide, throughout the Commonwealth. Building on this momentum, the Summit established critical leadership frameworks and global partnerships aimed at eliminating trachoma worldwide.

8. Mobilising partnerships, innovation and financing for delivery

The Summit secured commitments from 3 international and multilateral institutions, 15 private sector businesses, 5 donors and philanthropic organisations, 90 non-government organisations (NGO/INGO), 10 academic and research institutions, 13 professional associations and regulatory bodies and 7 health facilities.

Together, these commitments pledge:

- 68.6 million pairs of glasses.
- 13.4 million sight-restoring cataract surgeries.
- 690 new vision centres.
- 124 commitments to strengthen disability inclusion and equitable access to eye health services.
- Expanded use of artificial intelligence, digital technologies and innovative diagnostics to improve screening, referrals and community-based care.
- New global public goods, including national eye health surveys, open-access research, cost-effectiveness evidence, expanded professional training and the 2030 Lancet Global Health Commission on Global Eye Health

The Equity In Sight Statement of Commitment to prioritise access to eye health for women and girls was signed by 89 organisations and 404 individuals.

The Summit also announced US$60 million in additional donor funding to scale up integrated assistive technology as well as 15 commitments from private sector organisations totalling an investment of over US$468.71 million to accelerate implementation of eye care.

From Commitments to Impact

The Global Summit for Eye Health established a foundation for sustained political leadership and collective action towards 2030 and beyond. Its significance lies not only in the scale of commitments announced, but in the policy reforms, domestic investments, delivery partnerships and accountability arrangements designed to translate ambition into measurable improvements in people's lives.

Disclaimer
The commitments included in the annex to this Outcome Document are those received prior to the Global Summit for Eye Health and verified by IAPB and the World Health Organization. The figures presented in the Executive Summary also reflect additional commitments announced on stage during the Summit, which may not be included in the Annex. A joint WHO–IAPB commitment portal will provide public access to commitments and support ongoing monitoring and reporting of progress, drawing on existing multilateral reporting frameworks where appropriate.

Annex

List of Commitments

A. Country Government Commitments

Antigua and Barbuda

As proud hosts of the inaugural Global Summit for Eye Health, Antigua & Barbuda is committed to establishing the Caribbean's first "Blindness-Free Zone" and setting a benchmark for global vision care.

We commit to implementing the WHO SEE 2045 initiative to support eliminating cataract-related vision loss as a public health issue. Through the Prime Minister's Vision Initiative, our government commits to making eye care available to every Antiguan and Barbudan, with support from our partners Cure Blindness Project, Restoring Vision, Vision Spring and Orbis.

To achieve universal, community-level eye care across Antigua & Barbuda, we commit to the following concrete actions:

Primary Eye Care: To expand access to screening, diagnosis, referral, and follow-up care at the community level, we will establish two new Primary Eye Care Units, staffed by newly trained ophthalmic nurses, with recurrent funding committed to sustain their training and staffing. This builds on real progress already made: over 25,000 near-vision glasses have already been distributed nationwide.

Child Eye Health: No child's learning should be limited by poor vision. Our Vision Initiative will screen every schoolchild nationwide, and we commit to sustaining school-based vision screening as standard practice - ensuring every child can reach their full potential in school.

Cataract Elimination: We are proud of our partnership with Trinidad Eye Hospital, which has already delivered over 400 free eye surgeries this year alone. Building on this success, Antigua & Barbuda commits to being among the first countries to eliminate our cataract backlog, raising the quality of care and outcomes for patients in line with WHA targets and the new WHO Cataract Initiative, SEE 2045.

Regional Leadership and Accountability: We aim to lead on this issue regionally too, serving as a Centre of Excellence as part of the OECS Regional Eye Health Project — supporting the regional eye health workforce and enabling cross-border referral across the Eastern Caribbean. To track our progress, we will conduct a WHO ECSAT survey, establishing a baseline against which future outcomes can be measured.

As host of the first Global Summit for Eye Health, Antigua & Barbuda commits to proving that avoidable blindness can be eliminated, and to offering a model the world can follow.

Estimated Financial Contribution: US$2,500,000

Australia

Australian Government Commitment Statement

1. Results from the Australian Eye and Ear Health Survey, funded by the Australian Government Department of Health, Disability and Ageing, demonstrate Australia's progress in preventing avoidable vision loss. However, survey findings show that across every age group, the prevalence of vision impairment is three times higher among First Nations Australians compared to non-Indigenous Australians. Closing this gap is a

national priority, and the Australian Government remains committed to improving health outcomes for Aboriginal and Torres Strait Islander peoples and achieving the targets set out in Australia's Closing the Gap agenda by 2035.

2. Australia also recognises that good vision is essential for healthy ageing. Timely access to eye care, vision services and assistive technology enables older persons to remain independent, connected to their communities and living with dignity. Through our aged care system, we are strengthening access to blindness and vision services and supporting the provision of assistive technologies that help older Australians maintain their functional ability and quality of life.
3. Australia has eliminated trachoma as a public health problem, a landmark achievement for people and communities and a significant step in preventing avoidable vision loss and closing the gap in health outcomes. The Australian Government is now focused on sustaining this elimination and protecting eye health gains that have been achieved.
4. In November 2025, Australia announced the AUD 16.5 million investment through the ATscale Global Partnership to improve access to assistive technology for children with disabilities across the Indo-Pacific. Through this partnership, Australia is helping increase access to essential products such as glasses, hearing aids and mobility aids, enabling more children to learn, participate and thrive.
5. Through the Australian NGO Cooperation Program, the Australian Government has committed an estimated AUD 19 million in 2026-27 to key International NGOs to deliver eye health projects and activities. This investment reflects Australia's longstanding support for civil society action on eye health, including through partnerships with the Fred Hollows Foundation, Brien Holden Vision Institute and Sight For All.
6. Australia is proud to have partnered with the Governments of Papua New Guinea and New Zealand, together with the Fred Hollows Foundation, to support the establishment of a new Centre for Eye Health. Australia's AUD 2.8 million contribution is helping equip and sustain this important facility, expanding access to high-quality eye care for communities across PNG and demonstrating the impact that can be achieved through partnership.

Bangladesh

Integrating Comprehensive Eye Care into Universal Health Coverage by 2030

The Ministry of Health commits to integrating comprehensive eye care into the national health system as part of Universal Health Coverage by December 2030. Building on the WHO Integrated People-Centred Eye Care (IPEC) approach and the country’s National Health Sector Strategic Plan, the Ministry will strengthen prevention, early detection, treatment and rehabilitation services through a coordinated health systems approach.

The commitment will integrate comprehensive eye care into the national Universal Health Coverage (UHC) benefit package and primary health care services, update national eye health policies and clinical guidelines, strengthen referral pathways, and improve access to affordable spectacles, cataract surgery, diabetic retinopathy screening and rehabilitation services. To support implementation, the Ministry will strengthen the eye health workforce through competency-based training for primary health care workers, ophthalmologists, optometrists and allied eye health personnel.

The Government will progressively increase domestic financing for eye health and strengthen partnerships with provincial governments, professional associations, civil society organisations and development partners to ensure equitable implementation across all regions. Emphasis will be placed on reaching underserved populations, including women, children, older persons, people with disabilities and rural communities.

To strengthen accountability, eye health indicators, including effective cataract surgical coverage and effective refractive error coverage, will be incorporated into the national health information system, with annual progress reviews informing implementation and resource allocation.

Through this commitment, the Ministry aims to strengthen health system resilience, reduce avoidable vision impairment, and ensure that quality eye care becomes an integral component of UHC.

Estimated Financial Contribution: US$129,000,000

Bhutan

Equitable, Accessible and High-Quality Eye Health for all Bhutanese by 2030

The Royal Government of Bhutan, through the Ministry of Health, reaffirms its commitment to ensuring equitable, accessible, and high-quality eye care services for all people in Bhutan as part of the country's pursuit of Universal Health Coverage and the Sustainable Development Goals. Bhutan is committed to accelerating progress towards universal eye health by 2030 through strengthened prevention, early detection, equitable access to quality services, and supportive policy reforms. The country will ensure that more people receive high-quality vision-restoring services. Services such as diabetic retinopathy will be strengthened and enhanced in terms of coverage and quality. Given the importance and the need for childhood eye care provision will be expanded through the integration of newborn eye screening into routine neonatal care. Towards this, measures such as instituting mandatory vision screening at school entry, and annual vision screening for all children attending schools and monastic institutions will be adopted. These measures aim to promote early detection and timely management of eye conditions, thereby improving lifelong visual outcomes. In an endeavour to improve access to vision correction, Bhutan will pursue regulatory reforms to enable the over-the-counter sale of quality-assured ready-made reading glasses through appropriate non-optical retail outlets. In addition, the country will advocate for supportive fiscal policies, including the consideration of tax waivers or exemptions on spectacles and other essential vision correction devices, to reduce financial barriers and improve affordability. These commitments reflect Bhutan’s aspiration to further enhance an inclusive, people-centred eye care system that delivers equitable, high-quality, and affordable eye health services for all.

Financial Contribution: US$2,000,000

Bolivia

Strengthening eye health services and preventing avoidable blindness in Bolivia (2027–2030)

1. National eye health governance: Develop and implement one National Eye Health Plan and develop and validate one Bolivian guideline for retinopathy of prematurity screening.
2. Cataract surgery capacity: Equip public eye health services with two surgical equipment sets and strengthen specialized healthcare personnel capacity through training.
3. Access to optical correction: Provide 30,000 corrective lenses, including approximately 15,000 for children aged 4–7 from socioeconomically vulnerable backgrounds and 15,000 for adults with presbyopia and cataract patients requiring optical correction.

4. Newborn eye screening: Implement routine eye examinations for newborns in second-level and higher-complexity first level health facilities, supported by healthcare personnel training and the provision of the required equipment.

5. Health information systems: Incorporate eye health variables and indicators into Bolivia's Unified Health Information System (SUIS), enabling data collection and analysis disaggregated by department and health facility.
6. Interinstitutional coordination: Strengthen coordination among the Ministry of Health and Sports, departmental health services (SEDES), departmental governments (GAD), and municipal governments (GAM) to incorporate eye health priorities into institutional plans and public budgets.

Financial Contribution: US$812,000

Cambodia

Expanding Equitable Access to Refractive Error and Cataract Services within Universal Health Coverage

The Government of the Kingdom of Cambodia commits to expand eye care services by integrating eye health into the national health system, with a focus on uncorrected refractive error and cataract, the leading causes of avoidable blindness and vision impairment, and to improve financial protection between 2027 and 2030, in line with the National Strategic Plan for Blindness Prevention and Control 2021–2030, and in coordination with the Cambodia National Programme for Eye Health (NPEH). We will

1. Expand the coverage of Public Vision Centres (PVC) to at least 70 % of all 100 public district hospitals by 2030 and improve the quality of existing centres. This will improve access to primary eye care services and spectacles for people with vision impairment in catchment areas;
2. Scale up presbyopia services to achieve 100 % coverage of Health Centres by 2028. This will improve access to reading glasses for people aged 40 years and above;
-Integrate eye care into the Ministry of Education, Youth and Sport's school health programme, reaching 80% of primary schools;
3. Establish a formal optometry education programme within the University of Health Sciences by 2028;
4. Improve coverage of cataract surgery by increasing the Cataract Surgical Rate to 3,500 per million population per year and improving good visual outcomes post-surgery to at least 80% by 2030;
5. Conduct a costing and economic analysis for the inclusion of refractive error services, including spectacles, into the National Social Health Protection Scheme targeting poor households and children, for advice to the National Social Protection Council by 2028.
This commitment will contribute to achieving Universal Health Coverage for all Cambodians by reducing avoidable blindness to 0.35% by 2030.

Financial Contribution: US$20,000,000

Joint Commitment. Partners: The Fred Hollows Foundation, Sight for All, Eye Care Foundation, SEVA Foundation, SEVA Canada, Clinton Health Access Initiative, Cambodian Ophthalmological Society, Optometrist Society of Cambodia, The OneSight EssilorLuxottica Foundation, Caritas-Takeo Eye Hospital, Heart to Heart Foundation.

Cameroon

Investir dans la prévention et la prise en charge de la rétinopathie diabétique, c'est investir dans le capital humain, la productivité et la croissance économique du Cameroun.

D'ici 2030, le Gouvernement du Cameroun, à travers le Ministère de la Santé Publique (Programme National de Lutte contre la Cécité et la Sous - Direction des maladies chroniques non transmissibles), et en application du Plan Stratégique National de Santé Oculaire 2025-2030, fera de l'examen annuel de la rétine une norme du suivi de

toute personne vivant avec le diabète, afin de dépister au moins 100,000 personnes diabétiques (soit environ la moitié des personnes diagnostiquées), de traiter dans les trois mois au moins 80 % des cas détectés de rétinopathie menaçant la vue, et financera cet engagement par une ligne budgétaire dédiée de l'État d'au moins 442,686,420 de FCFA par an dès la loi de finances 2028 et par l'inscription de l'examen rétinien et du traitement au Laser dans le panier de soins de la Couverture Santé Universelle

English translation:

Investing in the Prevention and Management of Diabetic Retinopathy means Investing in Human Capital, Productivity, and Cameroon's Economic Growth.

By 2030, the Government of Cameroon, through the Ministry of Public Health (the National Programme for the Prevention of Blindness and the Sub-Directorate for Noncommunicable Chronic Diseases), and in implementation of the National Strategic Plan for Eye Health 2025–2030, will make annual retinal examinations a standard component of follow-up care for all people living with diabetes. This initiative aims to screen at least 100,000 people with diabetes (approximately half of those diagnosed), treat at least 80% of detected cases of sight-threatening diabetic retinopathy within three months, and finance this commitment through a dedicated government budget allocation of at least **442,686,420 CFA francs per year**, beginning with the 2028 Finance Act, as well as by including retinal examinations and laser treatment in the benefits package of Universal Health Coverage.

Financial Contribution: US$2,268,500

Chad

Towards Universal Access to Affordable Near-Vision Glasses through Primary Health Care Reform in Chad (2027–2030)

By 2030, the Republic of Chad, through the National Programme for the Prevention of Blindness (PNLC) within the Ministry of Public Health and Prevention, commits to sustainably expanding access to affordable, quality-assured ready-made near-vision glasses for adults aged 40 years and above by integrating presbyopia services into the country's primary health care system.

Implementation will begin with a phased pilot in the regions of Ouaddaï, Guéra and Sila before progressive national scale-up. The commitment builds on existing government investments in comprehensive eye care services developed with technical support from the Organisation for the Prevention of Blindness (OPC), including regional optical workshops, comprehensive eye care services and an established network of Community Health Workers (CHWs).

This commitment is structured around four complementary policy reforms.

1. Integrating presbyopia services into primary health care: The Government of Chad will establish a regulatory framework authorising trained Community Health Workers to conduct standardised near-vision screening and provide ready-made near-vision glasses under a nationally approved protocol, while systematically referring individuals presenting signs of ocular disease or complex visual impairment to comprehensive eye care services. This reform will substantially expand equitable access to presbyopia correction, particularly in underserved rural and remote communities where specialist eye care services remain limited.

2. Making quality reading glasses affordable: The Government will introduce fiscal measures to exempt ready-made near-vision glasses from VAT and import duties in order to improve affordability and increase access. These reforms will be complemented by the development of a sustainable supply chain based on regional optical workshops, a cross-subsidy pricing model and a strengthened national optical market. The objective is to ensure that quality-assured ready-made near-vision glasses are available at a retail price of no more than US$5 per pair.
3. Strengthening national capacity for sustainable service delivery: The Government will establish a national training and supervision programme enabling Community Health Workers to progressively integrate presbyopia services into routine primary health care activities. Building on the existing cohort of 262 Community Health Workers already trained through the Comprehensive Eye Care for Chad programme, the initiative aims to train approximately 1,500 Community Health Workers by 2030. Technical supervision, quality assurance and referral services will be provided through the country's regional comprehensive eye care services and public-sector opticians.
4. Strengthening governance, regulation and monitoring: The Government will integrate presbyopia into the National Eye Health Strategy and establish a monitoring framework based on WHO indicators, including the WHO SPECS 2030 framework, to measure coverage, effective access, affordability and quality of services. The optical market will progressively be regulated through nationally recognised quality standards, including ISO 12870, to ensure that all ready-made near-vision glasses distributed through authorised channels meet internationally accepted safety and quality requirements.

Financial Contribution: US$1,500,000

Joint Commitment. Technical partner: Organisa la Prévention de la Cécité (OPC).

Cook Islands

Turning Evidence into Action: Strengthening Integrated, Equitable Eye Care in the Cook Islands

The Government of the Cook Islands, through Te Marae Ora Ministry of Health (TMO), commits to reducing avoidable vision impairment by 2030 through expanded access to affordable spectacles, integration of diabetic retinopathy screening into routine diabetes care, and sustainable eye health monitoring.

Building on the 2026 Cook Islands Eye Health Survey, TMO will translate the findings into costed implementation priorities, measurable targets and annual milestones by December 2027. Implementation will address geographic barriers to care, with particular attention to people living in the Pa Enua, older people and people living with diabetes.

TMO will expand access to quality refraction and affordable spectacles for distance and near vision through strengthened services the new Te Mana ote Mata Vision Centre in Rarotonga and outreach to the Pa Enua. Systematic diabetic retinopathy screening will be embedded within diabetes and NCD services, supported by agreed clinical protocols, clear referral pathways, access to specialist assessment and treatment, and follow-up.

To strengthen accountability, TMO will introduce standardised Medtech templates to record screening, referrals, spectacle provision, cataract surgery and follow-up outcomes. Routine clinical information will complement population-based evidence and periodic targeted surveys, supporting service planning, quality improvement and monitoring of unmet need. Data will be disaggregated by sex, age and island of residence where feasible.

Delivery will combine development of the local workforce with Pacific regional expertise and visiting specialist services. TMO will coordinate implementation through national planning and budgeting processes, identify

domestic financing and partner support, and review progress annually. The Cook Islands will share its experience regionally to support practical, sustainable approaches to eye care in small island settings.

Ethiopia

Expand Community-Based Eye Screenings in Ethiopia

The Government of Ethiopia recognises eye health as an essential component of universal health coverage and commits to making the end of avoidable sight loss a national health priority, ensuring equitable access to quality eye care for all by December 2030, regardless of geography, age, gender, income, disability, or social circumstances.

Ethiopia's commitments include:

1. Expand community-based eye screening and early detection: We will bring eye screening and primary eye care closer to people through schools, communities, workplaces, health facilities, outreach services, and other high-need settings, with particular attention to underserved and high-burden areas. We will strengthen early detection, referral, and linkages across all levels of care.
2. Improve access to reading glasses and primary eye care: Expand access to appropriate reading glasses at the point of care for people with presbyopia, enabling clear vision for reading, work, education, and daily activities while reducing cost and access barriers and promoting independence and quality of life.
3. Remove barriers and strengthen national evidence: The Government will conduct a nationally representative National Eye Health Survey to guide evidence-based planning, resource allocation, monitoring, and policy.
4. Improve the quality and outcomes of cataract surgery: We will strengthen cataract services by improving quality, safety, efficiency, surgical outcomes, and follow-up care, ensuring that more Ethiopians receive timely, high-quality cataract surgery.

Ethiopia will continue to integrate eye health into primary health care and universal health coverage, strengthening frontline health workers, routine service packages, referral pathways, and linkages with schools, non-communicable disease programmes, community health platforms, and other priority health services.

Financial Contribution: US$2,000,000

Grenada

Grenada's Commitment to Equitable Eye Health Across Three Islands

Through the Prime Ministerial Vision Initiative and its participation in the OECS Regional Eye Health Plan, the Government of Grenada commits to ensuring equitable access to quality eye care for every resident of Grenada, Carriacou and Petite Martinique.
By 2028, Grenada commits to:

1. Bring eye care to communities: distribute 50,000 free near-vision glasses through primary health care in partnership with RestoringVision; hold quarterly nationwide screening; and establish monthly clinics in Carriacou and Petite Martinique.
2. Early detection and treatment of eye disease: implement nationwide AI-assisted eye screening for school-aged children and adults in collaboration with the HESH Group, China, with the training of 24 health workers by October 2026. Sustain Grade 1 school eye screening initiated in partnership with World Pediatrics and YP Foundation with access to spectacles; and strengthen screening for diabetic

retinopathy, retinopathy of prematurity and sickle cell retinopathy, including telemedicine for specialist care.

3. Expand specialist capacity: increase consultation stations to reduce waiting times at public hospital eye clinic from two to five; sustain access to anti-VEGF therapy and laser treatment for glaucoma and diabetic eye disease in the public hospital; and secure reliable access to essential medicines and cataract supplies through regional procurement.
4. Build a sustainable workforce: Grenadian ophthalmologist to return to national service by 2028; increase ophthalmology house officers from one to four; and expand the workforce to include optometrists and ophthalmic nurses.
5. Lead and learn regionally: serve on the OECS Regional Eye Health Strategic Planning Committee. Complete the Eye Care Situation Analysis (ECSAT) in 2026, establishing baseline for monitoring.

Grenada will integrate eye care into primary health care and national policy, prioritizing children, older persons and persons with disabilities, and report on progress to ensure transparency and accountability.

India (Madhya Pradesh)

Decentralising Eye Care Access Across the State of Madhya Pradesh (Total Population: 85 million)

By March 2029, the Government of Madhya Pradesh (GoMP) will decentralise eye care delivery across all 52 districts of the state, integrating vision screening and near-vision glasses dispensation into routine primary health care while strengthening referral pathways for the full range of eye conditions.

Building on an existing district-level pilot, GoMP will authorise trained frontline community health workers to screen for common vision impairments and dispense ready-made reading glasses on the spot, formalising this within the primary eye care services already offered at Ayushman Arogya Mandirs (AAMs), Madhya Pradesh's primary healthcare centres. Individuals identified with conditions beyond presbyopia, including cataracts, glaucoma, and diabetic retinopathy, will be systematically referred into the broader health system for specialist care.

This commitment rests on four concrete actions:

1. Government orders authorizing task-shifted screening and dispensation, backed by revised operational guidelines;
2. Mainstreaming financing for glasses, training, and logistics into the state health budget and national health financing plans;
3. Deploying the state's existing cadre of 526 Ophthalmic Assistants for clinical supervision, alongside statewide frontline worker training; and
4. A new digital data system tracking beneficiaries and monitoring progress at facility, district, and state level.

By March 2029, GoMP targets 3 million people screened and 1 million receiving near-vision glasses across all 52 districts, with annual near-vision glasses dispensation scaled from 138,132 to 500,000 per year. This work advances India's Ayushman Bharat universal health coverage vision and the National Programme for Control of Blindness and Visual Impairment, building the institutional foundation for comprehensive, self-sustaining eye care statewide.

Financial Contribution: US$1,800,000

India (Rajasthan)

Clear Vision Rajasthan

The Health Department, Government of Rajasthan, commits to two linked sub-commitments to expand access to quality vision care:

1. Scaling the Mukhyamantri Ayushman Arogya Netra Voucher Yojana (MAA-NVY)
2. School Eye Health Initiative in an Underserved District of Rajasthan.

Mukhyamantri Ayushman Arogya Netra Voucher Yojana (MAA-NVY): MAA-NVY is a flagship initiative under the Government of Rajasthan's Budget Announcement for FY 2025-26. Through this flagship initiative, the Government of Rajasthan commits to providing free comprehensive eye examinations to at least 1,000,000 people and eyeglasses to at least 600,000 economically vulnerable people in Rajasthan. It prioritises people in near-vision intensive occupations and commercial vehicle drivers. Beneficiaries register through the government's Jan Aadhaar portal and are examined at designated Government facilities or in outreach settings by optometrists/ophthalmic assistants. Those requiring eyeglasses then receive a digital voucher and choose an empanelled eyeglasses dispenser location in the district from where they collect their eyeglasses. The OTP-based eyeglasses delivery, beneficiary feedback, and payments to empanelled eyeglasses dispensers are all managed through a digital portal. Early detection of eye diseases is done and appropriate referrals to eye hospitals to tackle and treat cataracts and other complex eye conditions are made, thus preventing avoidable blindness.

School Eye Health Initiative: The Government of Rajasthan commits to conduct vision screenings for at least 1,000,000 students and teachers/administrative staff across government schools in 41 Districts of Rajasthan, many in remote desert and border communities in underserved areas. Approximately 100,000 children and teachers/administrative staff will require eyeglasses. At least two teachers per school will be trained and certified to carry out standardised primary vision screening with a partner organisation. Referred children will receive comprehensive assessment by optometrists at school, and those who require them will receive quality, child-friendly eyeglasses. Complex cases will be directed to hospital care through a child-level referral-tracking system. The priority will be to girls, children with disabilities, and the remotest communities. Also, early detection of eye diseases will be done and appropriate referrals to eye hospitals to tackle and treat cataracts and other complex eye conditions will be made, thus preventing avoidable blindness.

Financial Contribution: US$2,568,000

Indonesia

Accelerating the Elimination of Cataract-Related Blindness and Vision Impairment by 2030

The Government of Indonesia commits to accelerating progress towards universal eye health by 2030 by integrating comprehensive eye care across primary, community and referral services, with cataract, refractive error and diabetic retinopathy as priority areas within national health planning.

Through implementation of the Vision Health Roadmap 2025–2030, Indonesia aims to achieve at least 50% effective cataract surgical coverage (eCSC) and 40% effective refractive error coverage (eREC). Eye health services will be strengthened through primary care and Vision Centres, school health services, community and occupational health platforms, strengthened referral pathways, and teleophthalmology and other approaches to reach underserved populations.

Indonesia will also accelerate access to quality cataract surgery and strengthen screening and referral for diabetic retinopathy, supported by national clinical standards, strengthened health workforce and facilities, and integration with existing health financing mechanisms, including the National Health Insurance programme (JKN), where applicable.

Financial Contribution: US$600,000,000

Ireland

Ireland's current commitments to supporting eye health domestically and globally

- In partnership with the other Friends of Vision co-chairs, the Permanent Mission of Ireland to the UN in New York will host a side-event on Eye Health and Universal Health Coverage in 2027.
- Under the National Clinical Programme for Ophthalmology Ireland's Department of Health and the HSE are leading the reform of public eye care services in Ireland through a shift from hospital-based care to integrated community-based care. This is reducing waiting lists and meeting growing demand including for paediatric eye care, cataract care and glaucoma care.
- Of the estimated €17 million Ireland has allocated for the WHO in 2026, almost half is unearmarked funding for the General Programme of Work, in support of its drive to improve health equity globally, including for eye health.
- Ireland's Department of Children, Disability and Equality manages Ireland's Global Lead Agreement with the WHO, under which it is providing €12.5m between 2024 and 2029 to improve the affordability and availability of assistive technology globally. Through its Project Collaboration Agreement with the WHO, it is also working to increase access to assistive technology, including digital assistive technology, in Ireland.
- Ireland has placed disability at the heart of its EU Presidency. In October it brought together Member States and Civil Society to discuss the importance of assistive technology in supporting disabled people, and barriers to access.
- In February 2027, Ireland will host "Global Expo 2027: Transforming health and social care through workforce optimization, digital innovation, assistive technology and disability inclusion". This will provide a platform for consideration of how health and care systems can better respond to those with a variety of needs, including eye conditions and vision impairment, and to strengthen inclusive approaches to care.
- In 2026 Ireland will provide funding to Sightsavers Ireland and Orbis Ireland to address avoidable blindness in several developing countries.

Kenya

Accelerating the Elimination of Cataract-Related Blindness and Vision Impairment by 2045

Kenya commits to ending cataract as a public health problem by 2045, in line with the proposed WHO global initiative. The goal is to reduce vision impairment due to cataract among people aged 50 and over to 2.5 in every 100, compared with about 8 today, with WHO Milestone 2 (5.24% or less) expected around 2039.

Kenya will scale up cataract surgery from about 750 operations per million people today to about 2,000 per million by 2030 and about 8,600 per million by 2036, sustained to 2045: about 9 million operations between 2027 and 2045. Kenya will gradually improve surgical outcomes, raising the share of operations that restore good sight from about 65% today to 80% by 2036 and 90% by 2045.

Kenya will advance this commitment through:

1. Sustainable health financing: The Social Health Authority (SHA) will fund a substantial and growing share of operations through its reimbursement of KES 33,000(US$254.41) per cataract surgery, complemented by private and development partner resources.
2. Equitable access and service delivery: Expanding safe, high-quality surgery through national and county systems, and strengthening the eye health workforce, capacity and referral systems, particularly for underserved populations.
3. Quality assurance: The National Cataract Quality Committee will establish and oversee a national framework for monitoring surgical quality and outcomes.
4. Leadership, coordination and partnerships: Aligning national and county governments, public and private providers, faith-based organisations and development partners.
5. Planning and accountability: In 2027, the Ministry of Health will lead a national cataract planning exercise. It will produce a costed county-level plan with interim milestones, annual volume targets, workforce requirements and a monitoring framework, backed by routine reporting and periodic reviews

Note: Any financial figure that may be derived from this commitment is an indicative estimate only. Such estimates reflect the potential cost to the Social Health Authority (SHA) of reimbursing a share of the cataract operations projected to be needed between 2027 and 2045, at the current tariff of KES 33,000 per operation (converted at about KES 130 to US$1, at current prices). They are not a fixed budget allocation. Any financing beyond current SHA allocations is subject to approval by the National Treasury and to annual budget appropriation.

Lao People's Democratic Republic

Improving Access to Quality Cataract and Refractive Error Services in Lao PDR

The Government of Lao PDR, through the Ministry of Health, commits to strengthening national eye health services under the National Strategic Plan for Eye Health (NSPEH) 2026–2030, focusing on cataract and refractive error and prioritising older people, women, children, rural and ethnic communities, and persons with disabilities. This commitment aligns with the WHO Integrated People-Centred Eye Care (IPEC) approach and the global eye-care targets for eCSC and eREC.

Financial Contribution: US$5,000,000

Joint Commitment. Partners: IAPB, WHO, Eye Care Working Group (CBM Global, FHF, ECF, SFA, SNEC, GX Foundation).

Malaysia

The Ministry of Health Malaysia commits, from January 2027 to December 2030, to continue strengthening integrated, people-centred eye care and equitable access to quality eye health services, building on existing national programmes and service delivery platforms. This work supports Malaysia’s ongoing efforts to prevent avoidable vision loss and improve access to cataract and refractive error services across the life course.

The Ministry will continue to strengthen eye health promotion, vision screening, early detection, referral and follow-up through relevant primary health care and school health services. This includes supporting the detection and referral of eye conditions such as diabetic retinopathy, glaucoma and age-related macular degeneration, in accordance with existing service arrangements and clinical practice. The Ministry will continue efforts to improve access to cataract care and refractive error services, with attention to underserved and low-income communities. The Ministry will support service quality and continuous improvement through capacity-building for relevant health personnel, use of available national eye health data and surveillance platforms (National Eye Database and National Eye Surveys), and monitoring of service delivery and outcomes. The Ministry will continue to strengthen coordination across sensory health programmes and facilitate collaboration with relevant professional, academic, civil society and private-sector partners, including existing corporate social responsibility initiatives that support access to spectacles.
Implementation will be led by the Ministry of Health Malaysia within its mandate and will be subject to applicable policies, approved plans, available resources and established governance and budgetary processes. Progress and opportunities for improvement will be informed by available evidence and programme monitoring. Malaysia will continue to share experience and learn from international partners, including through engagement aligned with WHO SPECS 2030, in support of more equitable access to quality eye care.

Maldives

Strengthening Equitable, Integrated and People-Centred Eye Care Services in the Maldives by 2030

The Government of Maldives commits to strengthening integrated, people-centred and equitable eye care services as part of Universal Health Coverage by December 2030. Building on national health priorities and the WHO Integrated People-Centred Eye Care (IPEC) approach, the Government will embed comprehensive eye care directly into primary health care services nationwide. This ensures better prevention, early detection, treatment, rehabilitation, and referral of eye conditions across all levels of care.

To deliver on this, the government will expand access to essential services including cataract surgery, refractive error care, diabetic retinopathy screening, low vision support, and assistive products. Eye health will be integrated into primary care, school health programmes, noncommunicable disease services, and community outreach, with strong referral pathways connecting remote islands to regional and tertiary facilities. Special focus will be given to children, older adults, persons with disabilities, and underserved island populations.

Implementation will be supported by workforce training for local health providers and eye specialists, integration of eye health metrics into national data systems, and the rollout of teleophthalmology to bring specialist care to every inhabited atoll. Financial protection is also being strengthened through national insurance coverage for essential eye services, spectacles, and assistive devices. Progress will be tracked through routine reporting and periodic reviews.

Mauritania

Integrating Presbyopia Screening and Access to Reading Glasses into Primary Health Care in Mauritania

Between 2026 and 2029, the Government of Mauritania commits to gradually integrate presbyopia screening and the provision of quality reading glasses into the essential primary health care package, in line with the National Eye Health Strategy 2026-2029 and the WHO's SPECS 2030 initiative.

The intervention will prioritize targeting people aged 40 years and older who face the main barriers to accessing eye care, including women, older people, vulnerable populations, and workers whose daily activities require good

near vision. The first phase will target primary and secondary school teachers in Nouakchott South, before a gradual expansion to Nouakchott North and Nouakchott West. Approximately 2,600 teachers will be covered in the initial phase and nearly 6,400 unique beneficiaries are expected to be reached across Nouakchott by the end of 2029.

The Ministry of Health will develop, adapt, and submit for validation of national protocols for presbyopia screening, pre-mounted reading glasses, quality assurance and referral of patients. Primary health care workers and other designated providers will be trained, supervised, and authorized to provide basic screening and eyeglass delivery within a regulated work-sharing framework.

Reading glasses will be gradually integrated into national lists of essential products and national procurement mechanisms. Indicators related to presbyopia screening, eyeglass dispensing and patient referral will also be integrated into DHIS2 to ensure regular monitoring of service coverage, quality and outcomes.

The Government will examine regulatory, fiscal and administrative barriers that may limit the availability and affordability of eyewear. It will also strengthen partnerships with pharmacies, opticians, educational institutions, employers and distributors, under the supervision and quality assurance of the Ministry of Health.

After a normative and regulatory preparation phase conducted between 2026 and the first half of 2027, operational deployment will begin in selected structures in Nouakchott South. The intervention will then be gradually extended to Nouakchott North in 2027-2028, and then to Nouakchott West in 2029. By the end of 2029, integrated presbyopia screening and management services should be operational throughout Nouakchott and supported by a sustainable mechanism for financing, procurement, supervision and monitoring.
WHO will provide technical support for the development and adaptation of policies and protocols, capacity building, integration of indicators into the national health information system, quality monitoring and coordination of partners.

Financial Contribution: US$500,000

Mexico

Prescription Eyeglasses to Correct Refractive Errors in Highly Marginalised Communities in Mexico, 2027–2030

Between January 2027 and December 2030, the Public Welfare Heritage Administration (APBP) is committed to expanding free access to eyeglasses to correct refractive errors—presbyopia, myopia, hyperopia, and astigmatism—in municipalities with high and very high levels of marginalisation and with indigenous populations throughout the country. In these communities, the cost of eyeglasses, distance, and a lack of technical personnel hinder access to these services.

Building on the 21,000 pairs of eyeglasses distributed in 2025 and the 62,000 projected for 2026 using its own resources, the APBP will distribute 320,000 pairs of eyeglasses between 2027 and 2030. Distribution will take place during community outreach events and at primary-care facilities, in coordination with state public welfare agencies through general collaboration agreements. In each state, the APBP will establish infrastructure: diagnostic equipment, technical manuals for screening and follow-up, and state personnel trained using a competency-based approach to screen, prescribe, and dispense eyeglasses.

The APBP will equip 30 states with technical diagnostic equipment by December 2027. The equipment will remain under the custody and maintenance of state governments.

Each beneficiary will receive a visual screening and, if necessary, eyeglasses; those requiring specialised care will be referred to secondary-level care. This will generate data on coverage and unmet needs, which currently does not exist in a systematic manner in Mexico.

To ensure the programme's long-term sustainability, the APBP will incorporate the vision health component into its Operations Manual in December 2027 and will secure targeted funding from the Federal Expenditure Budget. In addition, it will propose guidelines to the Ministry of Health for integrating screening and treatment into primary care. The programme is funded by its own resources, state co-investment, and private-sector donations channelled through the Public Welfare Agency.

Finally, the proposed budget of US$6.8 million is based on the period 2027 - 2030, budgeted at US$1.7 million per year.

Financial Contribution: US$6,800,000

Mexico

Mexico's Commitment to Advancing Equitable Eye Health (2027–2030)

Mozambique

Ensure Universal Access to Near-Vision Correction for Adults by 2030

This commitment includes the introduction of systematic assessment of near visual acuity in adults aged 40 and older. Training of health professionals to identify cases of presbyopia and other eye problems, and the establishment of simple referral and counter-referral mechanisms for cases requiring specialised assessment. The availability of and access to quality affordable reading glasses will be strengthened including through health facilities, community campaigns, mobile teams, and other appropriate service delivery mechanisms, whenever possible, near-vision service will be integrated into consultations for chronic diseases occupational health and other services aimed at the population. Special attention will be given to adults living in rural and remote areas, workers, older people, people with disabilities and populations with less economic and geographical access to eye health services. To support implementation, the Ministry of Health will strengthen the training of primary health care professionals in basic vision assessment, identification of presbyopia, prescription or appropriate availability of reading glasses and referral of complex cases.

The monitoring will include indicators on the number of adults assessed for near vision, the number of people identified as needing correction and the proportion receiving appropriate glasses.
Geographical scope: National
Target population: Adults, with priority given to people aged 40 and over.

Financial Contribution: US$15,000,000

Nepal

Advancing Integrated, People-Centred and Universal Eye Health in Nepal by 2030

The Ministry of Health and Food Safety, Nepal commits to advancing integrated people-centred eye care and accelerating progress towards universal access to quality eye health services by 2030.



Nepal will increase effective Cataract Surgical Coverage (eCSC) from 35.4% to 70% by 2030. To support this ambition, the Ministry commits to increasing the eye health budget. The ministry will also integrate cataract identification at local-level health facilities, expanding the availability of cataract surgical services, strengthening quality monitoring, public-private partnerships and health insurance coverage for eye health.

The Ministry will integrate presbyopia into national health care policy under UHC within two years, ensure access to presbyopic glasses through basic care services across all 77 districts, and reach 7.5 million adults with uncorrected presbyopia by 2030. Nepal will also ensure that 80% of school-going children receive a vision assessment at least once every two years and have access to affordable glasses by 2030.

Nepal will screen at least 80% of the known diabetic population for diabetic retinopathy, by 2030. This will be done by strengthening screening and referral through primary care and diabetes services and integrating retinal screening indicators into national NCD performance reviews.

To strengthen the integration of eye health within the mainstream health system, the Ministry will integrate eye health data into the national Health Management Information System (HMIS) by 2027 and ensure the provision of basic eye care services across all 753 municipalities by 2030.

Financial Contribution: US$240,000,000

New Zealand

Advancing Eye Health through Pacific Partnership

New Zealand is committed to reducing avoidable vision loss, both at home and across our Pacific region. For more than two decades, New Zealand has supported eye health in the Pacific through partnerships with Pacific governments and organisations including the Fred Hollows Foundation New Zealand and Christian Blind Mission. This support has strengthened sustainable, Pacific-led eye-health systems by contributing to the training of more than 400 eye-health professionals, while helping establish and strengthen eye-care services across the Pacific and key regional institutions such as the Pacific Eye Institute in Fiji and the Centre for Eye Health in Papua New Guinea. These investments are helping build the workforce, infrastructure and leadership needed for Pacific countries to meet their own eye-health needs. Led by Pacific partner governments and delivered in collaboration with regional partners, New Zealand will continue to invest in non-communicable disease prevention and management including eye-health system strengthening and workforce development across the Pacific. Within New Zealand, we remain focused on preventing avoidable vision loss and improving access to care. We recognise the importance of prevention, early detection and timely treatment in supporting better health outcomes and quality of life. New Zealand also stands with Pacific governments in advancing the ambitions set out in the Pacific Islands Statement on Eye Health, including stronger eye-health workforces, better integration of eye health within health systems, and improved access to care. These efforts demonstrate what can be achieved through long-term investment, strong partnerships and locally-led solutions. We encourage partners to continue investing in sustainable, locally-led solutions that strengthen health systems and ensure that quality eye care reaches those who need it most. Through action at home and partnership across the Pacific, New Zealand will continue to play its part in ensuring more people can enjoy healthy, independent and productive lives.

Nigeria

Accelerating Universal Health Coverage through Eye Health



The Federal Government of Nigeria and its partners commit to accelerating universal health coverage and eliminating avoidable vision loss by transforming national eye care service delivery through expanding access to equitable, high-quality eye care for over 25 million vulnerable citizens—specifically women, the elderly, and underserved rural populations—by integrating Primary Eye Care (PEC) into Primary Health Care, (PHC), training 10,000 PHC workers, dispensing 5,000,000 pairs of ready-made. reading spectacles, delivering 25,000 fully subsidised cataract surgeries, and growing the active eye care workforce by 20% to increase national Effective Cataract Surgical Coverage (eCSC) by 30 percentage points by 2030.

Joint Commitment. Partners: Sightsavers, Christian Blind Mission International, Clinton Health Access Initiative, VisonSpring, OneSight, PEEK vision, Health and Development Support Programme, AMEN Health Foundation, Helen Keller International, MITOSATH, CBM-Global, Meisha-Meds, CHAN, Tulsi Chanrai, Albasar.

Pakistan

Eye Care Closer to Home: Pakistan's 2030 Primary Eye Care Accelerator

With a population of approximately 259 million in 2026, projected to reach nearly 277 million by 2030, Pakistan will accelerate the scale-up of primary eye care to meet growing need and bring essential eye care closer to communities.

Through federal–provincial coordination, Pakistan will operationalise at least 150 additional Rural Health Centres under this commitment as Advanced Primary Eye Care (APEC) centres, each supported by a deployed optometrist and essential equipment to provide eye examination and refraction, early detection of cataract, glaucoma and diabetic retinopathy, primary low-vision care, and referral. These centres will improve geographic access to eye care for a catchment population of up to 60 million people (about one-fifth of Pakistan's projected 2030 population) with particular attention to rural and underserved communities, women and persons with disabilities.

To expand access to quality spectacle services, including timely provision of reading glasses for presbyopia, Pakistan will establish or strengthen four public-sector optical technician training programmes and train at least 200 optical technicians by 2030, while developing master-trainer capacity to support future formal opticianry qualifications.

Pakistan will also integrate the approved harmonised eye-health indicators into the District Health Information System. By 2030, 100% of commitment-supported APEC RHCs and at least 95% of public-sector district and sub-district eye units will report through the standardised eye-health information format, enabling routine monitoring of access, service trends and progress towards WHO 2030 eye health targets.

Disability inclusion will be embedded across implementation through workforce training, accessibility assessments and improvements at participating APEC facilities.

Together, these actions will reduce distance, workforce, information and inclusion barriers and accelerate effective refractive error coverage.

Financial Contribution: US$9,204,000

Papua New Guinea

Improving Equitable Access to Quality Cataract and Refractive Error Services in Papua New Guinea

The Government of Papua New Guinea commits to increasing effective cataract surgical coverage (eCSC) by 15% and effective refractive error coverage (eREC) by 15% by 2030, while addressing gender inequities in access and outcomes.

Implementation will strengthen existing national and provincial health systems, aligned with the National Eye Health Strategic Plan. We will support Provincial Health Authorities to establish and operationalise NHSS-aligned eye care services, with clear referral pathways from primary to tertiary care.

We will expand and equitably distribute the eye health workforce by increasing trained ophthalmologists and ophthalmic clinicians, establishing optometry training, and strengthening continuing professional development. Integration into primary health care will include training community health workers, nurses and doctors in basic eye care, vision screening and referral.

We will operationalise the Centre for Eye Health as a national hub for quality cataract surgery, training, clinical governance and outreach coordination, supporting provincial centres. We will establish national clinical standards and routine cataract surgical outcome monitoring, with data disaggregated by sex to guide improvements in quality and equity.

For refractive error, we will establish a coordinated national spectacles supply system covering procurement, stock management and distribution, and develop a national vision and refraction service through the Centre for Eye Health, including a National Vision Centre.

Government leadership will guide implementation through the National Department of Health and established national and provincial structures. We will work with local and international partners and seek additional technical and financial support, aligned with government priorities and delivery systems.

Perú

Mejorar el acceso a la cirugía de cataratas en zonas vulnerables del Perú.

Garantizar el acceso oportuno y equitativo a cirugías de catarata en establecimientos de salud acreditados, mediante la implementación de un Plan Nacional de Cirugías de Catarata que permita incrementar gradualmente la capacidad quirúrgica del país, hasta alcanzar una meta de 2,000 cirugías por cada millón de habitantes al año 2030.

English translation:

Improving access to cataract surgery in vulnerable areas of Peru.

Ensure timely and equitable access to cataract surgery at accredited healthcare facilities through the implementation of a National Cataract Surgery Plan that will gradually increase the country's surgical capacity, with the goal of reaching 2,000 cataract surgeries per million people annually by 2030.

Financial Contribution: US$3,500,000

Joint Commitment: Ministry of Development and Social Inclusion (MIDIS) and Orbis International

Integrating Presbyopia Care and Task-Shifting with Strategies to Improve Eye Health within Primary Healthcare in Peru

The Ministry of Health of Peru (MINSA), in partnership with the Ministry of Development and Social Inclusion (MIDIS) and Orbis International, commits to expanding equitable access to near-vision correction for vulnerable populations by 2030 through a nationwide primary care task-shifting model.

By December 2028, MINSA will update its national health policy frameworks, including obtaining regulatory authorization from the General Directorate of Medicines, Supplies and Drugs (DIGEMID), to formally authorize primary care personnel to conduct near-vision screening and directly dispense ready-made reading glasses (RMRG) in primary care, integrating it into a comprehensive eye health care programme.

Financial sustainability will be secured by establishing specific billing codes within the Comprehensive Health Insurance (SIS). Through this commitment, Peru will decentralise eye care, relieve the referral burden on specialised hospital ophthalmology, and provide over 1.5 million older adults with the near-vision correction necessary to restore their economic productivity and alleviate poverty.

Financial Contribution: US$4,900,000

Joint Commitment: Ministry of Development and Social Inclusion (MIDIS) and Orbis International

Philippines

Strengthening National Eye Health Evidence and Equitable Access to Spectacles in the Philippines

The Department of Health (DOH) of the Philippines commits to strengthening evidence-informed national eye health policy, planning, and financing through the implementation of the Philippine Eye Disease Study (PEDS), and to improving equitable access to refractive error services and prescription spectacles for children through the PhilHealth Optometric Benefit Package.

Building on the 2018 Philippine Eye Disease Study, the DOH will work with the Philippine Eye Research Institute and eye health professional societies to implement an updated national PEDS. The study will assess the causes, prevalence, risk factors, and access barriers for eye conditions across all life stages, and will guide national priorities, resource allocation, financing, and target-setting.

The DOH will also support the PhilHealth Optometric Benefit Package, which covers vision assessment, refraction, prescription eyeglasses, and follow-up care for children. The package aims to reduce barriers to care, particularly for underserved children.

Financial Contribution:$470,481

Rwanda

Rwanda's Commitment to Equitable Access to Eye Health Closer to Communities

Through Rwanda’s National Strategic Plan for Eye Health 2025–2030, the Government of Rwanda commits to accelerating equitable access to quality, integrated and people-centred eye care as part of our broader commitment to Universal Health Coverage. By 2030, Rwanda will work to reduce avoidable blindness and moderate-to-severe vision impairment by at least 50%, while strengthening prevention, early detection,

treatment and rehabilitation across the life course. The national strategy is aligned with Rwanda's HSSP V, NST2 and Vision 2050, as well as World Health Assembly Resolutions WHA73.4 and WHA74.6 and the IAPB 2030 In Sight Strategy.

By 2030, Rwanda commits to:

1. Increase effective cataract surgical coverage from approximately 34% to at least 70%, while increasing the Cataract Surgical Rate from 810 to at least 1,200 surgeries per million population and expanding surgical capacity to underserved areas.
2. Increase effective refractive error coverage from approximately 14% to at least 70%, alongside expanded access to affordable refractive services and spectacles.
3. Strengthen the prevention, early detection and treatment of major causes of vision loss, ensuring that no child is left behind through 100% screening of eligible newborns for retinopathy of prematurity, while expanding glaucoma and diabetic retinopathy services to achieve at least 80% glaucoma screening among eye outpatients aged 40 years and above and 70% detection of the estimated diabetic retinopathy burden by 2030.
4. Ensure equitable access to eye care closer to communities by further integrating eye health within primary health care, strengthening the role of community health workers and frontline providers, and expanding permanent specialist services beyond areas where they are currently concentrated.
5. Protect the vision and educational potential of Rwanda's children by progressively expanding school eye health services to achieve universal screening of Primary 1 and Senior 1 learners by 2030, with strengthened referral and access to spectacles where required.
6. Build a resilient and equitably distributed eye health workforce, increasing the number of ophthalmologists to at least 48, establishing optometry training in Rwanda, strengthening ophthalmic clinical officer capacity, and expanding the skills of primary eye care and other frontline health workers.
7. Strengthen financial protection for eye health, expanding access through Rwanda's health financing architecture, including strengthening Community-Based Health Insurance coverage for essential eye care, spectacles, glaucoma medicines and low-vision services.
8. Harness data, research and digital innovation to drive accountability and better care, including completing the national RAAB, strengthening eye-health information and cataract outcome monitoring systems, expanding digital disease registries, and scaling appropriate telemedicine and AI-enabled diabetic retinopathy screening.

These commitments will be delivered through coordinated Government leadership, working with communities, health institutions, academia, civil society, the private sector and development partners, with equity at the centre so that every Rwandan, regardless of where they live or their socioeconomic circumstances, can access the eye care they need.

Financial Contribution: US$4,100,000

Joint Commitment. Partners: Eye Health Technical Working Group Members.

Making Reading Glasses and Presbyopia Care a Covered Benefit under Rwanda's Mutuelle de Santé (CBHI)

The Ministry of Health of Rwanda, through the Rwanda Biomedical Centre (RBC) and with the Rwanda Social Security Board (RSSB), commits to turning the eye care clause in the reformed Mutuelle de Santé (Community-Based Health Insurance, CBHI) benefit package into a functioning, reimbursable presbyopia and reading-glasses service at primary care level, rolled out nationwide by the end of 2027. The Order of 24 February 2026 brought

eye care into the CBHI benefit package for the first time. Yet effective refractive error coverage is only about 14%, and cost and distance to specialists remain the main barriers to near-vision correction.
The Government will:

1. Add ready-made reading glasses and refractive error correction on a tariffed, reimbursable CBHI benefits at primary care level (second half of 2026);
2. add ready-made spectacles to the National Essential Medicines and Health Products List and procurement framework so they are stocked at health centres;
3. revise service delivery and task-sharing guidelines so trained nurses and community health workers can screen for presbyopia and dispense reading glasses without referral, and update their training curricula (early 2027);
4. integrate near-vision screening and dispensing indicators into the Health Management Information System, tracked against CBHI claims data;
5. pilot in selected districts, building on the Capitation Payment Model pilot in the Eastern Province (early 2027), then roll out nationwide (mid-to-late 2027).

Recurrent costs will be financed within the existing CBHI pool administered by RSSB, with standardised tariffs and local or regional assembly of spectacles explored to keep glasses affordable. Implementation will be steered through the existing inter-ministerial CBHI reform framework (MoH, RBC, RSSB, MINALOC and MINECOFIN), with a dedicated eye health work stream reporting quarterly, and embedded in the National Strategic Plan for Eye Health 2025–2029.

Joint Commitment. Partners: Eye Health Technical Working Group Members.

Sierra Leone

Sierra Leone Vision 2030: Eye Health as a Pathway to Universal Health Coverage and Health Security

The Government of Sierra Leone, through the Ministry of Health, commits to accelerating progress towards universal access to quality, affordable and people-centred eye care, while embedding eye health within a resilient, integrated and emergency-ready health system by 2030.

Between 2027 and 2030, Sierra Leone will strengthen comprehensive eye care across primary, secondary and referral levels, focusing on prevention, early detection, treatment, surgery, rehabilitation and timely referral. The Government will expand community and primary-level screening; improve access to spectacles and refractive services; and strengthen services for cataract, glaucoma, retinal and paediatric eye disease, as well as oculoplastics and ocular oncology. Eye health will be progressively integrated into national health planning, financing and health information systems, with stronger referral pathways for advanced specialist care.

Building on lessons from Ebola and recent experience with Mpox and other emerging infectious disease threats, Sierra Leone will make eye health an explicit component of epidemic preparedness and response. This will include integrating eye assessment and management of sight-threatening complications into outbreak protocols, training health workers, establishing rapid referral pathways, and maintaining continuity of eye care for survivors and affected populations.

The Government will strengthen research, innovation and learning to generate locally relevant evidence on eye disease, epidemic-related ocular complications, service delivery and equitable access. Partnerships will support implementation research, digital and tele-eye-health solutions, and responsible scale-up of innovations, including artificial intelligence for eye care.

Particular emphasis will be placed on rural and underserved communities, children, women, older people, people with disabilities and emergency-affected populations.

Through this commitment, Sierra Leone will reach at least 1 million people with eye-health promotion, screening, treatment, referral or rehabilitation services by December 2030, while strengthening the workforce, systems, data and research needed to make eye health an integral component of Universal Health Coverage and health security.

Financial Contribution: US$3,000,000

Joint Commitment. Partners: Sightsavers, University of Nebraska, Duke Global Organization, Central Global Vision

Solomon Islands

Generating National Evidence to Guide Equitable Eye Health Planning in Solomon Islands

The Ministry of Health and Medical Services, through the Solomon Islands National Eye Programme and Regional Eye Centre, commits to completing a quality-assured, nationally representative Rapid Assessment of Avoidable Blindness (RAAB7) by December 2028, and publishing its national report by June 2029. Building on lessons from earlier assessment attempts, the Ministry will prepare a sound survey protocol and resource plan, mobilise the technical and financial support required, train and supervise survey teams, and apply technical oversight and quality assurance through data collection, analysis and reporting.

The assessment will establish national estimates of blindness and vision impairment among people aged 50 years and over and identify the leading causes of avoidable vision loss, including cataract and uncorrected refractive error. Subject to the agreed protocol, it will also assess cataract and refractive error service coverage, near-vision needs, diabetic retinopathy, and differences in access by geography and sex.

The Ministry will work with provincial health authorities and partners to disseminate the findings and, by December 2029, translate them into costed, phased national eye health priorities with clear responsibilities and progress measures. These priorities will guide improvements in primary eye care, cataract and refractive services, diabetic retinopathy detection and referral within diabetes care, and outreach and referral for remote communities, according to the evidence and available resources.

Somalia

Government of Somalia Commitment to Expanding Equitable Access to Affordable Reading Glasses

The Federal Government of Somalia, through the Ministry of Health and Human Services, has reaffirmed its commitment to improving equitable access to affordable, quality-assured reading glasses, particularly for underserved and low-income communities. Through this commitment under the “Global Vision Impact Award”, the Ministry will lead efforts to strengthen policies and regulations governing reading glasses, integrate basic vision screening and near-vision correction into primary healthcare and community health services, build the capacity of health workers, and promote sustainable distribution systems that improve affordability and access. The commitment also emphasizes stronger monitoring and accountability through improved data collection on presbyopia, refractive errors, spectacle access and service coverage.
The Ministry will work with federal and state health authorities, Somali eye-care professionals, development partners and responsible private-sector stakeholders to develop an implementation roadmap with measurable targets, timelines and resource requirements. This initiative recognises that access to reading glasses is not only

an eye health priority but also an important contributor to productivity, livelihoods, education and quality of life. By advancing sustainable policies and service-delivery systems, Somalia aims to make near-vision correction more accessible and strengthen eye health as part of its broader commitment to equitable healthcare and universal health coverage. Implementation will be pursued in accordance with national approval processes, institutional mandates and available resources.

South Africa

A Whole-of-Society Approach: Anchoring Comprehensive Eye Health Services Across the Integrated Life-Cycle Continuum in South Africa.

By 2030, the South African National Department of Health formally commits to integrating a life-cycle continuum of eye care into Primary Health Care and upscaling service delivery. Recognizing that visual health directly drives educational attainment, workforce productivity, and economic empowerment, South Africa is uniting government departments, private sector, external partners, and civil society under a Whole-of-Society approach informed by the WHO Integrated Person-Centred Eye Care (IPEC) framework. By aligning prevention, early detection, treatment, and rehabilitation, South Africa will progressively reduce fragmented care and directly advance Sustainable Development Goals 1, 3, 4, and 8 across all communities. The planned national launch of the Implementation of the WHO SPECS 2030 Initiative by December 2026 serves as the foundation for operationalizing South Africa's national commitment.

Financial Contribution: US$30,026,135

South Sudan

South Sudan Ministry of Health Commitment Letter to Global Eye Health

- Integrate Eye Health into Universal coverage primary health coverage,
- reactivate national eye working group with quarterly meeting to review progress made on implementation of eye care strategic plan.
- Commits to deliver eye health services through primary eye care services, in addition to secondary services at national and state hospitals to reduce all causes of avoidable blindness.
- Commits to eliminate trachoma as a public health problem by the end 2030.
- Commits to train frontline eye health workers, nurses, TT surgeon, and Ophthalmic clinical officers and Ophthalmologists.

Joint Commitment. Partners: Christian Blind Mission (CBM) and The Carter Center.

Sri Lanka

To Achieve Universal Access to High-Quality, Equitable, and People-Centred Eye Care by 2030

We declare our unwavering commitment to eliminating avoidable vision loss and achieving equitable access to comprehensive, high-quality eye care services for all. Guided by evidence, partnership, and integration into our universal health coverage framework, we pledge to achieve the following national eye health milestones by 2030:

1. Cataract Surgical Coverage
2. Presbyopia Care
3. Childhood Refractive Errors

4. Diabetic Retinopathy & Glaucoma
5. Occupational Eye Health & Road Safety
6. Vision Rehabilitation
7. Eye Health Information System
8. Sustainable Eye Health Financing.

Sudan

Strengthening Blindness Prevention and Vision Restoration in Sudan

By 2030, the Government of Sudan will accelerate national action to prevent avoidable blindness and vision impairment and improve access to timely diagnosis, treatment and vision rehabilitation, with the ambition of reaching up to 45 million people across Sudan.

Sudan will invest US$50 million in strengthening the national eye-care system and expanding access to quality eye-care services, with a particular focus on integrating population vision screening, early identification and referral into primary health care and expanding community-based outreach.

The Government will strengthen the capacity and performance of public hospitals to provide timely diagnosis and management of avoidable causes of blindness and vision impairment, while improving access to appropriate treatment and vision rehabilitation.

Sudan will also strengthen the eye-health workforce and deploy AI, digital health and teleophthalmology to extend access to eye-care expertise and services, particularly for communities that face geographical or other barriers to accessing specialist care.

Implementation will prioritise equitable access for underserved populations and communities. Progress will be monitored through agreed national indicators covering population reach, screening, referral, treatment and rehabilitation, alongside relevant eye-health coverage and outcome measures.

The Government will establish clear national accountability for implementation and report progress regularly, working with national and international partners to ensure that investment in eye health contributes to a stronger, more accessible and sustainable health system.

Financial Contribution: US$50,000,000

Joint Commitment. Partners**:** National Eye Centre, Ministry of Health, Sudan, Public ophthalmology hospitals, Curative Medicine Administration, Primary health care administration.

Thailand

Equitable, Integrated Eye Care Across the Life Course in Thailand

In support of the UN resolution Vision for Everyone, Thailand is committed to integrated people-centred eye care (IPEC), believing that everyone deserves good eye health across the life course. Thailand's public eye-care services are integrated into Universal Health Coverage (UHC), which has guaranteed health insurance for all Thais since the National Health Security Act of 2002. This enables equitable access to essential eye care, aligned with the WHO global eye care targets for 2030, SPECS 2030 and IAPB's 2030 In Sight framework.

The Eye Institute, Mettapracharak Hospital, Department of Medical Services, Ministry of Public Health, commits to data-driven action in the following priority areas, working with its partners — The Royal College of Ophthalmologists of Thailand (RCOPT), Optometry Association of Thailand (OAT) and WHO South-East Asia Network of Eye Hospitals to Transform Services (SEA NETS) — as well as national, regional and global eye-care alliances:

1. Expand existing nationwide child eye-health screening and spectacle services from primary-school level to adolescents, pre-school children, and infants and newborns.
2. Advocate for including reading glasses in the UHC benefit package, aiming to reach at least 5 million adults aged 40+ by 2030, particularly older persons and people after cataract surgery, advancing eREC.
3. Expand equitable cataract services by harmonizing surgical indications and access criteria across all national health insurance schemes and increasing both surgical volume and quality, towards a 30-percentage-point increase in eCSC.
4. Scale up AI-supported diabetic retinopathy (DR) screening and referral by multidisciplinary teams across the continuum of care, to achieve at least 80% regular screening coverage among people with diabetes and 80% treatment coverage for sight-threatening DR, in line with the WHO South-East Asia regional targets for 2030.
5. Strengthen and expand the allied eye-health personnel, advocate permanent civil-service positions for optometrists in public facilities nationwide, and promote comprehensive primary eye care.
6. Strengthen national, multisectoral engagement by integrating interoperable surveillance platforms and enhancing data-analytics frameworks for monitoring eye health and strategic decision-making.

We affirm the full value of vision as a national priority, working to ensure that all people in Thailand can see, participate, and thrive, with no one left behind.

Timor-Leste

Integrated Eye Health into the Community

The Government of Timor-Leste commits to increasing effective cataract surgical coverage (eCSC) to 60% with baseline 19% (2017) including this into essential eye care services for working-age and older populations by 2030. This includes strengthening integration of eye care into national health systems, supported by sustainable financing mechanisms and strategic partnerships.

1. Expanding cataract surgical services into regional hospital outside Dili.
2. Increased surgical productivity, improved quality of care, and outreach to rural and underserved populations.
3. Timor-Leste: commits to improving and increasing effective refractive error coverage (near and distance) to 80%, by increasing required resource allocation for eye health.
4. Improving access to presbyopia services through the provision of affordable, ready-made reading glasses at primary health care and community levels.
5. Timor-Leste commits to achieve 80% targets of screening of known Diabetic population for Diabetic Retinopathy by 2030.
6. Provision and strengthen DR screening services in regional hospital and treatment in National Eye Centre Dili.
7. Provision of a diabetic registry and referral mechanism.

Financial Contribution: US$200,000

Joint Commitment. Partner: WHO Country Office.

Togo

Refractive Errors in School and Learning Environments

Le Togo compte environ 3 500 000 élèves et apprentis. Parmi eux 4% souffre de déficience visuelle liée aux erreurs de réfraction non corrigées. Le but est de dépister environ 1 000 000 d'élèves et d'apprentis et d'équiper 80 000 en lunettes. Mettre en place une stratégie de dépistage et correction systématique des élèves et apprentis.

English translation:

Refractive Errors in School and Learning Environments

Togo has approximately 3.5 million students and apprentices, of whom 4% experience visual impairment due to uncorrected refractive errors. The goal is to screen approximately 1 million students and apprentices and provide eyeglasses to 80,000 of them. This initiative aims to establish a systematic strategy for screening and correcting refractive errors among students and apprentices.

Financial Contribution: US$3,000,000

Uganda

Uganda's National Commitment to Increase Availability and Access to Equitable Eye Health Services by 2031

The Government of Uganda commits to increase availability and access to equitable eye health services by 2031, anchored in three major commitments:

1. Integrating a nationally defined package of essential eye-care services into 72% of general hospitals and health centre IVs by 2031, with appropriate referral linkages to higher-level eye-care services.
2. Raising the national cataract surgical rate from 250 to 800 operations per million population/year by 2031, while achieving a 30% increase in effective cataract surgical coverage.
3. Increasing the effective refractive error coverage (eREC) by 40%, while establishing an integrated sustainable national system that ensures people can access affordable glasses.

These commitments will be achieved through a coordinated set of actions as follows:

i. Workforce: Increase training and deployment of ophthalmologists, optometrists and Ophthalmic Clinical Officers, ensuring an equipped, competent, committed and well-distributed eye care workforce at all levels.
ii. Service delivery: Expand refractive error services to underserved districts, distribute reading glasses on spot, scale school and community vision screening, and strengthen diabetic retinopathy screening in referral hospitals.
iii. Monitoring: Integrate the eREC, CSC and eCSC eye health indicators into the national HMIS, improve routine data collection, monitoring and annual reporting to WHO.
iv. Sustainable Eye Health Financing: Increase domestic financing for eye health by 20% by 2031, embedding essential eye care within UHC benefit packages.
v. Equity & community reach: Extend services to children, women, older persons and persons with disabilities, disaggregating data by age, sex and disability; scale up Village Health Team training and community referral pathways.

vi. Innovation & partnerships: Expand tele-ophthalmology and research with universities and strengthen the multistakeholder coordination platform to refine and drive implementation of the National Eye Health Strategic Plan.

Together, these actions will operationalise Uganda's flagship commitments while advancing inclusive and sustainable national eye health outcomes.

Financial Contribution: US$5,000,000

Viet Nam

Advancing Policy and Quality of Eye Care in Viet Nam

The Medical Services Administration, Ministry of Health of Viet Nam, commits to advancing access to presbyopia care and near-vision correction and to improving the quality of eye care across the health system, from January 2027 to December 2030.

Uncorrected presbyopia affects virtually all adults over 40, especially older persons and rural agricultural and informal-sector workers, yet near-vision spectacles remain a medicalized service concentrated in eye care facilities. Beneficiaries of this commitment include adults over 40 and people living with diabetes.

The commitment has two components. First, policy reform: the Medical Services Administration will take the lead in developing and submitting to the Ministry of Health for consideration and issuance, policies and documents on diabetic retinopathy, presbyopia and access to near-vision spectacles, in parallel with other eye health priorities. Second, quality of care: the Medical Services Administration will improve the quality of medical examination, treatment and eye care in all health facilities, especially at the local level, through quality standards for refractive services, updated clinical guidelines and professional supervision, so that people receive safe and effective eye care at the appropriate level of the health system.

The commitment will be implemented nationwide in accordance with the laws and regulations of Viet Nam and within the mandate of the Medical Services Administration, in collaboration with provincial health authorities, eye hospitals and development partners.

Zambia

Enhanced Cataract Surgeries and Refractive Error Corrections in Zambia

The Government of the Republic of Zambia commits to increased cataract surgeries, by procuring consumables through our medicines agency. Refractive error and presbyopia correction will be a priority in all eye facilities, so that no one is left behind needlessly blind. We will target 2,000,000 learners across the country during school eye health screening programmes and for presbyopia, over 200,000 reading glasses to be dispensed.

The integration of eye health in primary health care will be expedited, in order to take eye health services as close to the people as possible, in order to attain Universal Eye Health Coverage.

The Government will employ more eye health personnel and will continue training more eye health specialists. Our government will pay special attention to women, girls, older persons, persons with disabilities, marginalised groups as well as the rural communities so that no one is left behind.

The Government of Zambia is committed to a future where a child's potential is not limited by poor vision, where an adult's productivity is not hampered by reversible visual impairment or blindness, but a future where every Zambian will live a life of clarity and opportunity.

Together we will make this future a reality.

Financial Contribution: US$2,500,000

Zimbabwe

Universal and Equitable Access to Integrated Eye Health Services in Zimbabwe by 2030

By 2030, Zimbabwe commits to achieving universal and equitable access to integrated eye health services by strengthening cataract, refractive, and childhood eye care services; increasing investment in the eye health workforce; integrating eye health indicators into national health information systems; and allocating sufficient funding to reduce avoidable blindness and improve population wellbeing.
Guided by the National Eye Health Strategy under review and renewal, the Government of Zimbabwe commits by 2030 to accelerating progress towards universal and equitable access to comprehensive, integrated, people-centred eye health services across all levels of the health system. The government will progressively expand the availability, accessibility, affordability of quality of cataract surgical services, refractive error and presbyopia correction, prevention, early detection, treatment and referral services for childhood eye diseases and conditions. This commitment includes allocating an adequate programmatic budget within the national health financing framework. In line with the Human Resource Investment and Compact Strategy, the government will further strengthen the eye work health force by increasing training, proper placement and deployment of appropriately skilled personnel and implementing measures to improve remuneration and retention of specialised eye health personnel.
By 2030 eye health indicators will be strengthened and routinely integrated within the national health information system. Through these measures, Zimbabwe will work towards reducing avoidable vision impairment and blindness, thereby increasing effective coverage of essential eye health interventions, contributing to improved productivity, healthy ageing, and quality of life.

B. Multilateral International Organizations

ATscale, the Global Partnership for Assistive Technology

Vision screening for school-aged children

60-million-dollar investment to scale up integrated assistive technology and children's eye-health services. Over 4 million school children will be screened for both vision and hearing loss, and an estimated 400,000 children will be fitted with eyeglasses enabling them to see better, to learn, to socialize, and to thrive. This is made possible thanks to support from the Government of Australia, the United States Government and others.

Financial contribution: US$60,000,000

Organization of Eastern Caribbean Commission

OECS Regional Eye Health Strategic Plan and Monitoring Framework

The OECS Commission commits to continue leading and coordinating the development of a regional approach to eye health and vision, including the presentation of the draft OECS Regional Eye Health Strategic Plan and monitoring framework at the OECS Health Policy Forum to be held in February / March of 2027. The final strategic plan will be presented for endorsement at the 13th Council of Ministers: Health meeting in October 2027. The OECS Commission will work with member states, national, regional, and international partners, civil society organizations, professional organizations, persons with lived experiences, and other stakeholders to achieve this goal.

Result: Creation of an OECS Regional Eye Health Strategic Plan and monitoring framework; completion of the Eye Care Situation Analysis Tool

UNICEF
Advancing Country-Led Eye Health Programmes for Children in 25 countries

By 2029, UNICEF commits to supporting governments in 25 countries, including at least 10 in Africa, to strengthen and scale up vision screening for children. This will include strengthening sustainable national systems for early identification and referral and improving access to appropriate eye-care services and assistive technology, including eyeglasses.

Working with governments and partners, UNICEF will support the integration of vision screening and referral pathways into existing health, education and community-based systems, advance the localization of eye-care services and assistive technology through partnerships with local service providers, civil society organizations, private sector, and strengthen national capacities for sustainable service delivery. Particular attention will be given to reaching underserved children, including children with disabilities, and strengthening linkages between screening, assessment, and access to appropriate services, support, and assistive technology.

This commitment contributes to UNICEF's Strategic Plan 2026–2029, including its target to screen 90 million children and connect those who need it to disability support services and assistive technology.

C. Donors and Philanthropic Organisations *(listed in alphabetical order)*

Ann & Carl Evans Foundation

Evans Vision Match

The Ann & Carl Evans Foundation commits the majority of its assets to partnerships that link grants from partner The Rotary Foundation with leading global eye health organisations to address the overwhelming need for access to eye care that occurs predominately in low- and middle-income countries, trapping them into poverty. We pledge to work on multiple levels with multiple partners simultaneously and broadly by engaging the worldwide spread of Rotary International's membership to raise awareness, act, allocate resources, and accelerate current efforts. We will work with and through the Blindness Prevention Rotary Action Group, the International Rotary Fellowship of Healthcare Professionals, and the Major Gift Initiative Advisors on Health to The Rotary Foundation, as well as through District and Global Grant initiatives, and other activities that may follow in the future. Ann & Carl Evans, as major donors to The Rotary Foundation, having already donated US$1m, to the Foundation, having already committed an additional US$1m to 'match' grants in eye health access, and having already committed

US$1.6m to Seva for eye health work in Tanzania, Uganda, Malawi, and Burundi, and US$0.25m to the International Center for Eye Health, commit to accelerating our donations, targeting them in leading organisations with the commitment, experience, and capacity to make the seismic changes needed to alleviate Avoidable Blindness and Vision Impairment.

Joint commitment. Partner**:** Rotary International.

Livelihood Impact Fund

20+ countries, 1.5 billion people and counting, access to basic eye healthcare and eyeglasses

The Vision Action Fund, in partnership with the Livelihood Impact Fund, commits to the Global Vision Impact Awards (GVIA). In partnership with Vital Strategies, the awards will provide Technical Assistance to 20+ low- and middle-income countries dedicated to building primary eye and near-vision care into their national health systems. The main barriers are not clinical. They are restrictive regulations, import duties, frontline workers who are not authorised or trained, and inadequate supply chains and financing.

Governments that have made ambitious Summit commitments will receive catalytic technical and financial support aligned to their readiness and ambitions, such as dedicated in-country teams, sub-grants, and expert advisory support.

Working through National Coordinating Committees led by Ministries of Health, we will assist governments to:

- allow over-the-counter sale of reading glasses, or task-shifting to primary and community health workers
- add near-vision screening and dispensing to primary health care
- include reading glasses in public procurement and supply chains
- test delivery models
- approve costed national rollout plans
- agree to a pathway for domestic financing.

A global playbook, quality standards and South-South learning exchanges will be shared openly, including with countries outside the initiative.

Participating countries span Africa, Asia and Latin America and have a combined population of more than 1.5 billion. Priority will go to committed rural, low-income and hard-to-reach populations. We will report progress against policy and readiness milestones every year, preparing countries for a second phase of government-led distribution.

Joint Commitment. Partner: Vision Action Fund.

The Brenda Strafford Foundation

CAD $3.0 Million to Advance Caribbean Eye Health and Vision

The Brenda Strafford Foundation (BSF) is a Canadian strategic philanthropic organisation focused on improving health and well-being in Canada and internationally. The BSF invests in partnerships, research, innovation, and community-led solutions that address real needs and create lasting impact. By bringing together people, ideas, and resources, we help turn promising opportunities into meaningful change.



By 31 March 2028, The Brenda Strafford Foundation will provide CAD $3.0 million in newly committed funding to strengthen eye health and vision services across the Caribbean, subject to the finalization of Partner Impact Agreements with participating partners.

Approximately half of this commitment will support the continuation of essential eye health and vision services already in place, while the remaining funding will support new initiatives and partnerships focused on expanding access to sustainable eye health and vision services and strengthening the systems that support their delivery.

Working alongside local health and government leaders and regional partners, this commitment will support work in Haiti, Jamaica, and Dominica, as well as broader regional initiatives in partnership with the Organisation of Eastern Caribbean States (OECS).

Through these strategic investments and partnerships, The Brenda Strafford Foundation will build on more than four decades of work in the Caribbean, expanding access to specialised eye care, strengthen eye health systems, and support sustainable improvements in eye health and vision, benefiting approximately 2.5 million people across the region.

Financial Contribution: US$2,100,000

Vision Catalyst Fund

Catalysing Sustainable Finance for Eye Health

The Vision Catalyst Fund commits to working with the World Bank Group and national governments over the next three years to support at least three lower- and middle-income countries to move national eye health priorities into credible, costed, and financeable government-led programmes. Building on the first phase of VCF's World Bank partnership, VCF will lead a Phase Two resource mobilisation effort targeting US$15 million in additional grant financing. This will establish a dedicated World Bank-administered pathway to fund government-led eye health implementation in lower- and middle-income countries, ensuring long-term sustainability and government ownership. A key part of this work will be working alongside the World Bank Group on a multi-country analysis of eye health financing gaps and flows, to better understand current levels and sources of financing, identify the main funding and policy constraints, and map practical routes to increased government, multilateral, philanthropic, and private investment. Through the existing World Bank partnership, VCF will support governments in identifying opportunities to integrate eye health into broader health systems and financing programmes, strengthening the evidence and investment case, and developing credible propositions that can move toward implementation. Our ultimate ambition is to establish a repeatable, scalable pathway from national eye health plans to financed programmes, enabling eye health to access much larger pools of sustainable financing over time for LMICs. The VCF will report annually on progress, including countries supported, financing analysis completed, investment propositions developed, funding mobilised and additional financing opportunities advanced.

Financial Contribution: US$15,000,000

Vision Friend Sakib Gore

From Schools to Families: Scaling Sustainable, Family-Centred Community Eye Care Across 12 Geographies in Maharashtra, India by 2030

From 2027 to 2030, Vision Friend Sakib Gore and Vision Friend Eyewear jointly commit to scaling sustainable, family-centred community eye care across 12 geographies in Maharashtra, India. Building on 34 years of self-funded rural eye care, educational institutions will be the entry point and the whole family the destination.

December 2030, at least 1,500 schools will implement the Vision Responsibility Framework and at least 600,000 children will receive structured vision screening. Every participating learner will be offered a family eye-health awareness and check activity. Children with a clinically confirmed need for spectacles will be offered a free school uniform approved frame, heavily subsidised prescribed lenses and documented spectacle use follow-up. No clinically eligible child will be denied prescribed vision correction solely because of inability to pay the subsidised charge. Schools will support youth-led action on spectacle acceptance, anti-stigma, family participation, and eye-health leadership.

At least 25 permanent Vision Friend community eye-care centres will provide year-round affordable access. At least 500,000 eligible adults with presbyopia will receive heavily subsidised reading glasses at US$0.09. Across all 12 geographies, referral and patient-navigation pathways will connect people to existing government and qualified partner services for cataract, glaucoma, retinal disease and diabetic retinopathy. At least 10,000 eligible underserved people will access free cataract surgery with patient navigation and postoperative follow-up, and at least 75% of clinically indicated referrals will achieve documented closed-loop completion.

Implementation will apply affordability, accessibility, informed consent, safeguarding and non-exclusion protections and will be sustainably financed through Vision Friend Sakib Gore resources. Annual monitoring will track reach, service delivery, follow-up, referral completion and equity. The commitment contributes to the WHO 2030 targets on effective refractive error coverage and effective cataract surgical coverage.

Financial Contribution: US$1,500,000

Joint Commitment: Vision Friend Eyewear.

D. Private Sector Businesses *(listed in alphabetical order)*

Alcon

Leveraging Our Global Surgical Training Network to Expand Eye Care Capacity

Alcon supports the World Health Organization's call to accelerate progress toward eliminating cataract-related blindness and visual impairment by strengthening health systems to deliver safe, effective, and sustainable care. Success requires innovation, skilled professionals, reliable infrastructure, shared quality frameworks, and partnerships that bring care closer to underserved communities.

Alcon's Global Summit for Eye Health commitments are centred on the critical role that our professional education programmes and collaborations with partners including Aravind Eye Care System and Orbis International can play in increasing the number of surgeons and staff trained in phacoemulsification cataract surgery in underserved regions over the next 5 years. Specifically:

- Alcon will broaden its hub-and-spoke surgical training network, connecting Aravind's Global Centre of Excellence with regional centers, NGO and clinical partners, teaching institutions, and digital platforms. In 2027, we intend to activate Egypt and Peru, later extending into the Middle East, North Africa and Latin America. The Aravind Centre will work with Alcon and our partners to adapt curriculum, faculty development, competency assessment, and quality and outcomes measurement to local needs.

- Alcon will expand instructor-led Virtual Phaco and Vitreoretinal Development Programmes, giving professionals in remote and underserved areas access to continued learning, expert guidance and clinical development. Support will include clinical education expertise, faculty development, simulation access and appropriate in-kind technology, aligned with local needs and approvals.
- Programme expansion will prioritize countries with the greatest workforce, surgical coverage, and access gaps.
- In 2026, Alcon will spend at least US$10 million on Phaco Development and Aravind programmes, plus US$50 million in charitable donations and gifts-in-kind. Similar annual investments are expected, subject to review and approval.
- Through these investments, Alcon will provide clinical professional development to at least 3,000 ophthalmic surgeons in underserved communities by 2030, with progress measured through validated, audited reporting.

Financial Contribution: US$50,000,000

Joint Commitment. Partner: Orbis International

Arclight Project, University of St Andrews

Affordable tools, greater reach: scaling frontline eye examination by 2030

By the end of 2030, the Arclight Project commits to supplying at least 50,000 additional affordable, robust and easy-to-use diagnostic devices for eye examination, with a particular focus on improving access in low-resource and underserved settings. We operate differential pricing, with substantially subsidised pricing for low- and middle-income countries and other low-resource settings, helping make devices more affordable where access to conventional eye examination equipment may otherwise be limited.

As a university-based medical innovation and social enterprise project, Arclight designs, develops and manufactures diagnostic tools and supporting training resources. We work with governments, NGOs, universities, health services and other partners, who procure and deploy them through their own programmes to equip and train frontline health workers.

Alongside increased device supply, we will continue to develop and provide practical training and educational resources and, where appropriate, work with partners on training, train-the-trainer approaches and implementation within their own programmes. Our aim is not simply to place equipment, but to increase the capability of frontline health workers to undertake eye examinations, recognise important eye disease and make appropriate referral decisions.

Through this expansion, we expect to enable an estimated 5 million additional eye examinations and screening encounters by 2030, strengthening frontline capacity to identify eye conditions earlier and support appropriate referral and care.

We will track devices supplied and, where feasible, work with partners at deployment and through follow-up to estimate their use and reach. Through accessible technology, training and partnership, Arclight will contribute to 2030 In Sight by expanding access to eye examination and helping reduce avoidable sight loss.

Financial Contribution: US$800,000

Carl Zeiss Vision International GmbH

Package the successful Indian Aloka Vision Programme to activate in other countries. Support with awareness and training programmes and donations.

Through the Aloka Vision Programme, ZEISS has built a successful example of a self-sustaining eye care social business. Operational in India since 2015, Aloka brings optometrists and ophthalmologists directly into underserved rural communities, providing eye exams and affordable spectacles at a fraction of local cost.

Commitment:

1. Package the Aloka Vision programme that is working so successfully and sustainably in India into a blueprint for fast start activity in other countries.
2. Use this blueprint to activate at least two more countries in 2027/28 in collaboration with governments and third parties as a fast start enablement of the respective country commitments.
3. Extend sustainable Vision Care to cataract patients by building on the Aloka Vision Programme to ensure people receive post-cataract surgery screening and refractive error correction to ensure they see well.
4. In conjunction with other programmes, collaborate with governments and third parties to drive visual health awareness via social media campaigns, tailored by country to the specific commitments.
5. Expand ZEISS's school/community/training programmes for underserved communities from 2027.
6. Donate certified equipment for refractive error screening and dispensing support as part of country specific outreach programmes.
7. Donate glasses and IOL's as part of these outreach and cataract programmes

KPI #1:
Use the expanded Aloka and training programmes to target an incremental 1M people/year for screening and dispensing of affordable eyewear.

KPI #2: Develop programmes with countries using the enabling components to create awareness, create demand and service demand for an incremental 1M people/year.

CooperVision

Advancing Global Child Eye Health Through Leadership in Myopia Management

CooperVision commits to advancing child eye health globally through leadership in evidence-based myopia management between 2027 and 2030, and beyond.

Childhood myopia is one of the fastest growing eye health challenges worldwide, with important implications for lifelong vision and eye health. As a global leader in myopia management, CooperVision recognises the need for coordinated action across research, professional education, clinical practice, advocacy and policy.

Between 2027 and 2030, CooperVision will continue to leverage its global scientific, clinical and professional affairs expertise to support awareness, understanding and implementation of evidence-based myopia management. Through global and regional educational initiatives, scientific dissemination activities, continued investment in the advancement and real-world implementation of evidence-based myopia management

interventions, and collaboration with eye health organisations, professional associations and academic institutions, CooperVision will help build capability among eye care professionals and promote best practices in myopia management

CooperVision will actively contribute to international eye health dialogue by participating in major scientific, professional and policy forums focused on child eye health. We will support the dissemination of emerging evidence, encourage earlier intervention and advocate for greater recognition of myopia management as an important component of child eye health strategies worldwide.

Through these efforts, CooperVision aims to strengthen professional capability, elevate childhood myopia within global eye health discussions, and support broader and more equitable access to evidence-based myopia management approaches, helping improve long-term visual outcomes for children. This commitment builds upon CooperVision's ongoing investments in myopia research, education, scientific exchange and stakeholder collaboration, contributing to sustainable progress in child eye health through 2030 and beyond.

Deepak Care Limited

Scaling Access to Affordable Cataract Surgery through US$9 Surgical Consumable Kits

Deepak Care Limited recognises that untreated cataract remains a leading cause of preventable blindness worldwide, with cost of surgery being one of the major constraints.
We believe that financial barriers should never stand in the way of sight restoration. And thus, we aim to reduce the cost of essential cataract surgical consumables while maintaining quality and enabling partners to expand access to safe and affordable cataract surgery.

We formally commit to expanding access to our highly scalable, comprehensive, flexible, modifiable and uncompromisingly high-standard Cataract Surgery Kit: CATKIT® (including 23 different types of consumables), from US$ 12 per Surgery to just US$ 9 per surgery, through 2030, without compromising quality, safety or regulatory standards.

The company will make these subsidised kits available for up to 2 million cataract surgeries annually, working with NGOs, surgical centres and outreach programmes to reach underserved and low-resource populations, including hard-to-reach settings.

It will also work with stakeholders to integrate this affordable kit into national and regional eye health plans, thus driving sustainable models toward universal eye health coverage by 2030.

Financial Contribution: US$24,000,000

Ennovation Pte Ltd

Myopia Control for Low-Income Children in Singapore

In 2026-27, Ennovation Pte Ltd is committing 3,000 pairs of MyoPREVA films to children from low-income group. We are working with the school health services from the Health Promotion Board to identify the children in need to receive the films. These will be done in 2026 & 2027.

50% of low-income children will have access to myopia control intervention in Singapore.

Financial Contribution: US$360,000

F. Hoffmann-La Roche Ltd.

From Science to Sustainable Impact

Roche commits to building on its scientific innovation, partnerships with people living with eye conditions and their caregivers, and responsible evidence sharing to support more sustainable eye care.

1. Advancing science to preserve and restore vision:
   Roche will continue advancing ophthalmology research across novel biological targets, innovative approaches to treatment delivery, including surgical approaches where relevant, and technologies such as imaging, biomarkers, genetics and artificial intelligence. This work is informed by insights from people living with eye conditions, their caregivers and healthcare professionals.

2. Strengthening partnership:
   Building on long-standing collaborations, Roche will continue giving voice to people living with eye conditions, their caregivers and the wider eye-health community on unmet needs, treatment burden and challenges across the care pathway, including how treatments and novel approaches can be delivered effectively in practice. Structured opportunities could include advisory discussions with people living with eye conditions and their caregivers, alongside multi-stakeholder roundtables, to identify shared priorities and practical improvements.

3. Translating learning into action: Building on existing evidence generation and engagement, Roche will share at least one public-facing Evidence-to-Action output. Learning may cover:

- Needs and experiences of people living with eye conditions and their caregivers.
- Delivery of treatments and adoption of novel approaches, including surgical interventions where relevant, and practical requirements for integrating them into care.
- Available evidence on the societal costs of visual impairment, including its impact on people living with eye conditions and their caregivers, and the costs and benefits of appropriate interventions.
- Care-pathway challenges, implementation barriers, collaboration opportunities and sustainable care.

The output could summarise priority barriers and potential responses to inform local discussions and practical next steps that reflect the needs of people living with eye conditions and their caregivers.

4. Scope and contribution:
The commitment will build on activities globally (in developed as well as emerging markets as opportunities arise) aiming to help the estimated 300 million people living with eye conditions globally.
Roche contribution to this project will be in-kind support by driving the above three topics as outlined above and attending meetings.

5. Accountability and responsible sharing:
Roche will share high-level progress on engagement, participation of people living with eye conditions and their caregivers, geographic scope and the Evidence-to-Action output. External sharing will be limited to appropriate, aggregated, non-confidential information, subject to applicable requirements and internal review and approval (examples may include congresses, summits, white papers and Roche Pharma Day).

He Eye Specialist Hospital Group

Digitalised and Intelligent Blindness Prevention, with Technology and Humanity

Leveraging 30 years of clinical and academic excellence, He Eye Specialist Hospital (HESH) Group submits this formally assessed, fully financed commitment. Backed by sustainable capital, HESH pledges to drive measurable progress across our three synergistic pillars.

Industry (Translational Innovation): To organically expand community screening and access, HESH will deploy 5,000 proprietary "Eyerobo" automated AI screening kiosks by 2029. This champions integration into primary care and reaching underserved populations with cost-effective diagnostics and on-the-spot reading glasses.

University (Workforce & Research): To increase workforce capacity, our university commits to training 3,000 mid-level eye care professionals and digital health technicians by 2030. By embedding public health principles and advanced AI biostatistics into our curricula, we systematically develop, train, and retain highly skilled personnel capable of sustaining modern blindness prevention programmes.

Hospital & Clinic (Clinical Excellence): To boost surgical productivity in teams and make cataract surgery better and elevate the awareness of myopia prevention, our clinical network, anchored by our expanded advanced clinics and surgical facility in China, commits to performing 150,000 high-quality procedures by 2028 to improve eCSC and commits to provide scalable myopia management initiative by 2028 to improve eREC. We will establish rigorous monitoring and surveillance mechanisms to track clinical outcomes and ensure accountability across all clinics.

Africa: Through the "Mozi Workshop" project, HESH and Cameroon's Higher Institute of Applied Health Sciences and Technology (ISSTAS) established the country's first optometry college. We will fund 12 full scholarships annually, deploy trained optometrists across West Africa, and establish a continuing professional development system for Cameroonian optometrists by 2030. Through the Global Optometry Entrepreneur Alliance, we will help optometrists in underserved areas establish and run standardised, sustainable clinics.

Through cross-sector partnerships with governments, civil society, and global health organisations, HESH will coordinate action to ensure these targeted interventions collectively strengthen systemic eye health, health equity, and economic participation by 2030.

Financial Contribution: US$375,000,000

Johnson & Johnson

Johnson and Johnson Global Eye Health Summit Commitment

Advancing eye health through partnership and measurable impact
Johnson & Johnson and the Johnson & Johnson Foundation have a long-standing commitment to advancing eye health through partnerships that deliver measurable, lasting impact. We will continue to work alongside NGOs, eye care professionals and local stakeholders to expand reach where unmet need is greatest.

Refractive Error
Through Sight For Kids, Johnson & Johnson and the Johnson & Johnson Foundation have helped expand access to vision screenings, training for teachers and community health workers, referrals for follow-up care, and

eyeglasses for students – reaching nearly 60 million children. We remain committed to strengthening local capacity and integrating screenings into schools.

Cataract Care
To address the growing burden of cataracts and surgical backlogs, Johnson & Johnson, the Johnson & Johnson Foundation and its partner SEE International have helped strengthen the workforce by training nurses, ophthalmic personnel, and surgeons and supporting volunteer surgical outreach efforts – helping restore sight to more than 70,000 patients.

Access to Essential Eye Care Products
We are committed to improving access to sight-restoring care by donating intraocular lenses (IOLs) and other vision products to surgeons serving high-need populations. We also support organisations including Cure Blindness Project with surgical outreach kits, ophthalmic equipment and simulation tools, strengthening education and advancing training.

Innovation in Vision Care
We support innovation that expands access to vision screening and diagnostics in underserved communities. J&J Impact Ventures, an investment fund within the Johnson & Johnson Foundation, supports Phelcom Technologies to develop and scale handheld retinal imaging that is both high-quality and affordable.

Awareness and Education
We will use the reach and influence of Johnson & Johnson to elevate eye health as a public health priority, driving awareness and action through global platforms, partnerships, and communications.

Media MICE

Supporting IAPB's Global Voice and Vision

As a committed IAPB member, Media MICE, a leading publisher and communications partner for the global eye health sector, will leverage its expertise in eye health communications, content creation, audio-visual production and audience engagement to amplify the Global Summit for Eye Health and its outcomes, helping to build momentum for action towards ending avoidable sight loss by 2030. We will collaborate to develop and deliver tailored content that inspires participation, captures key insights, and helps broaden the reach and impact of the global eye care movement.

Through this commitment to become the official media partner for the Summit, Media MICE will help extend the reach of the Summit beyond those in the room, strengthen the collective voice of the eye health sector, and keep eye health and the 2030 goal firmly on the global agenda.

Financial Contribution: US$50,000

National Vision

African Optometry Education Initiative (AOEI): A Joint Commitment to Strengthen Optometry Education Across Africa

National Vision, CooperVision, and Advancing Eye Care are making a joint commitment to strengthen the institutions that educate Africa's future optometrists—because a stronger optometry workforce is essential to expanding access to quality eye care.

The initiative will be funded with a grant of US$400k and donated equipment through the founding organisations.

Africa faces an unmet need for vision care. Around 70% of people with refractive errors do not have access to eyeglasses, while more than 80% of people with short-sightedness in Africa receive no treatment. Looking at the 40 Optometric Institutions in Africa, there is a lack of basic equipment for the students to learn from.

The challenge is not simply producing more optometrists, but ensuring schools have the capacity to produce competent, practice-ready graduates.

During Phase One, AOEI will: (18 month timeframe)

- Assess optometry schools to identify infrastructure, equipment, faculty, curriculum and operational gaps.
- Select and equip approximately 5-7 schools based on defined needs and readiness criteria with needed exam tools and equipment
- Develop equipment plans and standardized curriculum and teaching protocols.
- Establish systems for equipment installation, maintenance and servicing.
- Help schools use clinical capabilities to provide patient care, strengthen student experience and generate revenue.
- Address regulatory and supply-chain barriers, including customs, duties and shipping.
- Engage partners and local Ministries of Health, NGOs, schools and professional associations.
- A KPI Dashboard will be established that will measure key outcomes such as – Equipment & Tool Usage, Sustainable Cash Flow of the Equipment Usage, # of Students using equipment and Graduation rates.

AOEI's central commitment is to invest not only in equipment, but in the institutions, people and systems needed to build and sustain Africa's optometry workforce.

Financial Contribution: US$400,000

Joint Commitment. Partners: Advancing Eyecare, CooperVision.

PlenOptika

Scaling Vision Exams, Workforce, and Eyeglass Delivery Through Technology Innovation

Vision care has run for decades on subjective judgment, scarce specialists, and tools built for well-resourced clinics — leaving 1.1 billion people with treatable vision loss simply outside the system's reach. PlenOptika commits to closing that gap by replacing guesswork with objective, data-driven diagnostics, and by building the science, technology, and delivery practices needed to put accurate eye care within reach of anyone, anywhere.

This is a sustained, multi-year commitment across three connected strands: the technology we've already launched globally; the research pipeline that will define tomorrow's standard of care, including objective assessment of presbyopia and accommodation, quantitative tracking of myopia progression, and cataract planning technologies that enable better outcomes in infrastructure-constrained settings; and the care delivery discipline that ensures every deployment reaches the people it's meant for and produces a measurable result. We believe at least three of the accelerators IAPB identified in The Value of Vision — expanding community screening, scaling workforce capacity, and removing barriers to access — are best solved by treating vision care as a data problem as well as a clinical one.

We commit to working directly with implementing partners on training, tele-refraction and task-shifted screening models, and outcomes tracking, so that every deployment we support is measured against a defined result, not just a device count. Between 2026 and 2030, we will support at least two implementing partners annually with hands-on technical assistance, and will make aggregated, anonymised usage data available to help partners populate national eREC/eCSC reporting. Together with sustained affordable access to our diagnostic technology and continued research and development, this represents over US$5 million in value contributed to the sector.

We are not interested in incremental improvement to an outdated model. We are building the infrastructure for a fundamentally different one.

Financial Contribution: US$5,000,000

Santen SA

Advancing Eye Health Across the Patient Journey

By 2030, Santen will contribute to improving eye health outcomes by supporting initiatives that promote awareness, education, and access to quality eye care. Guided by our purpose of 'Happiness with Vision', we will focus on four areas of action: supporting awareness and education relating to childhood myopia; facilitating the translation of scientific evidence into policy and practice; strengthening the knowledge and capabilities of eye care professionals; and incorporating patient perspectives to help inform research, development and healthcare solutions. Through these initiatives, implemented across multiple countries in collaboration with governments, healthcare professionals, patient organisations and NGOs, we aim to contribute to efforts to reduce avoidable vision impairment, improve eye health literacy, and support sustainable eye care systems that help people maintain healthy vision throughout their lives.

Financial Contribution: US$1,200,000

Trinidad Eye Hospital

Caribbean Regional Eye Health Network: Improving Access to Specialist Surgery, Training and Early Detection of Eye Diseases in the Small Island Developing States of the Caribbean

Trinidad Eye Hospital (TEH) commits to creating a Caribbean Regional Eye Health Network over the next five years (2027–2031), creating a private-sector-led platform to expand specialist eye care, workforce training and early detection programmes across Caribbean Small Island Developing States (SIDS). Led by TEH and implemented in partnership with Ministries of Health, hospitals, universities and regional stakeholders, the Network will strengthen access to high-quality ophthalmic services and build sustainable eye health capacity across the region.

This commitment is supported by the opening of TEH's new purpose-built Day Surgery Eye Centre in Trinidad and Tobago in 2027. The facility will serve patients from across the Caribbean while functioning as a regional training hub offering fellowships, observerships and surgical mentorship in vitreoretinal surgery, complex cataract surgery, glaucoma and medical retina for ophthalmologists, optometrists and allied eye health professionals.
The Network builds on TEH's longstanding regional collaborations and outreach initiatives across several Caribbean countries. These efforts will be expanded through new partnerships that increase access to specialist surgical services, including cataract, retinal and corneal care. Participating countries who join the Caribbean Regional Eye Health Network will benefit from structured collaboration, shared expertise and ongoing capacity building.

TEH will also continue to expand school vision screening and diabetic retinopathy screening programmes throughout the Caribbean. Building on successful initiatives in Trinidad and Tobago and neighbouring territories, TEH will maintain a deployable screening capability available to support governments seeking to strengthen early detection and prevention of avoidable blindness.

At the national level, TEH will continue advocating for the implementation of comprehensive school vision screening and diabetic retinopathy programmes while expanding access to subsidised tertiary eye care services. Efforts to reduce cataract blindness will continue through subsidised surgery, public sector partnerships and collaborations with charitable organisations.

The commitment also includes strengthening TEH's Residency Programme through pursuit of accreditation by the University of the West Indies and the future enrolment of trainees from across the Caribbean, helping to develop the next generation of regional eye care professionals.

Financial Contribution: US$11,900,000

Vision Plus Eye Clinic

Eye camps

Hold eye camps Optometric/Optical & Cataract Surgery In Zanzibar. Will benefit the populace immensely, as there is not a dedicated facility for eye care.

E. Civil Society Organisations *(to be listed in alphabetical order)*

AINAK (eyeglasses)

Expanding Access to Vision Screening, Eye Care, and Prescription Eyeglasses in California, USA

AINAK's Commitment to Advancing Eye Health in California by December 2028, AINAK will expand its Mass Vision Screening Programme and Free Eye Care and Eyeglasses Programme across underserved communities in California, advancing its mission to ensure that vision is never a barrier to education, independence, or quality of life. Using the Spot Vision Screener, AINAK will provide quick, non-invasive vision screenings for individuals from 5 months to 99 years of age, helping identify potential vision problems that may otherwise go undetected. Individuals who do not pass the screening will be referred for evaluation by a licensed optometrist. Eligible individuals will receive comprehensive eye examinations and prescription eyeglasses at no cost through AINAK's programme. AINAK will strengthen partnerships with schools, public libraries, community-based organisations, and licensed eye care professionals to reach children, adults, and seniors who face financial barriers to vision care. By December 2028, AINAK aims to screen at least 1,500 Californians, track the number of individuals referred for professional eye care and eligible individuals receiving prescription eyeglasses, and expand community partnerships to increase access to vision services. Through early identification, appropriate referrals, and access to corrective eyeglasses, AINAK seeks to help reduce avoidable vision impairment and advance better educational outcomes, greater independence, and improved quality of life across underserved communities. Our vision: A future where everyone has the opportunity to see clearly, learn confidently, and live fully.

Financial Contribution: US$18,000

Akhand Jyoti Eye Hospital

Reaching the Unreached: Expanding Cataract Care in Eastern India

Akhand Jyoti Eye Hospital (AJEH) is committed to significantly expanding access to high-quality cataract care for underserved populations across Eastern India, particularly Bihar and Uttar Pradesh. AJEH currently performs approximately 185,000 eye surgeries annually. However, Eastern India, especially Bihar requires an estimated 700,000 eye surgeries every year to address the burden of avoidable and curable blindness. AJEH aims to scale its annual surgical output to approximately 400,000 surgeries, enabling the institution to contribute nearly 57% of this annual requirement of the state of Bihar and substantially extend sight-restoring care to populations that remain unreached. This expansion will be enabled through AJEH's integrated girls' empowerment programme, "Football to Eyeball," (1,000 rural girls empowered), together with significant development of eye-care infrastructure across Bihar. Football to Eyeball creates a sustainable pipeline of trained young women from rural communities who can become skilled eye-care professionals, simultaneously addressing the need for healthcare human resources and creating meaningful opportunities for women. The scale-up will also require expansion of surgical facilities, Vision Centres (100+), outreach networks, equipment and other supporting infrastructure across the state. Achieving this milestone is envisaged to require approximately US$52 million in capital investment and US$74 million in operating expenditure. The commitment goes beyond increasing surgical volumes. It seeks to create an integrated ecosystem combining community outreach, skilled human resources, infrastructure, technology and accessible surgical care. By scaling from 185,000 to 400,000 surgeries annually, Akhand Jyoti aspires to ensure that geography, poverty or lack of access no longer prevents individuals from receiving timely sight-restoring treatment—truly reaching the unreached across Eastern India.

Financial Contribution: US$126,000,000

Aravind Eye Care System

Advancing Effective Eye Care

We commit to advancing effective eye care through system-level adoption, population-level impact and workforce capacity building by promoting the adoption of effective Cataract Intervention Rate (eCIR) and effective Refractive Error Intervention Rate (eRIR) among 100 eye hospitals by 2029, thereby supporting progress towards and contributing to the achievement of the global eCSC and eREC targets; reducing cataract-related blindness prevalence to less than 2.5% among people aged 50 years and above across a population of 12 million within primary eye care service areas by 2030; and providing free one-year access to online learning for 500 Allied Ophthalmic Personnel by 2029.

Financial Contribution: US$200,000

ASOCIACIÓN CIVIL DIVINO NIÑO JESÚS – ADINIJ

Increasing Access to Eye Care Services for Underserved Populations

Through its various projects, programmes, and facilities, ADINIJ is committed to strengthening access to quality eye care services for people living in Southern Lima and Loreto, the main region of the Peruvian rainforest, between 2026 and 2030. In alignment with the Government's national eye health priorities and the Universal Health Coverage agenda, ADINIJ will increase the number of economically disadvantaged patients receiving subsidised eye care services by 10% annually. This will be achieved by strengthening partnerships with international organisations, charitable foundations, and local governments, while expanding first-level eye care services through its network of vision centres. This commitment aims to reduce financial barriers to high-quality,

prompt, and timely eye care and to improve equitable access to essential eye health services for vulnerable populations.

Financial Contribution: US$1,000,000

Asociación para evitar la ceguera en México

Strengthening Equitable Access to Comprehensive Eye Health Services in Mexico

The Association to Prevent Blindness in Mexico (APEC) commits to strengthening equitable access to comprehensive eye health services in Mexico during 2027–2030, with a focus on prevention, early detection, timely treatment, and vision rehabilitation. APEC will expand community-based vision screening and ophthalmic care for vulnerable and hard-to-reach populations, including older adults, people living with diabetes and other chronic diseases, children and adolescents with uncorrected refractive errors, rural and underserved urban communities, and people experiencing economic vulnerability. APEC will increase service capacity for priority eye conditions, including cataract, diabetic retinopathy, glaucoma, refractive errors, and macular degeneration; strengthen education and training for ophthalmologists and other eye health professionals; promote the integration of eye health into universal health coverage and primary health care strategies; and implement digital tools and information systems to improve early detection, clinical follow-up, and epidemiological monitoring. The institution will also promote clinical and epidemiological research and consolidate multisector partnerships to expand resources and support the sustainability of eye health programmes. The commitment is expected to directly benefit approximately 1 million people in Mexico. Implementation will be supported by an estimated investment of US$10 million from institutional resources, international cooperation, donors, and strategic partnerships. Progress will be monitored through annual institutional reports, periodic impact and coverage evaluations, and auditable clinical and operational indicators.

Financial Contribution: US$10,000,000

BCVI Belize Council for the Visually Impaired

Belize Vision 2030: Strengthening Equitable, People-Centred Eye Health Nationwide

The Belize Council for the Visually Impaired (BCVI) commits to strengthening equitable, people-centred eye health services across Belize between 2027 and 2030. Working in partnership with the Government of Belize's Ministry of Health and Wellness, other government agencies, national and international partners, health professionals and communities, BCVI will build on Belize's existing national eye health services to increase access to comprehensive, affordable and quality eye care, particularly for children, older persons, people living with diabetes, persons with disabilities and people in rural and underserved communities. Recognising that reducing avoidable vision impairment requires a continuum of care, this overarching commitment will be delivered through six interconnected sub-commitments addressing children's eye health and refractive error; primary and community eye care; diabetic retinopathy; cataract and specialist ophthalmic care; workforce and health-system strengthening; and rehabilitation and inclusion. Together, these commitments will strengthen the continuum from early detection and referral through treatment, surgery and rehabilitation, while investing in workforce, technology, data, partnerships and greater integration of eye health within Belize's wider health system. By 2030, BCVI aims to increase annual primary eye-care reach to at least 20,000 people, expand school-based vision screening to at least 4,000 children annually, increase access to prescription spectacles and reading glasses to at least 10,000 annually, and strengthen national capacity for cataract and specialist ophthalmic services. These efforts will contribute to reducing geographic and financial barriers to care and advancing national and global eye health targets.

Financial Contribution: US$2,500,000

Joint commitment. Partner: Ministry of Health and Wellness.

BP Eye Foundation

B.P. Eye Foundation (BPEF) Commitment to 2030: Advancing Equitable Eye Health and Reducing Avoidable Blindness through Community Action, Technology, Education and Rehabilitation

1. Community Eye Health: Screen 500,000 people through community-based eye health programmes and hospital-based services.

2. Cataract Services: Provide cataract surgery to 7,500 economically disadvantaged patients.

3. School Eye Health: Screen 25,000 children and provide refractive error correction to at least 2,500 children.

4. Technology-Enabled Eye Care: Establish at least five satellite centres or tele-ophthalmology centres to improve access to specialised eye care.

5. Human Resource Development: Train 150 ophthalmologists, eye health professionals and eye health managers.

6. Specialised Eye Care: Establish dedicated centres or programmes for Glaucoma, Paediatric Ophthalmology and Myopia.

7. Retinal Disease Screening: Initiate integrated screening for Diabetic Retinopathy, Age-Related Macular Degeneration and Retinal Vein Occlusion using wide-field fundus photography in a single sitting.

8. Childhood Rehabilitation: Provide rehabilitation services to 250 children with visual impairment or blindness.

9. National Data and Advocacy: Establish a National Registry of Children with Blindness and Visual Impairment.

10. Addressing Upstream Risk Factors: Screen 37,500 people for diabetes and 100,000 people for hypertension as major systemic risk factors associated with avoidable blindness.

Financial Contribution: US$13,000,000

Canadian Ophthalmological Society

Working collaboratively to improve quality, efficiency, and early access to vision health in Canada

The Canadian Ophthalmological Society (COS) is the national, recognised authority on eye and vision care in Canada. As eye physicians and surgeons, we are committed to ensuring the provision of optimal medical and surgical eye care for all Canadians by promoting excellence in ophthalmology and by providing services to support our members in practice. Our membership includes over 1,100 ophthalmologists and ophthalmology residents. We work collaboratively with government, other national and international specialty societies, our academic communities, including the Association of Canadian University Professors of Ophthalmology (ACUPO), our provincial partners and affiliates, and other eye care professionals and patient groups to advocate for health policies that advance eye and vision health in Canada. The COS is committed to ensuring that patients receive the

highest standards of care available, while working to prevent avoidable vision loss and improve access to timely, high-quality care. The COS will do so through the following commitments:

1. Working with Government and Health Partners to Advance the National Strategy for Eye Care (Bill C-284)

2. Educating our members to ensure that patients receive the highest standards of evidence-based and innovative care. The COS will help disseminate scientific advances in vision care to our members through a national conference, webinars, online modules, journal articles, and community engagement

3. Leading the responsible use of Artificial Intelligence in vision health through supporting and advancing the responsible adoption of evidence-based AI-diagnostic tools that have demonstrated clinical effectiveness and that can improve early detection and access to care

4. Streamlining access across the continuum of care and working with other members of the health community to create national, evidence-based clinical care pathways for eye health

5. Implementing a national paediatric vision screening programme reaching 1 million children by 2030.

Financial Contribution: US$2,100,000

Care Netram (GoodVision India)

Helping India See Better - Provide access to affordable eye care to people in need

Care Netram (GoodVision India) commits to supporting India's efforts towards Universal Eye Health by expanding access to quality, affordable and people-centred primary eye care between 2027 and 2030, particularly for underserved rural, tribal and peri-urban communities of India. Working with local communities, development partners, government and the private sector, we will strengthen existing health, school health and community systems through vision screening, refractive services, affordable spectacles, referral pathways and digital eye-care solutions. By 2030, we commit to:

1. Reach 1 million people with eye-health awareness with our eye camps and vision centres, provide comprehensive eye screening to 700,000 people in underserved communities. Dispense 300,000 quality and affordable spectacles to people with uncorrected refractive errors.
2. Facilitate referral and access to 20,000 cataract surgeries for patients requiring sight-restoring treatment at our partner hospitals.
3. Expand the primary eye-care workforce by training Vision Technicians and Community Vision Entrepreneurs.
4. Strengthen a sustainable network of Vision Centres, community outreach programmes and digital tele-optometry services to improve access and continuity of care.
5. Use our digital patient management systems and vision-health indicators to support data-driven planning, monitoring and programme quality.

Through this commitment, GoodVision India will contribute to India's Universal Health Coverage agenda and the WHO SPECS 2030 targets by improving access to essential eye-care services and reducing avoidable vision impairment among underserved populations."

Financial Contribution: US$3,043,000

CBM Global Disability Inclusion



CBM Global Commitment to Inclusive Eye Health for All

CBM Global commits to advancing inclusive, people-centred eye health by working closely with governments to strengthen health systems, programmes and policies. We will expand access to quality services by building on our existing global partnerships and country programmes. By 2030, we will work towards:

1. An increase in access to primary eye care services from 15 million to 30 million people through training and deployment of primary healthcare workers and integration of innovative technologies like the Arclight device. Refractive error, diabetic retinopathy and glaucoma management will be targeted.

2. Expanding newborn and infant eye health screening to perform 2 million screenings to identify and treat vision and life-threatening conditions earlier in life.

3. Reducing avoidable blindness by increasing access to high-quality cataract surgery through strategic partnerships with high-performing eye hospitals in Africa and Asia, aiming to increase our annual cataract surgery reach from approximately 91,000 surgeries in 2025 to 120,000 per year by 2030.

4. Supporting the use of the WHO TARSS Tool to carry out situational analyses of low vision and vision rehabilitation services and systems in at least three countries, starting with Kenya. This data will be published for wider use and development of these vital services.

5. Across all our eye health investments, we commit to working in partnership with and accountable to organisations of persons with disabilities in promoting holistic, systemic approaches to inclusion, access and equitable eye health. This will be done using Accessibility GO! A guide to action, training in accessibility and inclusion and looking at the complete patient journey. Expanding to Bangladesh, Laos PDR and The Philippines.

Through these actions, CBM Global will contribute to achieving universal eye health coverage and ensuring that no one is left behind in the journey toward eye health for all.

Charity Vision Somalia

Expanding Equitable Access to Eye Health Services in Somalia

Expanding Equitable Access to Eye Health Services in Somalia. Charity Vision Somalia commits to expanding equitable access to essential eye health services for underserved and vulnerable communities in Somalia from January 2027 to December 2029. The commitment aims to reduce avoidable sight loss by improving early detection, access to basic eye care, refractive error correction, timely referral for cataract surgery and other sight-threatening conditions, and the prevention and management of diabetic retinopathy. Working with government health authorities, hospitals, educational institutions, professional associations, and other eye health partners, Charity Vision Somalia will deliver community-based eye screening, school eye health activities, diabetic retinopathy screening, health education, and capacity-building initiatives for local eye health personnel. The programme will prioritise women and girls, internally displaced people, low-income households and communities with limited access to eye care, with particular attention to reducing barriers that prevent women and girls from accessing services. Through strengthened referral pathways, collaboration with existing health facilities, and systematic monitoring of screening, treatment, referral and follow-up outcomes, the organisation will work to ensure that people identified with eye conditions can access appropriate care. Programme data will be used to measure progress, identify service gaps and guide future expansion. By building on existing community outreach

activities, local professional capacity and partnerships, Charity Vision Somalia aims to strengthen sustainable, locally led eye health services and contribute to universal access to eye health in Somalia.

Financial Contribution: US$600,000

CharityVision

Eye Care for the Poor

CharityVision commits to expanding access to sight-restoring eye care for vulnerable and underserved populations across 24 countries in Africa, Asia, Latin America, and the Caribbean between 2007 and 2030. We empower local medical professionals dedicated to serving vulnerable populations within their communities. By providing essential equipment, advanced clinical supplies, and strategic expertise, we enable healthcare providers to establish thriving private practices while delivering critical care to the underserved. We further expand this impact through strategic academic partnerships with leading universities, proving that market-driven solutions and humanitarian outreach can powerfully coexist. Ultimately, this sustainable model elevates local medical infrastructure while closing the access gap for those most in need. By 2030, CharityVision commits to restoring sight worldwide by performing more than 400,000 sight-restoring cataract surgeries across 30+ nations, distributing 400,000 pairs of prescription eyeglasses, and screening nearly 6 million individuals. Through scalable, long-term partnerships with local physicians and academic institutions, we continue to fortify global healthcare systems and ensure equitable access to world-class vision care.

Financial Contribution: US$64,563,750

Christian Blind Mission

Leaving No One Behind: Advancing Inclusive Eye Health

Building on over a decade of collaboration and our joint commitments at the Global Disability Summit, the CBM and Sightsavers partnership will advance Inclusive Vision and Eye Care, ensuring no one is left behind, contributing to stronger health and education systems and helping more people see, participate and live with dignity. Recognising eye care's transformative impact on individuals and its contribution to broader health and development systems, working in partnership with governments, multilaterals, local organisations and communities to strengthen inclusive and equitable systems, we will:

1. Embed vision and eye care interventions into health, education, livelihood and road safety programmes.
2. Support the African Continental Initiative on Inclusive Vision and Hearing in partnership with UNICEF with knowledge sharing, technical collaboration and resource mobilisation.
3. Contribute to the elimination of trachoma and onchocerciasis in countries where these diseases remain endemic
4. Expand our programmes, using a gender and disability-inclusive lens, to reach about 100 million people by 2030.

This work will include supporting the eye health workforce, strengthening eye health information systems, expanding community-based eye health promotion, screening and referral, and leveraging technology and innovation. For sustainable change, the global political and institutional landscape needs to be considered. We will advocate for eye care to be included as a core part of Universal Health Coverage at global, regional and national levels, including at the upcoming High-Level Meeting on UHC in 2027. Recognising the importance of the convening, normative and technical work conducted by the World Health Organization, we will continue our

collaboration, providing expertise and support, and will engage with the SPECS 2030 initiative and the Cataract Elimination Initiative. At the heart of this commitment is our determination to ensure that people with disabilities, people living in poverty and other underserved populations, particularly women and girls, are not left behind.

Joint commitment. Partner: Sightsavers

Combat Blindness International

Supporting Access to Eye Screening and Cataract Surgery Across India, Kenya, Ethiopia, and Paraguay

Combat Blindness International (CBI) commits to strengthening access to quality cataract services for people living in India, Kenya, Ethiopia, and Paraguay. Working in partnership with local eye hospitals and health systems, CBI will support the implementation of country-led priorities for cataract care that improve access to quality eye care and strengthen surgical outcomes. This commitment will focus on reducing financial and other barriers to cataract surgery and promoting equitable access to essential eye care services for vulnerable and underserved populations. Recognizing that eye health priorities and health system needs vary across countries, CBI will work with local partners to align its support with national priorities, government strategies, and locally identified needs. Through these country-specific partnerships, CBI will contribute to strengthening comprehensive eye care by increasing access to community-based screening, timely referrals, affordable IOLs and quality cataract surgery. Together, these efforts will help expand access to sight-restoring care and reduce avoidable vision loss among populations who face the greatest barriers to eye care.

Financial Contribution: US$4,000,000

Commonwealth Pharmacists Association

Empowering Pharmacists to Tackle Avoidable Blindness

Early intervention and the identification of red flags is critical in the prevention of many eye health complications. Pharmacists have a vital role to play in preventing avoidable sight loss by identifying patients experiencing or at risk of eye health problems, providing immediate care where appropriate, and referring to specialist eye care services. Truly effective preventative eye care depends on leveraging the skills of the pharmacy workforce and recognising that community pharmacies are often the most accessible points of care. For this reason, pharmacists are also critical to management of many of the conditions that lead to eye health problems. Through the optimisation of medicines, patient education, and support for the management of chronic diseases such as diabetes and hypertension, pharmacists can help reduce the risk of avoidable vision loss.

To fully realise the potential role that pharmacists could play, we must question traditional professional boundaries, strengthen collaboration and build new referral pathways. The Commonwealth Pharmacists Association (CPA) works to enable this approach to primary health care and prevention through workforce development, education and advocacy. Our ambition is to equip 30,000 pharmacists in low- and middle-income countries by 2030 with the knowledge and skills to contribute to the prevention, early recognition, appropriate referral and ongoing management of eye health conditions – whether through targeted interventions specific to eye health care, or to contributing conditions like diabetes.

We will also work with our partners to identify opportunities to leverage our unique access to global meetings as a Commonwealth Accredited Organisation, seeking ways to make the case for the strengthening of the pharmacy workforce's role at meetings like the Commonwealth Health Ministers Meeting and Health Coordination Forum. We will lobby educational institutions like the ECSA-HC College of Pharmacists, created off the back of CPA's

advocacy effort, to ensure they consider eye health in their strategic visions. By making full use of the skills, reach and expertise of all healthcare professionals, and connecting them through effective pathways of care, we can bring eye health services closer to communities, improve early intervention and reduce inequalities in access.

Consejo Optometría México

Promotion of new degree programmes in Optometry at public universities in Mexico.

To promote the creation of new Bachelor's degree programmes in Optometry at public universities across the country, particularly in the Southeast (Campeche, Tabasco, Quintana Roo, and Yucatán), East (Puebla, Tlaxcala, and Veracruz), Northwest (Nuevo León), and Northeast (Durango) regions. Official communication will be established with the departments responsible for academic programming at key public universities in these regions to explain the importance of training optometry professionals to serve the local population and improve visual health. Regarding the public universities with which Consejo Optometría México is already in contact, we are currently following up on the response from the Universidad Veracruzana. We are seeking approval from that institution's Academic Secretariat to initiate an official evaluation process regarding the potential launch of a new Bachelor's degree programme in Optometry.

Financial Contribution: US$12,000

Cure Blindness Project

Quality eye care at scale: strengthening patient care and eye health system

Cure Blindness Project commits to invest in eye care programmes anticipated to reach over 7.5 million people through screening, treatment and surgery. We intend to expand access to high-quality, equitable eye care by strengthening sustainable eye health systems, from community-based services to tertiary care. From 2027 to 2030, in partnership with local partners, NGOs and governments across Asia, Africa & the Americas, we will strengthen the eye health workforce, improve quality of care, expand access to treatment and referral services and advocate for enabling eye health policies.

At the community level, we will train over 5,500 primary eye health workers responsible for a catchment population of 27.5 million, providing 570,000 screenings, 24,000 referrals and 159,000 basic eye treatments, resulting in a strengthened referral pathway between community health workers and primary eye care units by treating and referring patients earlier in their communities. To make cataract surgery even better and more accessible to those in need, our implementing partners in 11 countries will provide over 1 million sight-restoring surgeries aligned with WHO's SEE 2045, incorporating CQI initiatives by ensuring essential diagnostic, surgical, and post-surgical equipment; providing specialised training for over 3,100 allied ophthalmic personnel, residents, and ophthalmologists on quality standards; and advocating for the adoption of national cataract surgery quality guidelines in four countries. We will work with Ghana's Ministry of Health to strengthen and champion the National Cataract Outreach Programme, supporting a scalable and financially sustainable model that expands access to cataract services across the country.

At the tertiary level, we will strengthen 28 residency programmes in eight countries by providing didactic and hands-on training to 560 residents. We will expand sub-specialty capacity by training 160 ophthalmologists, 120 allied ophthalmic personnel and 80 biomedical engineers; providing specialised ophthalmic equipment to seven Tertiary Facilities; and advocating for policies that will increase faculty retention. We will support the establishment of three new eye banks in Sub-Saharan Africa and transition the eye banks in Nepal and Ethiopia into regional hubs

anticipated to provide a total of 9000 corneal transplants by 2030. This commitment represents an investment of US$115 million over four years to significantly advance access to quality eye care.

Financial Contribution: US$115,000,000

Direct Aid Society Kuwait

Direct Aid 2026–2030 Commitment to Prevent Avoidable Blindness and Expand Equitable Eye Care

By 2030, Direct Aid will expand access to quality and equitable eye care and contribute to the prevention of avoidable blindness among underserved and vulnerable populations across Africa and Yemen. Building on Direct Aid's Eye Health and Blindness Prevention Strategy 2026–2030, Direct Aid commits to delivering a coordinated programme of eye health interventions focused on cataract surgery, school eye health, workforce development, community-based services, and strengthening specialist ophthalmology capacity. By the end of 2030, Direct Aid aims to:

1. Perform 300,000 cataract surgeries, helping restore sight for people affected by avoidable blindness.
2. Screen 4,000,000 schoolchildren for vision problems and provide eyeglasses to children identified as needing them.
3. Train 500 ophthalmologists, nurses and eye-care technicians, strengthening the availability and quality of the eye health workforce.
4. Establish 30 community-based Vision Centres in remote and underserved areas and link them with referral hospitals to improve early detection, referral and access to specialist eye care.
5. Develop and equip ten integrated ophthalmology centres capable of providing surgical eye care and supporting research, training and professional development.

The programme will be implemented across priority countries in Africa and Yemen, with country prioritisation based on eye health needs, programme evidence, RAAB survey findings, population vulnerability, and security and political considerations.

Financial Contribution: US$70,000,000

Dr. K. Zaman BNSB Eye Hospital

Dr. K. Zaman BNSB Eye Hospital Commitment to Inclusive Care, Sight Restoration, and Environmental Sustainability (2026–2030)

Dr. K. Zaman BNSB Eye Hospital commits to delivering inclusive, high-quality eye health services to at least 2 million people and performing 110,000 sight-restoring surgeries by 31 December 2030, while reducing the environmental footprint of its healthcare operations by 30% through eco-friendly infrastructure, waste reduction, and energy transition.

1. Service Coverage & Disability Inclusion
    a. Outreach & Primary Eye Care: Reach 2,000,000 total outpatients (averaging ~400,000/year) across the Base Hospital, 18 Vision Centres, and remote Eye Camps by 2030.
    b. Presbyopia & Refractive Error: Provide comprehensive refraction testing and affordable spectacles to at least 250,000 individuals, with a priority focus on school-aged children via the School Sight Testing Programme (SSTP), young girls, working-age adults, and older persons.

   c. Cataract Backlog Elimination: Perform 100,000 cataract surgeries with high surgical outcome standards, expanding outreach services to remote and low-income populations.
   d. Diabetic Retinopathy (DR) & Glaucoma: Screen 30,000 diabetic patients for DR and glaucoma through integrated pathways connecting primary health care/Vision Centres with sub-specialty clinics.
   e. Disability-Inclusive Care: Ensure 100% of service facilities (Base Hospital and Vision Centres) are physically accessible and equip 100% of clinical and mid-level ophthalmic personnel (MLOP) with disability-inclusive and respectful care training by 2028.
2. Workforce Development & System Integration
   a. Task-Sharing & Training: Train and accredit 100 Mid-Level Ophthalmic Personnel (MLOP) and train over 1,500 Primary Health Workers (PHWs) and school teachers by 2030 to support screening, task-sharing, and early referral in primary care settings.
   b. Digital Data Management: Fully revamp and upgrade the Integrated Hospital Management Software (IHMS) and align reporting with district and national health information systems (DHIS2).
3. Environmental Sustainability Commitment in Eye Care: Recognising that climate change disproportionately affects public health and eye health in vulnerable regions of Bangladesh, Dr. K. Zaman BNSB Eye Hospital pledges to embed environmental sustainability into its health delivery framework:
   a. Medical Waste Management & Reduction (By 2028): Implement a strict segregation and safe disposal protocol for medical waste across the base hospital and outreach centers, reducing single-use plastic waste in non-surgical OPD procedures by 30%.
   b. Adopt eco-friendly, low-carbon surgical protocols in Operating Theatres (OTs) by optimising sterilisation workflows, reducing unnecessary disposable drapes/packaging, and safely streamlining pharmaceutical usage without compromising patient safety or infection control.
   c. Energy Efficiency & Renewable Energy Transition (By 2029): Transition 35% of the Base Hospital's power consumption to solar energy through roof-mounted photovoltaic (PV) solar systems.
      i. Retrofit 100% of hospital and Vision Centre lighting fixtures to solar energy-efficient LED technology and upgrade HVAC/HEPA ventilation systems to Energy Star-rated equipment.
   d. Water Conservation & Green Facility Management (By 2030): Install rainwater harvesting systems at the main facility in Mymensingh to collect and utilise rainwater for non-clinical sanitation and green space maintenance.
      i. Reduce overall water consumption per surgical procedure by 20% through sensor-based taps and automated water-saving fixtures.
   e. Paperless & Digital Operations: Transition to a 95% paperless OPD and administrative system by leveraging the Electronic Medical Record (EMR) and digital records across all 18 Vision Centres.
4. Alignment with National & Global Goals
   a. National Alignment: Aligns with the Ministry of Health & Family Welfare (MOHFW) National Eye Care Plan and Universal Health Coverage agenda.
   b. Global Alignment: Supports UN Sustainable Development Goals (SDG 3: Good Health & Well-being, SDG 10: Reduced Inequalities, SDG 12: Responsible Consumption and Production, SDG 13: Climate Action) and the WHO Global Targets for Effective Cataract Surgical Coverage (eCSC) and Effective Refractive Error Coverage (eREC).
   c. Governance & Accountability: The implementation of this commitment will be monitored annually under the oversight of the Governing Body and Core Management Committee of Dr. K. Zaman BNSB Eye Hospital, using WHO global assessment tools and internal IHMS metrics.

Annual progress reports on eye health delivery and green sustainability milestones will be published and shared with the Government statutory body of Eye Health care and development partners.



Financial Contribution: US$247,700,000

Dr. Shroff's Charity Eye Hospital

Increase access to affordable, high-quality cataract surgery

Our organisation commits to increase the access to high-quality and affordable cataract and sub-specialty surgical services to 150,000 annually by 2030. This would be an increase of 50 percent from the current level.

Financial Contribution: US$6,000,000

Eye Care Foundation

Expanding Access to Quality Eye Care

In 2027, Eye Care Foundation (ECF) commits to expanding equitable access to quality eye care and contributing to the elimination of avoidable blindness and visual impairment in low- and middle-income countries. ECF will work with governments, local eye care partners and other stakeholders to strengthen sustainable eye care systems, with a focus on underserved communities. We will expand access to cataract treatment and refractive error services, strengthen local capacity through training and equipment, and promote evidence-based eye care aligned with national priorities.

Financial Contribution: US$4,000,000

EYElliance

Equitable Access to Eyeglasses

Over the next two years, EYElliance will support Uganda's Ministries of Education and Health to implement school-based eye health programmes to improve access to eyeglasses for children in public primary schools. We will facilitate systems mapping to identify gaps and cultivate and complement Ministries' capabilities as needed. EYElliance will also improve access to affordable eyeglasses in low- and middle-income countries by supporting locally-owned optical enterprises to open additional branches or retail outlets. Our Optical Enterprise Growth Hub will accelerate the growth and scale of existing low-cost optical businesses by providing a suite of tailored business development offerings and access to catalytic capital while advancing market creation to de-risk new market entry and boost investor confidence.

EyeSHA

Scaling Telemedicine ROP Screening and Child Eye Health Programmes in East Africa

Building on existing partnerships and screening infrastructure, EyeSHA Foundation will undertake targeted needs assessments, strengthen local partnerships, and progressively expand programme delivery across at least five African countries in child eye health. We are committed to screening 10,000 newborns and children. We will strengthen existing neonatal telemedicine Retinopathy of Prematurity (ROP) screening hubs, expand training for healthcare workers, and improve referral pathways protecting sight that would otherwise be lost to avoidable causes of childhood visual impairment. Programme delivery is anchored in partnerships with local health authorities, hospitals, healthcare workers, and Ministries of Health. This commitment contributes to the WHO 2030 Eye Health Targets for universal eye health coverage, the 1 Billion Pledge: St John's Global Compact for Eye Health,

and the Global Summit for Eye Health 2026 policy framework of advancing equitable, integrated, and sustainable eye care for the most vulnerable children.

Financial Contribution: US$1,200,000

Fighting Blindness Canada

Accelerating World-Class Vision Research and Providing Community Education, Support and Advocacy

Fighting Blindness Canada commits to sustaining and strengthening the work we deliver annually to advance eye health through research, patient education, community support and advocacy. Our focus includes inherited retinal diseases (IRDs), age-related macular degeneration (AMD), glaucoma and diabetic retinopathy to support the 1.2 million Canadians facing sight loss due to a blinding eye disease.

Research investment: Invest more than US$1 million annually in world-class research to understand why vision loss occurs, develop treatments to slow or prevent it, and explore ways to restore sight. In 2030, convene a research symposium to bring vision researchers together to share findings, build collaborations and advance the development of treatments for blinding eye diseases.

Patient education and community support:

1. Translate research into accessible, practical information, reaching more than 40,000 Canadians annually through eye health information and community support that empower informed decisions throughout their health journey.
2. Connect patients directly with our expertise through our health care professional referral project, reducing the burden on patients to find trusted information and support themselves. We are in 35+ clinics today with the plan to be in 100% of offices by 2035.
3. Bring tailored education seminars on blinding eye diseases to more than eight major Canadian cities, connecting communities with researchers, clinicians and information relevant to their needs.

Advocacy and access to treatments: Advocate on behalf of the vision loss community for accelerated Health Canada review and approval of safe, effective treatments, so fewer Canadians experience preventable, irreversible sight loss while waiting. Promote the FBC Patient Registry so more Canadians seek genetic testing and register with the Patient Registry for potential clinical trial participation.

Through the Vision Health Partners' Coalition, advocate for implementation of Canada's National Strategy for Eye Care across its five interconnected pillars:

1. Building stronger partnerships and breaking down silos: Improving coordination among governments, health care providers and community organisations so patients experience more connected care.
2. Raising awareness: Increasing public and professional understanding of eye health, prevention, early detection and available support, while addressing misconceptions about blindness and vision loss.
3. Connecting Canadians with the resources they need: Advance equitable access to eye care, vision rehabilitation and assistive technologies.
4. Turning data into action: Strengthening the collection and use of eye health data to identify gaps, inform policy and measure progress.
5. Embracing new technologies and innovative solutions: Supporting approaches that improve early detection, expand access to care and advance treatment options.

Financial Contribution: US$1,000,000

Fred Hollows Foundation

Impact at Scale: Advancing Locally Led, Globally Connected Eye Health System Transformation

The Fred Hollows Foundation commits to supporting partners across all the countries we work, to strengthen systems that sustainably and equitably deliver a continuum of quality eye care services aligned to the framework of Integrated People-centred Eye Care, with a focus on cataract, refractive error and trachoma. Working with partners between 2027-2030, we will screen at least 24 million people, perform 1 million cataract surgeries, dispense 1 million spectacles, distribute trachoma antibiotics to 61 million people, and train over 440,000 eye health workers. We will do this by tackling key barriers, focusing on places with the greatest gap between access and unmet need, and reaching those often left behind, including women and girls, older people, people with disabilities, and Indigenous Peoples. We will support national governments, in collaboration with the World Health Organization and the International Coalition for Trachoma Control, to achieve and sustain elimination of trachoma as a public health problem in Afghanistan, Eritrea, Ethiopia, Kenya, Solomon Islands, Nauru and Kiribati. We will utilise our role as a convenor, advocate and influencer at national and global levels to centre eye health as a measurable indicator towards achieving universal health coverage. We will drive normative, policy and financing change that integrates eye health into the social development agenda, targeting education for children, employment for working-age adults, dignity for older people and equality for women and girls. We endorse the World Health Organization's SEE 2045 global initiative to eliminate cataract-related blindness and vision impairment as a public health problem and commit US$1 million over the next three years. We will support the development of WHO technical guidance and the establishment of a global coordination, learning and surveillance platform. And we will directly support ministries of health in four inaugural countries on their road to elimination, through assessment, planning and implementation.

Financial Contribution: US$275,000,000

Fred Hollows Foundation, New Zealand

Building a Sustainable Pacific Eye Health Workforce by 2030

From January 2027 to December 2030, the Fred Hollows Foundation NZ (The Foundation) commits to working closely with Pacific governments and regional training institutions to build a skilled, supported and sustainable eye health workforce in at least seven Pacific Island countries, aligned with nationally identified workforce and service priorities. In the Pacific, 90 per cent of blindness and vision impairment is avoidable or treatable. By strengthening the eye health workforce, this commitment will support improved access to services that prevent and treat avoidable vision loss, in line with The Foundation's goal to end avoidable blindness and vision impairment in the Pacific.

The Foundation will support at least 120 eye health personnel to complete recognised, competency-based education, clinical upskilling or continuing professional development. Participants will include specialist and mid-level eye health professionals, ophthalmic nurses, primary healthcare workers and programme staff, as determined by partner Pacific Island Governments. At least 50 per cent of these participants will be women. The Foundation will combine scholarships and clinical education with supervised practice, in-country mentoring, continuing professional development, strengthened Pacific teaching capacity, and technical assistance for workforce planning, retention and succession. At least 80 per cent of graduates supported by The Foundation will be working in an eye health role in their home country within 12 months of completing training.

Training will be linked to national referral pathways and priority services, including cataract, refractive error, diabetic retinopathy and community eye care, so that patients in Pacific Island countries can access these services. By December 2030, each of our partner Pacific Island countries will have a government-agreed eye health workforce strengthening plan, baseline and annual targets, and will have implemented at least one priority workforce action. Progress will be reviewed annually and reported by country, workforce cadre, gender and type of training.

Fundació Privada Ulls del món

Strengthening Public Eye Health Systems Through Evidence, Partnerships and Local Leadership care across Africa, Latin America and Europe

By 2030, Eyes of the World Foundation will support public health authorities and decentralised health structures across Bolivia, Mali, Mozambique, Spain and the Sahrawi refugee camps in Algeria to strengthen public eye health systems and advance universal access to comprehensive eye care. Through long-term partnerships with ministries of health, local governments, academic institutions, professional associations and community-based organisations, we will contribute to the development of sustainable eye health national or regional plans, workforce capacity, infrastructure, service delivery, research and evidence generation, health promotion and health information systems. Emphasis will be placed on improving access for underserved populations, including women and girls, rural communities, indigenous peoples and people experiencing homelessness. Through the generation and use of evidence for decision-making, the development of national and regional eye health plans, the strengthening of specialist capacity and public services and infrastructures, the digitalisation of eye care systems, and actions to increase awareness and equitable access to care, we aim to support sustainable and locally led improvements in eye health outcomes. Recognising that eye health priorities differ across countries, this commitment will be implemented through six country-specific sub-commitments aligned with national priorities and government leadership.

Financial Contribution: US$813,000

Fundación de Asistencia Privada Conde de Valencian

Acceleration of Effective Cataract Coverage through the Mobile Surgical Model "Dr. Vagón, The Health Train"

The Instituto de Oftalmología Fundación Conde de Valenciana I.A.P. commits to expanding equitable access to eye health services in Mexico, particularly for underserved and geographically isolated populations, through an integrated model combining cataract surgery, visual screening, health education and professional training. The commitment will deliver six annual itinerant eye-health campaigns in underserved communities through collaboration with Dr. Vagón, providing approximately 1,200 free cataract surgeries per year. It will also strengthen early detection and prevention through school-based visual screening, including the training of teachers from schools incorporated into the Universidad Nacional Autónoma de México (UNAM) to use visual assessment tools. These activities will be complemented by continuous dissemination of evidence-based eye-health information through institutional and partner digital platforms, promoting awareness, prevention, early detection and timely referral for cataract, refractive error, glaucoma, diabetic retinopathy and other causes of visual impairment. Through this integrated approach, the Fundación Conde de Valenciana seeks to reduce avoidable visual impairment, improve access to timely eye care, strengthen community eye-health capacity and contribute to universal eye health coverage and the WHO 2030 eye health targets. Dr. Vagón means Dr. Wagon is a Mexican rolling hospital owned by a Foundation, in collaboration with Grupo México Transportes (GMxT - Ferromex). Is a train with 18 wagons that offers comprehensive and free medical care for hard-to-reach

communities in Mexico. Dr. Vagón has had a major impact on communities where medical care was unavailable or insufficient.

Financial Contribution: US$5,304,000

Fundación Retina Paraguay (GoodVision Paraguay)

Strengthening Integrated Primary Eye Care for Equitable Access in Rural and Remote Areas of Paraguay.

Fundación Retina Paraguay (GoodVision Paraguay) commits to expanding access to quality eye care by 2030, benefiting underserved and remote communities in Paraguay through community-based vision screening and referral services, with success measured by the number of people screened, referred, and glasses provided.

Financial Contribution: US$319,000

Fundación Ver Bien para Aprender Mejor

Ver Bien: Bringing Vision to Children

Fundación Ver Bien para Aprender Mejor provides optometric care and high-quality eyeglasses to children attending public elementary and secondary schools throughout Mexico who suffer from refractive errors, including myopia, hyperopia, and astigmatism. By improving children´s vision, we help create more equitable educational opportunities and contribute to reducing poor academic performance, grade repetition, and school dropout rates. Over the past 28 years, we have conducted more than 19 million vision screenings and provided over 6.7 million children with a pair of eyeglasses. Between 2026 and 2030, we will continue delivering optometric care services in public elementary and secondary schools across the country, identifying students with refractive errors and providing the eyeglasses they need to succeed in school and reach their full potential.

Financial Contribution: US$11,600,000

Fundación Visión

Comprehensive and Sustainable Strengthening of Visual Health in Paraguay 2027-2030

Fundación Visión is committed to progressively implementing, between 2027 and 2030, a comprehensive, decentralised, and sustainable eye health model in Paraguay, aimed at reducing avoidable visual impairment and improving timely access to quality eye care services, particularly for children, adolescents, and vulnerable populations. This commitment will integrate five lines of action:

1. Strengthening the school vision screening programme with full cycle-of-care coverage for children and adolescents aged 6 to 18, including teacher training, ophthalmological evaluation, subsidised eyeglasses, registration, and follow-up.
2. Conducting political and technical advocacy with key authorities and stakeholders, leveraging national evidence such as RAAB and ECSAT to drive informed public policies.
3. Strengthening human resources through the training of ophthalmic assistants with a refractive focus, as well as enhancing residency and subspecialty programmes.
4. Reducing geographical and financial barriers through mobile clinics, new Vision Centers, subsidies, and strategic partnerships with optical shops.
5. Promoting, alongside national stakeholders, a unified reporting protocol for cataract surgery and standardised follow-up mechanisms; and these actions will be implemented through internal resources,

donations, and strategic alliances, featuring annual monitoring and an institutionalisation phase oriented toward long-term sustainability and progressive integration with the public health system.

Financial Contribution: US$6,484,628

Global Vision 2020

Delivery of Refractive Error Services (Eyeglasses) Through Task Sharing Using Various Distribution Models

Global Vision 2020 commits to delivering 28 million pairs of eyeglasses by December 2030. This ambitious target will reach the world's most at-risk populations through an innovative, proven model: task-sharing with trained professionals on primary eye care. We have already demonstrated viability at scale. Over 1 million pairs of eyeglasses have been delivered across 68 countries through our distribution system, working with government health systems, faith-based organisations, NGOs, and for-profit networks. This evidence shows the model works. Task-sharing is the only viable method to meet this goal. By enabling trained professionals in primary eye care to conduct self-refraction and eyeglass fitting, we remove the primary barrier to scale: the shortage of trained eye-care specialists. This approach is rapidly gaining traction: local governments and eye-health NGOs are actively expanding into our system, validating both its effectiveness and its acceptability to stakeholders. We are collecting robust data to support and continuously improve this model. Patient demographics, best visual acuity (uncorrected and corrected), and lens strength data are tracked across all delivery points. This evidence base strengthens our ability to meet WHO and IAPB goals and ensures accountability to all partners. To reach 28 million people by 2030, we must rapidly expand delivery networks. Task-sharing makes this expansion possible.

Financial Contribution: US$2,700,000

Good People International

Sustain Eye Health Services for Bus Drivers through BRTA-Linked Vision Centers

We will sustain accessible eye health services for bus drivers through the two Bangladesh Road Transport Authority (BRTA)-linked vision centers established in Mymensingh and Dinajpur. The centers will continue to provide eye screening, spectacles, treatment for common eye conditions, referrals for surgery, and preventive eye health counselling. We will prioritize bus drivers who face barriers to accessing timely and affordable eye care, helping them maintain good vision and meet fitness requirements for safe driving. We will also continue eye health awareness activities and collaboration with BRTA and local eye hospitals to promote regular screening, early treatment, and appropriate referrals. To ensure continuity beyond the project period, we will work with our local partner eye hospitals to maintain the vision centers and strengthen their ownership and financial contribution to operations. Through continued collaboration with transport-sector stakeholders, we aim to integrate eye health into ongoing transport-sector health and road safety efforts.

GoodVision Germany (EinDollarBrille)

GoodVision International commits to expanding equitable, affordable and sustainable access to quality eye care for underserved populations through its programme-country network between 2027 and 2030. GoodVision International brings together a global network of organisations working towards a shared goal of making quality eye care accessible and affordable. Through locally rooted programmes and partnerships, GoodVision combines community-based service delivery, affordable spectacles, capacity building and quality standards, while enabling country programmes to respond to national and local needs. Through this commitment, GoodVision will support coordinated action across Nepal, Colombia, Peru, Kenya, Burkina Faso, Liberia and Malawi. Country programmes

will expand community and school-based eye health services; strengthen screening and management of refractive error; increase access to quality spectacles; improve cataract identification, referral, treatment and follow-up; and strengthen eye health awareness and education. GoodVision will also strengthen sustainable eye health systems through workforce development, improved referral pathways, digital data and innovative service-delivery approaches, and stronger integration of eye health within primary healthcare and education systems.

Financial Contribution: US$10,920,000

GX Foundation

Scaling Community-Based Cataract Surgery and Local Capacity in Underserved Africa and Asia, 2027-2030

Between 2027 - 2030, GX Foundation will restore sight to at least 20,000 people in underserved regions through free cataract surgery, while building the local capacity that lets countries sustain eye care themselves. The approach combines direct surgical service with growing investment in local capacity, matched to each context.

Direct service (Laos, Cambodia, Djibouti, Mauritania, Senegal): GX will continue deploying Chinese medical teams and Mobile Eye Treatment Centres (METCs) to provide free cataract surgery, prioritising people who are blind or severely visually impaired. Because untreated cataracts lead to falls, cognitive decline, social isolation and lost productivity, GX treats backlog clearance as urgent and pursues surgery and local capacity-building together. It will upgrade its METC fleet in Q4 2026 to Q1 2027 and keep training local health workers in screening, triage and post-operative care.

Capacity-led pilot (Uzbekistan): Where a national clinical workforce exists but rural reach is limited, GX is partnering with the Zamin Foundation to donate a purpose-built, all-weather, cold-resistant METC 2.0 unit. GX will train Uzbek doctors and support staff in Q4 2026 to run mobile clinics and perform cataract surgery in the field, with ongoing support afterwards. If the pilot succeeds, GX intends to extend this equipment-plus-training model to countries with comparable capacity, increasing local ownership over time.

Accountability: Across both tracks, GX will routinely track post-operative visual outcomes, publish results against WHO's 6/12 and 6/18 thresholds, and deepen government partnerships.

Heart to Heart Foundation

Strengthening Integrated People-Centred Eye Care for Underserved Populations

From 2026 to 2030, Heart to Heart Foundation will work to improve access to integrated, people-centred eye care for underserved populations. Our approach combines stronger primary eye health services with community outreach, early detection, referral, and treatment, while supporting the systems and partnerships needed to sustain these services over time. At the primary health care level, we will support health facilities to improve the basic conditions needed to provide eye health services, including trained personnel, essential equipment and medicines, infrastructure and referral arrangements. Community screening and awareness activities will be linked to appropriate follow-up care so that people identified with eye health needs can move from detection to treatment. By 2030, supported health facilities are expected to reach an average eye health service readiness score of at least 90%. At least 40% of diagnosed cataract, diabetic retinopathy, and refractive error cases will be detected early. At least 80% of children identified with sight-threatening eye conditions and requiring surgery will receive surgical support, and at least 10% of NCD patients attending supported health facilities will receive eye health screening as part of their care. Sustainability is an important part of this commitment. Heart to Heart Foundation will work with national and local governments, public health institutions, eye care providers, civil

society, the private sector and development partners to strengthen coordination, contribute to eye health planning and policy discussions, and support regular review of priorities and progress. Heart to Heart Foundation expects to invest approximately USD$2 million in this commitment between 2026 and 2030. Progress will be reviewed through routine programme monitoring, facility assessments and stakeholder engagement.

Financial Contribution: US$2,000,000

Helen Keller International

Millions Reached and Vision Protected: Helen Keller's 2030 Commitment to Transform Eye Health

Helen Keller International and Helen Keller Europe commit to partnering with governments and health providers across 18 countries globally (14 in Sub-Saharan Africa, two in Asia, France, and USA) to strengthen and transform health systems for sustainable, equitable access to eye care. By the end of 2030, our ambition is to reach at least 2 million people with quality refractive error and cataract services; at least 30 million people with treatment to prevent onchocerciasis (river blindness) and trachoma; and more than 40 million children with vitamin A supplementation to promote good eye health. Helen Keller will advance this ambition by expanding access to essential eye health services across the continuum, from promoting eye health and preventing vision loss to early detection, while meaningfully integrating primary eye care into primary health care networks. We will prioritise underserved and vulnerable populations, including women and children; deploy scalable digital data management platforms; and strengthen the quality, availability, and use of eye health data to enable better decision-making and accountability. Through these efforts, we aim to build more sustainable, equitable, and people-centred eye health systems while demonstrating scalable approaches that governments and partners can adapt and expand to accelerate progress toward universal access to quality eye care.

Joint commitment: Helen Keller Europe

Help Me See, Inc.

Eradicate Cataract Blindness through Simulation-based Training

HelpMeSee commits to promote and enable simulation-based training as a force multiplier for the elimination of cataract visual loss and build the qualified surgeon workforce needed to close the gap for the roughly 100 million people worldwide who are blind or have moderate-to-severe vision impairment due to cataract. Advancing existing or emerging partnerships with Governments, Health-Care providers, Academic Institutions and Development Actors, this overarching commitment will be delivered through country-specific sub-commitments within task-sharing, system building and training to increase access, cost-effectiveness, capacity and efficiency of cataract surgery with improved surgical outcomes at scale by leveraging innovative simulation training technology. Geographic Scope: Global, multi-country, Africa. Expected Outcomes: Increase qualified surgeons to the global workforce every year, scaled to geographic demand. Trainees begin operating with greater proficiency, competency, confidence, resulting in improved patient safety compared to common training practices. Drive expansion of cost-effective, high-quality, and higher throughput techniques for low-resource settings. Extend and strengthen workforce through task-sharing: HelpMeSee acts as a force multiplier, equipping all eye care cadres to deliver safe surgical care where ophthalmologist capacity alone can't meet demand.

Financial Contribution: US$20,585,000

India Vision Institute

A Vision for 3.6 Million

India Vision Institute commits to screening 1.6 million additional people from underprivileged communities, including schoolchildren, by 31 December 2030. Those requiring vision correction will be provided with free corrective spectacles, while individuals with cataracts or other eye conditions will be referred to partner hospitals for further examination and treatment. Children will be reached through screening programmes in government schools, while adults will be served through community programmes, IVI Vision Centres, and Mobile Eye Health Units in underserved areas. Building on the two million beneficiaries reached by November 2026, this commitment will take IVI's cumulative impact to at least 3.6 million people by end-2030, supporting clearer vision, better learning for children, greater productivity for adults and improved quality of life. The commitment aligns with the goals of WHO's SPECS 2030 initiative by expanding access to quality, affordable and people-centred refractive error services and supporting progress towards greater effective refractive error coverage by 2030.

International Eye Foundation

Scaling Access, Proving Impact: IEF's Commitment to Technology-Enabled Eye Care

By 2030, the International Eye Foundation (IEF) commits to strengthening partner hospital systems to scale technology-enabled primary eye care across the continuum of care, from early detection to referral, treatment, and follow-up, through AI-enabled diagnostics and teleophthalmology, while generating global evidence on cost-effective models to guide policy, financing, and sustainable expansion of services to underserved populations.

Commitment 1: Integration and Inclusion. By 2030, IEF commits to expanding integrated, technology-enabled Vision Centres that strengthen the continuum of care for diabetic retinopathy, glaucoma, cataract, and refractive error. IEF will grow its network from 41 to more than 100 Vision Centres, reaching over 1,500,000 people with screening, diagnosis, referral, treatment, and follow-up. AI-enabled diagnostics and teleophthalmology will improve early detection and identification of glaucoma suspects and retinal disease at the primary level. Strengthened referral systems linking Vision Centres to secondary and tertiary hospitals will achieve greater than 60% referral uptake and greater than 70% confirmed diagnosis among those referred, improving continuity and completion of care.

Commitment 2: Evidence and Policy. By 2030, IEF commits to generating and disseminating evidence on the cost-effectiveness of technology-enabled Vision Centre models. By 2028, IEF will complete a multi-site cost-effectiveness analysis comparing technology-enabled and standard models across the continuum of care, including early detection, referral uptake, and treatment follow-up. The analysis will demonstrate a 15–25% reduction in cost per case detected, with findings disseminated to inform national policy and global investment decisions.

Financial Contribution: US$460,000

KeraLink International

Vision for All - 30/30/30

KeraLink International works to end avoidable blindness by developing and delivering affordable solutions to underserved populations in lower- and middle-income communities. Where cutting-edge, affordable solutions reach every corner of the globe, ensuring that no individual is denied the right to sight. By uniting clinicians, technology innovators, social entrepreneurs, and donors, we aim to turn this vision into a reality, making comprehensive eye care accessible and sustainable for all. We plan to give access to eye care to 30M people by

raising US$30M by the end of 2030 through community-based work (screenings) and developing affordable technology for low-income communities and countries.

Financial Contribution: US$30,000,000

Kilimanjaro Centre for Community Ophthalmology

Partnering for Equitable Comprehensive Eye Health in Africa

From January 2027 to December 2030, KCCO will work with government and mission hospitals that partner with KCCO, together with national and subnational health authorities, to sustain and strengthen equitable, community-oriented and comprehensive eye care services for underserved populations in seven African countries. Clinical services will be delivered by these partner hospitals. KCCO will contribute technical assistance, training and mentorship, community-engagement support, equipment and consumables where appropriate, and stronger data systems for monitoring and improvement. Using 2025 as the baseline when KCCO partner hospitals collectively screened or treated 254,550 adults and performed 16,985 cataract surgeries, of which 51% were provided to women, partner hospitals participating in this commitment will collectively screen or treat at least 900,000 people and perform at least 65,000 cataract surgeries between 2027 and 2030. KCCO will support participating partner hospitals to increase the proportion of cataract patients who are women to at least 53% by 2030, introduce standardised digital reporting in at least 80% of participating hospitals, and use routine data to identify and address disparities in access and quality.

Financial Contribution: US$3,000,000

Joint commitment. Partners: CTSOE in Burundi, Benedictine Eye Hospital in Uganda, Felege Hiwot Hospital in Ethiopia, Queen Elizabeth Hospital in Malawi, Salfa hospitals in Madagascar (Sambava, Tulear, Antsirabe and Ambilobe), Toamasina University Hospital in Madagascar, HOSAT in Benin, and the following hospitals in Tanzania: Benjamin Mkapa, Bugando Medical Centre, KCMC, Mbeya Zonal Hospital and regional referral hospital in Singida, Kagera, Tanga, Mtwara, Iringa and Manyara. KCCO is supported by both individual and institutional donors, such as Seva Canada and the Fred Hollows Foundation.

KnowTheGlow

KTG's Commitment Aims to Strengthen Early Detection Awareness, Encourage Behavioural Change, and Improve Access to Timely Care for Childhood Diseases Globally

KnowTheGlow commits to expanding its global early detection awareness initiatives for leukocoria and childhood eye disease across 16 nations in Africa, Southeast Asia, North America, and Latin America, through targeted, multilingual digital outreach, strategic NGO and medical collaborations, educational resource development, and sustainable ambassador-led engagement programmes. From 2026–2030, KTG will continue scaling its international awareness efforts with a focus on underserved and high-risk populations where delayed diagnosis of childhood eye diseases remains a major barrier to vision preservation and survival.

KTG's commitment includes:

1. Expanding multilingual digital awareness campaigns into additional countries and underserved regions with a continued focus on Sub-Saharan Africa
2. Increasing collaboration with local hospitals, NGOs, ministries, eye health professionals, and patient advocacy organisations

3. Strengthening student chapter and ambassador programmes to create sustainable local awareness networks
4. Providing freely accessible educational materials and co-branded outreach resources to global partners
5. Supporting early diagnosis advocacy initiatives related to retinoblastoma and other childhood eye diseases
6. Amplifying patient, physician, and survivor stories to reduce stigma, encourage behavioral changes, and encourage timely care-seeking
7. Increasing digital outreach and social media engagement to improve recognition of leukocoria among parents and caregivers worldwide
8. Continuing participation in global collaborations that promote childhood eye health, early detection, and prevention of avoidable blindness
9. Participating in the OneRbWorld Conference with the KnowTheGlow Around the Globe panel.

KTG believes that increasing public recognition of leukocoria can significantly improve early diagnosis outcomes and reduce preventable childhood blindness globally. KTG will measure progress through: Digital campaign reach and engagement analytics; Number of countries and regions reached; Partner organisation participation; Educational material distribution metrics; Social media engagement and awareness indicators; Growth of ambassador and student chapter programmes; Documented outreach collaborations and campaign implementation; and Healthcare provider and regional partner feedback metrics.

L V Prasad Eye Institute

Strengthening Eye Care, Transforming Vision: LVPEI's Commitment to 2030

LV Prasad Eye Institute (LVPEI) is committed to advancing equitable, accessible, affordable and sustainable eye care by working in partnership with national and state governments, health systems, communities, educational institutions and other stakeholders. LVPEI will advocate for stronger eye-care policies, systems and investments, while supporting the integration of eye health into broader health and development programmes. Through its network, technical expertise, research, training and service-delivery experience, LVPEI will contribute to strengthening the capacity of health systems to prevent avoidable vision impairment, detect eye conditions early, provide appropriate treatment and ensure continuity of care. Emphasis will be placed on reaching underserved and vulnerable populations, strengthening school eye health, and developing the capabilities of organisations and frontline personnel involved in eye-care delivery. LVPEI will also promote evidence-based approaches, innovation, partnerships and the use of data to improve outcomes and create impact. Through these efforts, LVPEI seeks to contribute to the achievement of universal access to quality eye care and accelerate progress towards the global eye-health targets for 2030.

Layton Rahmatulla Benevolent Trust

A Nationwide, Multipronged Commitment to Advance Eye Health in Pakistan (2026–2030)

As Pakistan's largest provider of free eye care for the underprivileged, LRBT treats more than 3.4 million patients annually through its nationwide network of 20 hospitals and 64 primary eye care clinics. Guided by the principle that no one should lose sight because they cannot afford treatment, LRBT commits to a multi-focal, life-course strategy addressing the three fundamental barriers to eye health in Pakistan, namely, access, affordability, and awareness.

Expanding infrastructure: LRBT will establish a new secondary eye care hospital in Nawabshah and relocate its North Karachi Hospital to Nazimabad and its Tando Bago Hospital to Badin, bringing surgical and specialist

services closer to underserved, rural, and low-income communities. Through these three new hospitals, LRBT will aim to treat an additional 300,000 patients annually by 2030.

Tackling diabetic retinopathy: With nearly 33 million (approx. 1 in 3 adults) living with diabetes in Pakistan, diabetic retinopathy remains a leading cause of preventable blindness. As diabetic retinopathy is a leading cause of preventable blindness among working-age adults, expanding early screening and timely treatment is critical to preserving sight and reducing avoidable vision loss. LRBT commits to screening 3.4 million patients visiting LRBT annually for diabetic retinopathy by 2030, establishing 13 dedicated Avastin Injection Rooms by 2027–28, providing free anti-VEGF treatment for underprivileged patients and low-cost care for others, ensuring 100% referral to laser therapy and vitreoretinal surgery for sight-threatening cases, training every ophthalmic team at the 13 centres, and running nationwide digital awareness campaigns promoting annual retinal exams.

Protecting children's sight: LRBT will extend its School Eye Health Programme, screening 27,000+ students annually and training teachers in at least 60 schools each year through 2030 to identify early warning signs and enable timely referral. Building the workforce: LRBT will invest in national capacity through its School of Ophthalmic Paramedicine to grow Pakistan's supply of qualified ophthalmologists, ophthalmic paramedical staff, and optometrists, with expanded training capacity through 2030, ensuring services remain sustainable and equitably delivered.

Expected Outcome: By 2030, LRBT will strengthen Pakistan's eye health system end-to-end from screening to advanced treatment — advancing the IAPB's 2030 In Sight strategy, and ensuring equitable, high-quality eye care for every Pakistani, regardless of geography or ability to pay.

Financial Contribution: US$6,203,120

Lentes al Instante

Strengthening Vision Care Through Integrated Healthcare and Early Detection of Refractive Errors and Cataracts in Bolivia

Lentes al Instante (GoodVision Bolivia) commits to expanding its vision screening, early detection, and refractive error correction services—specifically targeting vulnerable populations—by establishing and deepening partnerships with local and subnational authorities, civil society organizations, and NGOs across Chuquisaca, Santa Cruz, and La Paz. By 2030, through direct and coordinated service delivery, the organization will screen 28,000 people, provide prescription eyeglasses to those in need, and facilitate referrals for cataract surgeries through strategic healthcare partners.

Financial Contribution: US$1,280,000

LIGHT FOR THE WORLD

Health System Strengthening and Support to Comprehensive, Disability Inclusive, and Equitable Quality Eye Care Service Provision for People Needing Them in Burkina Faso, Ethiopia, Mozambique, Uganda.

By 2030, Light for the World commits to invest US$15 million through donor funding to achieve equitable eye health outcomes in Burkina Faso, Ethiopia, Mozambique and Uganda, targeting more than 3.5 million people. Our eye health work focuses on delivering comprehensive, people-centred services to hard-to-reach populations, including children, women and men, with and without disabilities, who experience barriers to accessing quality eye care. We strive to close the gender gap in eye health through gender and disability-responsive training, meaningful

participation of women, men and persons with disabilities in planning, and the collection and use of sex, age and disability-disaggregated data to drive progress and accountability. We will also strengthen access to rare and complex eye disease services; and contribute to eliminating neglected tropical diseases (NTDs) affecting eye health in Ethiopia. By 2030, we aim to contribute to an increase in effective refractive error coverage (eREC) and effective cataract surgical coverage (eCSC) across supported programmes. We will support more than 100,000 cataract surgeries, screen beyond 1 million children for eye conditions, provide more than 10,000 corrective eyeglasses, and train over 5,000 eye care practitioners, general and community health workers. We will contribute to eliminating blinding trachoma by reaching 2.5 million people through mass drug administration (MDA) with antibiotics and supporting 6,500 trachomatous trichiasis (TT) surgeries. To achieve these outcomes, we will strengthen the eye health workforce, expand outreaches, improve access to essential equipment and supplies, and strengthen data and evidence-based planning. In collaboration with health and education sectors, we will support early identification, referral and management of childhood eye conditions through school-based screening and community engagement. We will advocate nationally and globally for policies and guidelines that promote integrated, equitable, accessible and sustainable eye care.

Financial Contribution: US$15,000,000

Lions Sight First Eye Hospital

Sight Restored, Potential Unlocked: LSEH's Pledge to Transform 1 Billion Lives

Lions Sight First Eye Hospital (LSEH) pledges to end avoidable blindness. LSEH is committed to the 1 Billion Pledge using a model that has been tried and tested in the field. Every year we screen over 141,000 people and perform over 5,000 sight-restoring surgeries. Not as isolated acts of charity, but as a conscious, sustainable financial architecture. Surplus revenue from premium consultations, optical sales and diagnostic imaging directly subsidises free outreach screening, paediatric eye care and treatment for people unable to pay. This cross-subsidisation strategy, coupled with public health insurance, corporate partnerships and philanthropy, guarantees that access to sight is never a question of ability to pay. Now we are extending this evidence-based approach outside our gates. LSEH is collaborating with the Kenyan Ministry of Health's Ophthalmic Services section, Directorate of Primary Health Care and digital health section to seek national accreditation for community health worker training and official acknowledgement of our digital screening platform. Starting in January 2027, LSEH commits to expanding community-based eye care across seven counties in Western Kenya, in collaboration with relevant government and implementation partners. Through 100 accredited community health workers (MAMs) and seven vision coordinators, LSEH aims to additionally screen over 50,000 people, dispense over 15,000 spectacles, facilitate over 6,000 referrals and perform over 2,000 cataract surgeries, while achieving at least 80% referral completion. These activities will be tracked through a teleophthalmology platform to ensure measurable outcomes and distinguish new beneficiaries from LSEH's existing service delivery. The pledge is simple: every person checked is a life that can be changed – a youngster saved a lifetime of preventable handicap, an adult restored to full economic activity. LSEH pledges to replicate this model across Kenya and beyond, bringing together clinical excellence, technological innovation and a financially self-sustaining model to turn millions of individual screenings into the collective momentum of 1 billion lives touched, and avoidable blindness eradicated for good.

Financial Contribution: US$30,000

Magrabi Foundation

Expanding Equitable Access to Timely, Continuous Eye Care for Underserved Children in Egypt

Magrabi Foundation commits to strengthening access to essential childhood eye care in Egypt through two complementary programmes: major eye surgery for financially disadvantaged children and coordinated care for premature infants at risk of retinopathy of prematurity (ROP). Building on existing services, the commitment combines treatment access with stronger referral and follow-up pathways during 2027, with indicative programme funding of US$650,000. Funding and service-volume figures are approximate.

1. Children's eye surgery: Between January and December 2027, support 1,800 major ophthalmic surgeries for 1,500 financially disadvantaged children aged 18 or younger from across Egypt. Care will include eligibility assessment, clinical prioritisation and postoperative follow-up. Reporting will distinguish procedures from individual children receiving care.
2. Timely, continuous ROP care: Strengthen the pathway from examination to clinically appropriate treatment and follow-up for 900 premature infants in Cairo during 2027. Map eligible public and nonprofit neonatal intensive care units outside university hospitals by April and establish referral and follow-up arrangements by June. By December, aim for 60% of eligible units to actively use the pathway. During July–December, aim for at least 50% of required follow-up visits to occur on time, with missed visits identified and followed up. Clinical planning anticipates 200 treatment procedures, according to assessed need.

Progress will be tracked through completed surgeries, unique children and infants reached, participating units and timely follow-up. An aggregate progress report and ROP sustainability plan will be completed by March 2028. Beneficiaries will be reported separately by programme with any combined total deduplicated.

Medical Research Foundation

Pioneering Equitable Eye Care, Advancing Translational Science: Medical Research Foundation – Sankara Nethralaya's Commitment to 2030

Medical Research Foundation (Sankara Nethralaya) is committed to eliminating avoidable blindness and visual impairment by providing world-class, equitable, and compassionate eye care, regardless of a patient's economic background. In alignment with the United Nations General Assembly Resolution 75/310 (Vision for Everyone), the World Health Organization's global 2030 eye health targets for effective cataract surgical coverage (eCSC) and effective refractive error coverage (eREC), and the IAPB 2030 In Sight strategy, the Foundation will accelerate people-centred, integrated eye health across India. Leveraging its pioneering cross-subsidy healthcare model, tertiary care network, community outreach wings, and the research and academic capabilities of the Vision Research Foundation and Elite School of Optometry, Sankara Nethralaya will expand access for underserved, rural, and vulnerable populations. Particular mphasis will be placed on scaling rural surgical delivery through the Mobile Eye Surgical Unit (MESU), expanding comprehensive school and community refractive services, driving translational research and AI-enabled screening, and building ophthalmic and optometric workforce capacity. Working in close partnership with national and state blindness control initiatives, civil society, academic consortia, and industry partners, the Foundation pledges to strengthen health systems, uphold uncompromising surgical quality standards, and ensure that sight-restoring interventions leave no one behind.

Financial Contribution: US$1,500,000

Mission for Vision

Enhancing Quality Eye Care by Focusing on WIIM (Workforce Development, Integration, Inclusion and Monitoring)

Mission for Vision (MFV) has outlined a strategic roadmap to significantly elevate the quality of eye care services across India by the year 2030. The MFV commitment is structured around four interconnected pillars: workforce development, system integration, community inclusion, and quality monitoring. To address critical human resource gaps, MFV will spearhead workforce development by supporting the training of at least 1,500 new allied ophthalmic personnel. This expansion aims to standardise clinical quality and scale up service delivery nationwide. Concurrently, the integration strategy focuses on embedding eye health into existing infrastructure. In cooperation with local authorities and partner organisations, MFV plans to establish specialised Retinopathy of Prematurity (ROP) screening capacities across five targeted districts. Additionally, it is also planned to integrate primary eye screening in government primary health centres in five districts of India. Inclusion remains a core priority of the 2030 vision. MFV mandates that 20% of all newly established primary eye care vision centres will feature accessible designs tailored for people with disabilities and marginalised community members. To ensure long-term intervention sustainability, the organisation also aims to boost parental involvement to 60% within all school-based eye health programmes. Finally, robust monitoring mechanisms will safeguard clinical outcomes. MFV will partner with 30 leading eye hospitals to ensure that at least 90% of surgical cases maintain improved post-operative quality records. Additionally, the strategy targets a 90% or higher patient satisfaction rate among individuals treated at these institutions. Through this multi-pronged framework, MFV along with its partner organisations seeks to build an equitable, high-quality, and sustainable eye care ecosystem in India.

Financial Contribution: US$5,140,000

Nepal Eye Hospital

Accessible Eye Care to Reach the Unreached in Nepal

Nepal Eye Hospital, Tripureshwor, Kathmandu, commits to supporting the achievement of Nepal's National Eye Health Strategy 2023–2030 by expanding affordable, accessible and high-quality comprehensive eye care, with a particular focus on reaching underserved, remote and rural communities. By 2030, Nepal Eye Hospital will strengthen comprehensive eye care through community outreach, cataract and other priority eye care services, school eye health, eye health workforce development, digital innovation, research and partnerships. The Hospital will provide comprehensive eye care services to 300,000 people annually, including at least 10% through community outreach programmes, and screen 40,000 schoolchildren each year. It will also expand tele-ophthalmology, electronic medical records and AI-supported screening to improve early detection and access to eye care. Nepal Eye Hospital commits approximately NPR₹ 300 million (approximately US$2 million) annually towards delivering these activities.

Financial Contribution: US$2,000,000

Nepal Eye Programme – Tilganga Institute of Ophthalmology

Affordable, High-Quality and Sustainable Eye Care for All

Nepal Eye Programme – Tilganga Institute of Ophthalmology (NEP-TIO) commits to supporting Nepal's National Eye Health Strategy 2023–2030 by expanding accessible, affordable, high-quality and sustainable comprehensive eye care, including community-based and child eye health services. Guided by its Strategic Plan 2026–2030, NEP-TIO will strengthen specialist and rehabilitation services, corneal transplantation, eye health workforce development, research and innovation, digital and AI-enabled eye care, and access to essential eye care products. NEP-TIO will also strengthen advocacy, technical assistance, IOL manufacturing and partnerships to advance the integration of eye care across the health system and support equitable access to eye care in Nepal and other resource-constrained settings.

Financial Contribution: US$2,000,000

Joint commitment. Partners: Fred Hollows Foundation, Australia, Cure Blindness Project, USA, Vision Himalayan Foundation, Switzerland and Good Vision Nepal

Nepal Netre Jyoti Sangh

Advancing Equitable, Integrated and People-Centred Eye Care in Nepal

Nepal Netra Jyoti Sangh (NNJS) commits to supporting Nepal's national eye health commitment and targets priorities by accelerating the implementation of SPECS 2030 and Integrated People-Centred Eye Care (IPEC). Between 2027 and 2030, NNJS will expand access to affordable, equitable, quality and climate-resilient eye care, including cataract and surgical services, community and basic eye care, refractive error and presbyopia services, and diabetic retinopathy care, adopting recent scientific advancement of eye health including tele-ophthalmology, artificial intelligence, digital screening, data analytics and technology-enabled referral systems. Through its network of eye hospitals and community-based services, NNJS commits to delivering at least 1 million cataract surgeries, providing presbyopia correction to at least 1 million adults, and screening at least 500,000 people with diabetes for diabetic retinopathy during 2027–2030. These efforts will contribute towards Nepal's national eye health targets, including improved effective cataract surgical coverage, expanded presbyopia correction and increased diabetic retinopathy screening. NNJS will further strengthen surgical quality and outcome monitoring, integrate eye health into primary healthcare, expand community-based screening and referral systems, and strengthen the eye health workforce. It will promote responsible adoption of tele-ophthalmology, artificial intelligence and digital technologies, while generating evidence to inform policy and practice in partnership with the Government of Nepal and national and international stakeholders.

Noor Dubai Foundation

From 4000 to 40000 Cataract surgeries

Noor Dubai Foundation has made a pledge to increase free Cataract surgery from 4,000 to 40,000 by 31 December 2030. The surgeries are for patients who could not otherwise afford or access them, and the Foundation will report progress every year. The pledge builds on more than 15 years of field work, including surgical procedures performed through its mobile treatment camps in 23 countries. Cataract is the world's leading cause of blindness. It can be cured with a simple, low-cost operation, yet the world is still set to miss the WHO target for cataract surgical coverage by 2030. To help close that gap, Noor Dubai is offering its pledge as the first contribution to a shared target of 40,000 surgeries by 2030. It invites the members of the International Agency for the Prevention of Blindness (IAPB) to share the pledge so that other NGOs and partners can join to increase the target. Noor Dubai will actively work with IAPB members to assure that the target is reached without the need for new funding commitment or change in governance.

Optometry Confederation of India

Strengthening the Optometry Workforce and Expanding Access to Specialty Eye Care Services in India

The Optometry Confederation of India (OCI) is committing to expand the reach and quality of optometric eye care across the country between 2027 and 2030, focused on three things: growing a well-trained workforce, strengthening specialty care at the practice level and closing access gaps in underserved regions. On workforce, OCI will train at least 3,000 optometrists through a minimum of 35 continuing education programmes each year,

spanning primary eye care, specialty practice, community optometry, dispensing and referral pathways. Alongside this, we will support at least 30 partnering practices by 2030 to upgrade to specialty eye care delivery, working with instrument and diagnostic companies to make equipment access more affordable. A dedicated Women Leaders Advanced Practice Track will provide mentorship and leadership development to at least 100 women optometrists by 2030, building on OCI's existing network of women in the profession. On access, OCI will advocate for optometrists to be formally integrated into primary healthcare systems in at least 10 Indian states, working directly with state health departments and local partners to reach underserved communities. We will also launch a national Quality Dispensing Initiative to train at least 1,000 optometrists in ISO-based dispensing standards and patient-centred spectacle verification, raising the baseline quality of vision correction services nationally. Together, these commitments aim to build a larger, better-trained optometric workforce, improve the standard of specialty and dispensing care available to patients, and bring eye care closer to communities that currently have limited access to it.

Optometry Giving Sight

Building the Optometry Workforce to Close the Refractive Error Gap by 2030

Between 2027 and 2030, Optometry Giving Sight commits to accelerating the growth of the eye health workforce needed to end avoidable vision impairment from uncorrected refractive error, in support of the WHO global target to increase effective refractive error coverage (eREC) by 40 percentage points by 2030. Mobilising the optometric community, we will invest US$5 million in grants to partner organisations, a 25% increase on our current annual grant funding. We will prioritise sustainable, locally led programmes over short-term service delivery. Working with universities, ministries of health, and in-country implementing partners, we will establish and strengthen optometry schools in countries with few locally trained optometrists. We will also fund faculty development, expand vision centres that integrate refraction into primary health care, and support school-based eye health programmes. We will also fund faculty development, expand vision centres that integrate refraction into primary health care, and support school-based eye health programmes. Every funded programme will report against common indicators, so progress is measurable and contributes to national eREC monitoring.

Financial Contribution: US$5,000,000

Orbis International

Accelerating Equitable Eye Health through Workforce, Technology, and Stronger Health Systems

Orbis International will commit to working with governments and partners from 2027 to 2030 to advance equitable, people-centred eye care by strengthening health systems, developing a skilled and sustainable eye health workforce, expanding access to quality services, and harnessing digital technology and responsible artificial intelligence. Through this commitment, Orbis aims to contribute to improved eye health outcomes for more than 18 million people worldwide. Working alongside ministries of health, WHO, IAPB, civil society, professional associations, and private-sector partners, Orbis will support country-led priorities and build the capacity of more than 250,000 eye health professionals. Central to this commitment is expanding Cybersight, Orbis's global digital learning, mentorship, and AI platform, to increase access to knowledge, clinical expertise, and support for eye health professionals and institutions, while also contributing to IAPB's learning and workforce-development goals. Orbis will also contribute towards the progress toward the WHO 2030 eye health targets through investments in cataract services, workforce development, digital transformation, and health systems strengthening including the SEE 2045 global initiative. In collaboration with governments and partners including Alcon, Orbis will expand access to high-quality cataract care through hands-on clinical training, digital learning, mentorship, and simulation. Beginning in 2027, Orbis will partner with the Government of Antigua and Barbuda to integrate AI-assisted

diabetic retinopathy screening into routine diabetes care, working toward at least 80% screening coverage by 2030, supported by timely referral, treatment, and follow-up. Across these efforts, Orbis will prioritize locally-led, government-aligned approaches; advance equitable access for women, girls, and underserved communities; and generate evidence and shared learning to accelerate progress toward the WHO 2030 global eye health targets.

Financial Contribution: US$32,100,000

Organisation pour la Prévention de la Cécité

Accelerating the Implementation of WHO Eye Health Policies Across French-speaking Member States

We will leverage our status as a non-state actor in official relations with WHO to accelerate the implementation of WHO eye health policies and normative guidance across French-speaking Member States. Through our collaboration with WHO, we will support governments in advancing integrated people-centred eye care (IPEC), implementing the Eye care in health systems: Guide for Action, supporting implementation of the WHO SPECS 2030 initiative, improving eye health monitoring, and facilitating the translation and dissemination of key WHO eye health resources in French. We will promote knowledge exchange and peer learning among Francophone countries and support the implementation and follow-up of commitments made at the Global Summit for Eye Health, contributing to stronger eye health policies, implementation and accountability across French-speaking Member States.

Financial Contribution: US$1,000,000

Peek Vision

Expanding Access to Critical Eye Health Data for Planning, Monitoring, and Advocacy

Peek Vision and the International Centre for Eye Health (ICEH) jointly commit to expanding access to the high-quality data tools that countries need to plan, monitor and advocate for effective and equitable eye health. Between 2027 and 2030, we will provide free licences for RAAB7 (Rapid Assessment of Avoidable Blindness) and SEHRA (School Eye Health Rapid Assessment), the sector's leading population-level survey tools, delivered through the Peek software platform. For RAAB7, this commitment is made jointly by ICEH and Peek, who co-developed, maintain and support the tool. RAAB7 software licences will be available free of charge in any location (up to 50 per year) and ICEH will provide technical support for survey planning, training and analysis free of charge. The surveys will generate data on the prevalence and causes of vision impairment and blindness in adults aged 50+, effective refractive error coverage (eREC) and effective cataract surgical coverage (eCSC), helping countries plan services and track progress towards global targets. In many countries, RAAB data are more than a decade old, while others need repeat surveys to track progress and strengthen planning. Peek will also provide SEHRA free of charge for nationally representative surveys globally and regional surveys in selected countries, subject to annual limits. The surveys will generate robust, standardised data on school-going children's eye health needs, including eREC and refractive error service quality. This will help governments, NGOs and other implementers plan, monitor and advocate for more effective school eye health services. Peek and ICEH will engage with sector stakeholders to identify survey opportunities and support uptake. Free licences include technical support for survey planning and implementation, use of Peek software for data collection and analysis, and summary data reports. Implementing organisations cover in-country survey costs. By removing licence costs, this commitment aims to expand access to robust evidence, helping countries understand unmet need and inequities, target resources and strengthen eye health planning, investment and advocacy.

Financial Contribution: US$2,100,000

Joint commitment. Partners: International Centre for Eye Health at the London School of Hygiene & Tropical Medicine.

Prevent Blindness

Enhancing a Platform for Meaningful Patient Engagement in Vision and Eye Health

From 2027 through 2029, Prevent Blindness commits to enhancing its current platform for meaningful patient engagement in vision and eye health, ensuring that people with lived experience have greater opportunities to shape research, education, public health, advocacy, policy, and other decisions that affect their vision and eye health. Building on our ASPECT Patient Engagement Programme, we expect approximately 155 people with lived experience to complete three core ASPECT programmes and 4–5 disease-, population-, or community/state-specific ASPECT Intensives. We will strengthen pathways for graduates to apply their experience and skills as educators, advocates, advisors, storytellers, speakers, and collaborators, with a goal of at least 50% of graduates participating in a meaningful engagement opportunity within 12 months of completing the programme. Prevent Blindness will also expand the reach of meaningful patient engagement by developing implementation resources, training, and technical assistance that enable other organisations to incorporate ASPECT strategies into their work. By the end of 2029, we aim for 2–4 organisations to formally adopt ASPECT strategies and an additional 4–8 organisations to become ASPECT-informed. Prevent Blindness expects to invest approximately US$1.05 million in this work over the three-year commitment period. Through this commitment, we will move meaningful patient engagement from individual opportunities toward a more systematic, sustainable, and scalable approach – strengthening the role of lived experience throughout the vision and eye health ecosystem.

Financial Contribution: US$1,050,000

Strengthening Equitable Systems of Vision and Eye Care for Native American Communities

Over the coming three years, Prevent Blindness and our National Center for Children's Vision and Eye Health and Seva Foundation's Native American Vision programme will join forces with a commitment to strengthening equitable, culturally responsive systems of vision and eye care that better serve Native American children, adults, and families. We will engage Native American communities and organisations, along with the health care partners that support them, to ensure broad stakeholder involvement in this work. Together, we will develop, implement, evaluate, and document the American Indian Eye Health Project in partnership with the American Indian Health Service of Chicago and the Illinois Society for the Prevention of Blindness. We will create a scalable, life-course model that integrates early detection through paediatric and adult vision screening, eye health education, tele-retinal screening, coordinated referral systems, access to comprehensive eye care, and strong community partnerships. By combining Prevent Blindness's expertise in systems change, workforce development, evidence-based vision screening, care coordination, and the integration of vision and eye health into primary care with the Seva Foundation's longstanding experience in developing and expanding sustainable eye care programmes in Native American communities, we will develop practical implementation tools to support replication by other Urban Indian Health Programmes and organisations serving Native American communities nationwide. Working alongside Native American leaders, health professionals, educators, local eye care providers, and other community stakeholders, we will ensure the model is shaped by community priorities, culturally responsive, and grounded in the realities of the people and organisations it is intended to serve. We will evaluate outcomes and incorporate lessons learned throughout implementation to strengthen the model and inform future replication. Through this work, we will demonstrate how collaborative, community-driven partnerships can advance health equity by integrating vision and eye care into comprehensive primary care and creating sustainable, replicable approaches to reducing avoidable vision loss.

Joint Commitment. Partner: Seva Foundation

Rahat Samarpan Seva Samiti

Rahat Vision Beyond Sight Initiative

Rahat Samarpan Seva Samiti commits to strengthening inclusive eye health services across Madhya Pradesh by 2030. Working in partnership with government departments, hospitals, schools, corporate partners, and community organisations, we aim to conduct vision screening for 2,000,000 (20 lakh) people, provide 500,000 (5 lakh) quality prescription spectacles to individuals with refractive errors, and ensure timely referral for cataract, diabetic retinopathy, glaucoma, and other eye diseases. Our commitment includes school eye health programmes, workplace vision screening, community outreach camps, awareness campaigns, training of frontline health workers, and the use of digital tools to improve access to affordable and quality eye care. Special priority will be given to children, women, elderly persons, persons with disabilities, and underserved rural and tribal communities. Through this commitment, we aim to reduce avoidable vision impairment, improve educational outcomes, increase workplace productivity, and contribute to achieving Universal Eye Health and the Sustainable Development Goals by 2030.

Financial Contribution: US$5,000,000

Renovatio

Expanding Access to Comprehensive Eye Care for Older Adults between 2027 and 2030 through Two Complementary Service Delivery Models. Two Complementary Service Delivery Models.

Instituto Suel Abujamra (ISA) and Renovatio (GoodVision Brazil) commit to expanding equitable access to eye care for older adults by 2030 through two integrated service delivery models: comprehensive eye health screening in adult educational centers in the municipality of São Paulo and a mobile cataract surgery unit operating across underserved regions of Brazil. Through this commitment, we aim to improve vision, learning outcomes, and quality of life among adults enrolled in educational programmes by providing comprehensive eye health screening and timely referral for treatment, while expanding access to high-quality cataract surgery for older adults in underserved communities who would otherwise face significant barriers to receiving sight-restoring care.

Financial Contribution: US$15,200,200

Joint commitment. Partners: Instituto Suel Abujamra (ISA), in partnership with GoodVision Brazil (Renovatio), municipal and federal health authorities, are committed to developing this project in Brazil.

RestoringVision

Integrating Near-Vision Care for Up to 126 million People

Over the next five (5) years, RestoringVision commits to expanding access to quality near-vision eye care for up to 126 million people, delivering near-vision eyeglasses and referrals through existing government and partner systems. We will:

1. Integrate, not duplicate. Embed near-vision training and screening, referral, and access to on-the-spot high-quality near-vision eyeglasses into existing health, social protection, community health, and livelihood

programmes, working through government structures, members of the International Agency for the Prevention of Blindness (IAPB), other non-governmental organisations, eye health providers, community networks, donors, and private sector partners to reach those without access.
2. Deliver quality at scale. Deploy digital tools, including digital product tracking and real-time data collection, to strengthen screening and referral, dispensing, inventory management, programme monitoring and impact measurement, giving partners and governments timely data to improve accountability, decision-making, and service delivery.
3. Build a resilient, sustainable supply chain. Invest in diversified sourcing, regional procurement and distribution hubs, improved forecasting, pre-positioned inventory, and stronger last-mile delivery to ensure consistent product availability.
4. Strengthen national systems. Support governments to integrate presbyopia correction into primary health care and health information systems, and report progress toward global targets, aligned with national plans, the Sustainable Development Goals (SDGs), and the United Nations General Assembly resolution Vision for Everyone.
5. Advocate and partner for impact. Work with IAPB members, governments, donors, implementing partners, multilateral institutions and agencies, and the optical industry to advocate for near-vision eyecare to be embedded in national policies, programmes, financing and delivery systems, helping build lasting pathways to access and financing.

Globally, 826 million people are living with presbyopia. Beyond reaching 126 million people directly, RestoringVision is committed to working with partners to demonstrate that reaching hundreds of millions with near-vision eye care can be high-quality, integrated, and sustainable.

Financial Contribution: US$126,000,000

Sankara Eye Foundation, India

Expanding Equitable, Technology-Enabled Eye Care Services Across India

Sankara Eye Foundation India commits to advancing equitable, accessible and sustainable eye care across India by 2030, with a particular focus on underserved communities. Building on five decades of community-based eye care, we will expand access to quality services through increased free eye surgeries under our Gift of Vision programme, strengthened primary eye care through Vision Centres, responsible deployment of artificial intelligence and digital technologies, infrastructure expansion, workforce development and strategic partnerships. By 2030, Sankara will increase cumulative free eye surgeries from 3 million to 4 million and expand its Vision Centre network from 50 to 100, supported by teleconsultation, AI-enabled screening and referral mechanisms. We will also scale the use of AI across screening, diagnosis, treatment, referral and follow-up to support earlier detection and management of avoidable blindness. As part of this commitment, Sankara will establish RJ Sankara Eye Hospital in Patna by 2027, supported by 10 Vision Centres across Bihar, creating 250 employment opportunities and strengthening long-term capacity for free eye care in the region. Sankara will commit an estimated US$55 million towards implementing these initiatives, while deepening partnerships with government, NGOs, INGOs, philanthropists, corporates and institutions to strengthen sustainable eye-care delivery.

Financial Contribution: US$55,000,000

Saudi Society of Optometry (SSO)

EyeLink Global Vision Data Platform

The Saudi Society of Optometry (SSO) commits to developing and piloting EyeLink, an innovative digital platform designed to improve the identification, monitoring and geographic understanding of vision impairment and unmet eye care needs, enabling organisations and decision-makers to direct resources where they are needed most. Between 2027 and 2028, SSO aims to establish a collaborative, data-driven approach to eye health monitoring by connecting nonprofit organisations, community screening programmes and eye care providers through a standardised, accessible platform. EyeLink will enable participating organisations to collect and analyse screening findings, vision impairment indicators, services delivered, referrals and follow-up outcomes. By combining validated programme data with available population-level evidence, the platform will generate geographic insights to highlight underserved communities, identify potential service gaps and support evidence-informed planning and resource allocation. Through its initial 12-month pilot, SSO aims to:

- Engage 5–8 nonprofit organisations across three geographic regions, covering approximately 30–50 service sites.
- Establish a standardised digital framework for collecting and analysing eye health data. * Develop interactive dashboards and geographic visualisations to identify potential unmet needs and monitor service delivery.
- Improve the availability, quality and comparability of programme data while protecting individual privacy.
- Evaluate the platform's feasibility, usability, and potential for international expansion. SSO will seek collaboration with the International Agency for the Prevention of Blindness (IAPB), nonprofit organisations and relevant stakeholders to strengthen international coordination and alignment with global eye health priorities.

The longer-term ambition is to expand EyeLink to 100 organisations worldwide, creating a collaborative evidence network that supports more equitable eye care, better-targeted investment and progress towards the WHO 2030 eye health targets. Our commitment is to turn eye health data into actionable intelligence, ensuring that support reaches the communities that need it most.

Financial Contribution: US$3,000,000

Seva Canada

Removing Barriers, Restoring Sight: Seva Canada's Eye Care Commitment

Seva Canada commits to advance equitable, high-quality eye care through collaborations with our partners across Africa, Asia and Latin America. From 2026 to 2029, we will: -Fund at least 26 partner hospitals each year to deliver eye care designed around the needs of the communities they serve, through community eye centres, outreach, and school screening programmes -Support those partner hospitals to achieve high-quality outcomes, through training for eye care personnel, and providing essential equipment, expert advisors, and support for electronic medical record systems -Remove financial barriers by subsidizing surgeries, medicines, and glasses for patients who cannot otherwise afford care -Remove additional barriers to accessing care for women and girls, who make up 55% of people living with vision loss through targeted interventions and education campaigns -Build research capacity in at least 21 partner hospitals through our Evidence in Practice programme, enabling partners to lead their own operational research to improve service delivery and quality and share findings through partner networks and peer-reviewed journals Through these commitments, Seva Canada and our partners estimate that each year we will deliver eye care to 1.8 million people, distribute 30,000 pairs of prescription glasses, and perform 150,000 cataract and other sight-restoring surgeries. This commitment aligns with the direction of our partners, recognising that when people can see, they can learn, work, and lift their families and communities out of poverty. We are proud to stand with our partners in this unified effort to turn these commitments into lasting results.

Financial Contribution: US$6,000,000

Seva Foundation

Sight for 50 Million

50 million people, 5 million surgeries, and 10 million pairs of glasses by 2030. That's the next chapter for Seva Foundation, building on nearly five decades of making quality eye care accessible to communities around the world. Since 1978, we have built locally led, financially sustainable eye care systems with 150 partners in 25+ countries. Our partners don't depend on us; they grow with us. The economics are unparalleled: every US$1 invested in eye care returns US$36 in benefits. That return holds because our community-owned solutions continue to deliver long after the initial investment. For investors, this is a proven, scalable return on impact. For governments, it's a ready-made system: trained workforces, working hospitals, and data that meets WHO standards. By 2030, Seva and our partner network commit to:

- Reach 50 million people with essential eye care, including 5 million surgeries and 10 million pairs of glasses.
- Screen 5 million children, delivering 200,000 pairs of glasses and 50,000 pediatric surgeries.
- Open 200 Primary Eye Care Vision Centers, bringing care within reach of 22 million people.
- Train 25,000 eye health professionals, at least half of them women, building health system capacity and advancing gender equity.
- Collect visual acuity data in line with WHO guidance, advancing the SPECS and SEE Initiatives and strengthening evidence for policy and investment.
- Conduct field trials across South Asia, Africa, and Latin America to expand evidence on the health, livelihoods, and economic impacts of eye care.

No one should lose their sight because of where they were born or what they can afford. We know how to end preventable blindness. We have a plan and we're ready to do it at an even greater scale. Email seva2030@seva.org to explore how we can work together.

Shantil Shanghvi Eye Institute

Preventing Avoidable Blindness in Urban Poor

UJAAS is a flagship community outreach and public health initiative by the Shantilal Shanghvi Eye Institute in Mumbai, India, designed to combat preventable blindness in underserved urban areas. It is a door-to-door eye screening programme targeting 100,000 people living in slums. Trained health workers will assess distance and near vision and perform torchlight evaluation (TLE) of people > 5 years of age. Those with vision < 6/12 or < N6 or identified with any abnormal findings on TLE will be referred to an optometrist-managed clinic for detailed evaluation. All known Diabetes Mellitus cases are also referred for a comprehensive eye exam, including retina evaluation. Optometrists will do a door-to-door eye evaluation of children < 5 years using a photo screener and refer those with abnormal findings for detailed evaluation by an ophthalmologist. This will be a comprehensive programme targeting all ages and establishing strong referral networks in community, thereby working towards universal health coverage. Diabetic eye screening in NCD clinics of the Govt. to prevent avoidable blindness in diabetics registered with Municipal Corporation dispensaries. It is aimed at retinal evaluation of DM using an AI-enabled fundus camera in primary care setting of the Govt. A total of 10,000 Diabetes Mellitus cases are targeted for screening in 2026-27. This aligns with the 2030 goal of having at least 80% of DM being screened for DR.

Shri Sadguru Seva Sangh Trust (Sadguru Netre Chikitsalaya)

Expanding Quality Eye Care for Rural Central India: More Surgery, More Vision Centres and Eye Care in Government Primary Health Facilities, 2027-2030

Shri Sadguru Seva Sangh Trust commits to expanding access to quality, affordable eye care for rural, tribal and low-income communities across Madhya Pradesh, Uttar Pradesh and neighbouring states from January 2027 to December 2030. We will work in partnership with the Government of India and state governments under the National Programme for Control of Blindness and Visual Impairment. The Trust has provided eye care in Chitrakoot since 1968. Through our hospitals at Chitrakoot and Anandpur, a network of 140 vision centres and regular outreach camps, we currently perform more than 200,000 eye surgeries annually. Our new hospital in Kashi (Varanasi, Uttar Pradesh), scheduled to commence services in December 2026, will further strengthen our capacity to reach underserved communities. During the four-year commitment period, we will:

- Increase surgical capacity: Perform 230,000 eye surgeries in 2027, 240,000 in 2028 and 250,000 annually in 2029 and 2030—delivering nearly one million surgeries over four years.
- Strengthen quality and accountability: Monitor cataract surgical outcomes against WHO-recommended standards and publish the results annually.
- Expand community access: Increase our vision centre network from 140 to 250 by December 2030.
- Integrate eye care into primary healthcare: Establish eye care services within 50 government primary health facilities (Ayushman Arogya Mandirs) by December 2030.
- The Trust will also train a total of 25,000 personnel, including doctors, paramedical staff, managers and community health workers. In addition, we will train and employ more than 600 young women from rural households as allied ophthalmic personnel each year.

Across these initiatives, we will prioritise older people, women and tribal communities. Our commitment aligns with WHO's integrated people-centred eye care approach and supports the 2030 global targets for effective coverage of cataract surgery and refractive error services.

Sight Aid for Africa Foundation

From Screening to Care: Reaching 1,000 People in Underserved Lagos Communities

Between January and December 2027, Sight Aid for Africa commits to providing free vision screening for at least 1,000 children and adults in underserved communities in Lagos State, Nigeria. We will conduct at least 10 community and school outreach sessions, prioritising people who face financial barriers to eye care. Each participant will receive their screening results, an explanation of the findings and clear guidance on any further assessment or treatment required. Following appropriate clinical assessment, we will provide free reading glasses to at least 200 eligible participants on the spot at the screening venue, ensuring a suitable fit and clear guidance on their use and care. Participants who need further assessment or treatment will receive documented referrals to suitable eye-care facilities. With their consent, we will contact at least 80% of referred participants within eight weeks to confirm whether they accessed care, understand any difficulties encountered and provide referral support. A confidential programme register will track the number of people screened, reading glasses dispensed, referrals issued and completed, and participants reached through follow-up. Progress will be reviewed quarterly to identify gaps and guide improvements. Through this commitment, we aim to make eye care more accessible and strengthen the connection between community screening and further care. We will publish a summary of our results, implementation challenges and lessons learned by March 2028.

Sight for All

Strengthening Sustainable Specialist Eye Care Capacity Across the East Asia-Pacific Region

Sight For All commits to strengthening sustainable, locally led specialist eye care capacity across the East Asia-Pacific region between 2027 and 2030, contributing to the elimination of avoidable blindness and vision impairment in underserved communities. Aligned with our 2025-2030 Strategic Plan, Sight For All will work in partnership with Ministries of Health, universities, teaching hospitals and local eye health leaders in Cambodia, Laos, Mongolia, Papua New Guinea and Pacific Island countries to strengthen the knowledge, skills, leadership and infrastructure required to diagnose and treat complex eye conditions, including glaucoma, childhood blindness, oculoplastic conditions and retinal diseases. Between 2027 and 2030, Sight For All will:

- Support sustainable ophthalmic subspecialty training pathways in at least three partner countries, helping close the loop of specialist eye care services
- Deliver fellowships, mentoring programmes and in-country training opportunities for at least 100 eye health professionals, including ophthalmologists, optometrists, nurses and allied eye health personnel
- Strengthen partnerships with Ministries of Health and teaching institutions to support locally led workforce development and leadership
- Expand specialist eye health collaborations in the Pacific region in partnership with local stakeholders and regional organisations
- Promote innovation, research and appropriate technologies that improve access to specialist eye care for disadvantaged and remote populations.

Through this commitment, Sight For All aims to strengthen local eye health systems, increase access to specialist eye care and support the development of a sustainable workforce capable of independently delivering high-quality services long into the future.

Financial Contribution: US$1,350,000

Sight Relief SCIO (Scottish Charity SC051191)

Ending Curable Blindness Through Primary Eye Care: A Model for the World, from Pakistan

Sight Relief commits to helping end curable blindness worldwide between January 2027 and December 2030. We will demonstrate, publish, and share a low-cost model that brings eye care into the primary healthcare facilities that people already use, beginning in Pakistan and extending to other countries with comparable needs. Cataract and uncorrected refractive error cause most of the world's blindness and vision impairment, yet both are curable. People stay blind because eye care does not reach where they live. Our model closes that gap. In Haripur District, Khyber Pakhtunkhwa, we are working with the District Health Office across 14 facilities. We trained 18 medical officers and medical technicians to examine eyes with the low-cost Arclight device and 100 Lady Health Workers to screen communities. The share of eye patients managed by medical officers without an optometrist rose from about 6% to 21%. Between 2027 and 2030, we will: complete the model across Haripur District, as proof of concept at district scale; publish our ethically approved evaluation in collaboration with academic partners at the University of St Andrews; release a free, open training toolkit for medical officers, Lady Health Workers and teachers, including guidance for school vision screening; work with the Khyber Pakhtunkhwa Health Department towards province-wide adoption, as part of the Love Your Eyes Pakistan 2030 campaign; partner with local organisations to adapt and pilot the model in other countries with comparable need, through a train-the-trainer approach; strengthen cataract surgery referrals and outcome monitoring through a validated digital data system. Women, older people, children and rural communities will benefit most. Around two-thirds of our patients are women. The commitment contributes directly to the WHO 2030 targets for effective cataract and refractive error coverage.

Financial Contribution: US$100,000

Singapore National Eye Centre

"Strengthening Eye Health Systems Through Regional Capacity Building, Innovation and Partnership"

SNEC-GEH proposes to make strategic commitments at the 2026 Global Summit for Eye Health that leverage our existing capabilities and ongoing initiatives whilst addressing critical eye health challenges regionally. These commitments align with Singapore's healthcare priorities and demonstrate our commitment to regional leadership in eye health. Over 2026–2030, three complementary commitments will reduce avoidable blindness and vision impairment, strengthen national eye health systems, and improve equitable access to quality eye care across the Asia-Pacific, including Laos, Myanmar, Nepal, Indonesia, the Philippines, Mauritius and Cambodia, and the wider ASEAN and Western Pacific network, with a focus on underserved and rural communities. Prioritising cataract, refractive error and diabetic retinopathy, and delivered through health workforce development, innovation and technology, and sustainable service delivery, in partnership with national ophthalmic centres, ministries of health, the Singapore Ministry of Foreign Affairs, WHO, IAPB, ASEAN member states, the Essilor Foundation, academic institutions, NGOs, and philanthropic, industry and technology partners. These commitments will advance equitable, data-driven eye care across the region by 2030.

Financial Contribution: US$980,000

South African National Council for the Blind

Increase Vision Screening and Cataract Services

The South African National Council for the Blind commits to increase vision screening and cataract services to the rural and marginalized communities in Mpumalanga, Limpopo and Northern Cape provinces and restore sight to the visually impaired due to avoidable blindness from January 2027 to December 2030. This commitment aims to reduce the barriers to eye care access by the disadvantaged rural communities which have no eye care services around them. SANCB will also partner with the South African Medical Research Council to conduct a survey to determine the prevalence and incidence of cataract blindness in the three provinces.

Financial Contribution: US$4,800,000

Swiss Red Cross

Sustaining and Scaling Eye Care Access in Kyrgyzstan and Nepal

Swiss Red Cross commits to continue supporting the elevation and delivery of key eye health programmes through Kyrgyzstan Red Crescent and Nepal Red Cross. This will be supported/funded through the Swiss Red Cross campaign "Old gold for eyesight" generously supported by Swiss dentists and their clients. Kyrgyzstan Red Crescent will:

- Continue to finalise the National Strategy for the Development of Ophthalmology for 2026–2036 in collaboration with the Ministry of Health and key stakeholders
- Expansion of Retinopathy of Prematurity (ROP) screening and treatment services in regional hospitals through specialist training and provision of equipment

- Continued outreach activities and Health Caravans providing at least 70,000 primary eye examinations annually in remote and underserved communities
- Continued awareness raising and community-based eye health activities reaching more than 100,000 people annually
- Support implementation and dissemination of the approved national clinical guidelines on cataract, glaucoma and Retinopathy of Prematurity
- Completion of the development of three additional national clinical guidelines in the areas of refractive disorders, keratitis and uveitis

Ongoing collaboration with the Ministry of Health on the development and endorsement of SOPs for ophthalmology services. Nepal Red Cross will:

- Continue eye health services in the rural areas of Nepal
- Conduct at least 1000 cataract surgeries/year on-site and through mobile camps to mountainous and hard-to-reach areas
- In the active ageing programme, targets are 500 older people reached through eye screening and facilitate a minimum of 5 cataract surgeries within six months (July 2026-December 2026) in two municipalities of suburban Bhaktapur.

This commitment is part of the Healthy Aging Programme of the Nepal Red Cross Society, targeting older people above 60 years of age at home and at senior Citizen clubs. The aim is to keep older people physically and mentally active and maximise their potential and well-being in society. Eye health is only one part of the activities that are facilitated and promoted within this programme.

TanZanEye e.V.

Building Institutions, including Human Capacities, Suitable Infrastructures, and Well-Governed & Managed Organisations for Providing Sustainable Eye Health Services in Resource-Poor Environments in Western Tanzania

We, the three diocesan eye clinics of the Katavi, Kigoma, and Rukwa regions commit to improve access to quality eye health care services between 2027 and 2030. In alignment with Tanzania's national eye health priorities, and in collaboration with our satellite clinics in the countryside, we will increase the number of patients receiving essential eye care services, especially cataract surgery, refractive error correction, treatment of mechanical injuries and inflammations by at least 150 percent. By 2030, our specialised and satellite clinics shall achieve, or even bypass, national averages in the provision of eye health services to the communities. We also expect our ophthalmology departments to become financially sustainable by 2030.

Joint commitment. Partners: Catholic Diocese of Kigoma, Kigoma Region, Tanzania. Catholic Diocese of Mpanda, Katavi Region, Tanzania. Catholic Diocese of Sumbawanga, Rukwa Region, Tanzania.

Financial Contribution: US$400,000

The Canadian Council of the Blind

Ensuring Every Canadian Has Access to the Eye Health They Deserve

The Canadian Council of the Blind (CCB) is Canada's largest membership-based organisation of people who are blind, deafblind, or partially sighted. CCB presents this commitment to advance eye health nationally and globally.

Informed by the international and national guidance including the WHO World Report on Vision, the UN Convention on the Rights of Persons with Disabilities, and Canada's Vision Health Strategy which underscores the urgency of equitable access to eye care, prevention of avoidable blindness, and meaningful inclusion of people with lived experience. Across Canada, gaps persist in timely access to care, public awareness of preventable vision loss, accessible health information, and rehabilitation services. These challenges disproportionately affect rural, remote, and aging communities, highlighting the need for coordinated national action and stronger cross-sector collaboration. With a national membership network, deep expertise in accessibility, and decades of community-based advocacy, the CCB serves as a trusted connector between policymakers, clinicians, researchers, and communities.

The CCB will launch a National Eye Health Awareness and Accessibility Initiative (2027–2030) with commitments to:

- Increase public awareness of preventable vision loss by 25%.
- Expand community-based screening programmes.
- Strengthen representation of people with lived experience in eye-health committees.
- Improve accessibility of eye-health information and services nationwide.
- Continue partnership with the Vision Health Partners Coalition of Canada.
- Promote the need for a National Vision Health Strategy through broad public engagement.

The International Coalition for Trachoma Control

Accelerating Elimination: Coordinating the Global Trachoma Community to 2030

The International Coalition for Trachoma Control (ICTC) commits to accelerating the global elimination of trachoma as a public health problem, by supporting health ministries to scale up the World Health Organization (WHO)-endorsed SAFE strategy by documenting and promoting preferred practices identified through its network of 52 members and observer organizations. ICTC will respond to priorities raised by trachoma-endemic countries through the WHO Alliance for the Global Elimination of Trachoma (GET2020). To sustain elimination, ICTC will also strengthen links between trachoma programmes and eye health systems, drawing on the trachoma network to support these systems where needed. The end is in sight: As of 8 October 2026, WHO has validated 33 countries as having eliminated trachoma as a public health problem. However, 92 million people remain at risk, with 40 countries either known or suspected to require trachoma interventions. The last mile will be the hardest. Addressing the remaining burden requires tailored solutions for hard-to-reach settings and adaptive responses for disease demands; and until recently long-term funding for trachoma elimination had reduced. ICTC unites 41 implementing NGOs and academic institutions, and 11 observers, including donors and industry to collaborate with WHO and trachoma-endemic countries to achieve global elimination. From 2027 to 2030, ICTC will:

1. Speak with one voice and keep trachoma on the eye health and NTD agenda until elimination is achieved.
2. Close the funding gap and coordinate members' fundraising against the remaining gap to elimination based on regularly updated gap analyses.
3. Equip programs for the endgame with open-access preferred practices, toolkits and training, including for the hardest-to-reach populations.
4. Focus on sustainability by supporting ministries to strengthen eye health systems so that trachoma elimination is sustained.

The Carter Center

Aligning Global Technical Partnerships and Resources to Accelerate Trachoma Elimination



The Carter Center commits to maintaining active technical partnerships with the International Trachoma Initiative, the Trachoma Expert Committee, the International Coalition for Trachoma Control, the World Health Organization, Pfizer, and partner Ministries of Health as well as other non-governmental organisations and academia. By participating in annual programme reviews and regular coalition meetings, the Center will align resources and technical expertise to accelerate global and national progress toward eliminating trachoma as a public health problem by 2030. Through annual programme reviews, regular coalition meetings and collaboration with governments and global partners, The Carter Center will align resources and technical expertise to advance three complementary approaches: scaling the collection and use of Chlamydia trachomatis infection and serology data, alongside impact and surveillance surveys, to guide programming and operational decision-making; supporting data-driven policy reforms and integrated strategies, with a focus on diagnostic development, integrated delivery approaches and mass drug administration; and advocating alongside global neglected tropical disease stakeholders to mobilise domestic and donor resources to support annual operational plans across Carter Center-assisted national trachoma programmes through 2030. Over the next four years, these efforts will contribute to the delivery of approximately 50 million treatments through mass drug administration and sight-saving surgery for about 30,000 people, supporting accelerated progress towards trachoma elimination.

The Ophthalmology Foundation

Improving Global Ophthalmic Education and Expertise

At the Global Summit for Eye Health, the Ophthalmology Foundation commits to strengthening the full continuum of ophthalmic training worldwide through four interlocking pillars: International Accreditation, Faculty Development, International Examinations, and Fellowships offered in partnership with the International Ophthalmological Fellowship Foundation.

By 2030, we commit to:

1. International Accreditation: doubling accredited ophthalmology residency programmes to at least 100 worldwide, prioritising low- and lower-middle-income countries through our income-tiered fee structure of US$1,200 to US$3,000.
2. Faculty Development: growing One-to-One Mentoring beyond its current 17 mentors and 39 mentees, and awarding at least 500 additional Educator's Certificates, so every accredited programme has educators trained to teach, not only to practice, building on the 10,000-plus ophthalmologists already reached.
3. International Examinations: expanding our internationally benchmarked, BCSC-aligned examinations, already delivered in six languages twice yearly with Wills Eye Hospital and Wilmer Eye Institute, to at least 5,000 candidates annually, while launching new Retina and Glaucoma subspecialty examinations in 2027.
4. OFF-OF Fellowships: building on 1,700 fellowships already awarded across 103 host centers and 20 subspecialties, awarding at least 200 additional fellowships, and requiring passage of OF Examinations as a fellowship prerequisite beginning with the 2027 intake, so advanced training is grounded in validated competency.

Together, these four pillars form one accountable pathway: accredited programmes, taught by certified educators, produce residents assessed against a shared international standard, many of whom advance into subspecialty fellowships and return home to train the next generation, immediately after having completed their fellowships. We ask governments to recognise this pathway in licensing and workforce planning, ophthalmological societies to nominate candidates and host programmes, and funders to underwrite fees for participants in low-resource settings. The Ophthalmology Foundation makes this fourfold commitment as one measurable benchmark for closing the global gap in ophthalmic training capacity, and for ending avoidable sight loss worldwide.

Tulsi Eye Hospital

Increasing Access to Cataract Services for Underserved Populations

Between 2027 and 2030, Tulsi Eye Hospital commits to improving access to quality cataract services for residents of eight Maharashtra districts: Nashik, Jalgaon, Nandurbar, Ahilya Nagar, Dhule, Thane, Palghar, and Sambhaji Nagar. In accordance with the Government of India's National Programme for the Control of Blindness and Visual Impairment support programme, the hospital will increase the number of economically disadvantaged patients receiving free and subsidised cataract surgery by 20% by strengthening partnerships with local Maharashtra government and local government authorities, charitable foundations, and corporate social responsibility programmes.

Financial Contribution: US$309,278

Vision and Road Safety (VARS) Coalition

Clear Vision, Safer Roads: Improving Refractive Error Coverage and Compliance Among Driving and Transport Communities

As members of the Vision and Road Safety (VARS) Alliance—India Vision Institute, Mission for Vision, Sightsavers India and VisionSpring Foundation—commit to working collaboratively to integrate vision into national road safety systems by promoting evidence generation, creating awareness, and undertaking advocacy through:

- Vision and Road Safety (VARS) platform
- Vision screenings for commercial drivers and transport workers
- Enabling access to quality eyeglasses for those who need them
- Promoting compliance of use of eyeglasses
- Forging cross-sector partnerships that contribute to safer mobility and universal eye health coverage.

Building on the Alliance's existing screening pipeline and evidence base, we will:

1. Conduct vision screenings for 1.5 million commercial drivers and transport workers - truck and bus drivers, driver helpers, mechanics, taxi drivers, and app-based drivers and delivery riders (gig workers) by 2030 across India and national highway corridors, screening and providing eyeglasses to those who need them. Those with cataracts and other eye conditions would be referred to eye hospitals for further diagnosis and treatment/surgical interventions.
2. Strengthen the existing evidence base by linking uncorrected vision to road accidents and incident risk among commercial drivers and use this evidence to sustain policy engagement, while also working with regional, state and other transport departments to strengthen enforcement of existing vision-screening requirements already in driver-licensing policy and road safety measures.
3. Strengthen the capacity of eye care professionals and institutions to conduct regular vision screening for Drivers and Transport Workers as part of their outreach, and support initiatives that link vision care with Road Safety.
4. Enhance behaviour change communication with commercial drivers on the importance of regular vision checks, compliance to spectacle usage and by continued cross-sector partnership through the VARS Alliance to position eye health as the "fifth E", alongside the 4Es of National Road Safety Strategy - Enforcement, Engineering, Education, and Emergency, under the India Road Safety Mandate, which aligns with the United Nations (UN) Decade of Action for Road Safety 2021-2030.

Joint commitment. Partners: VisionSpring Foundation, Sightsavers India, Mission for Vision, and India Vision Institute.

Financial Contribution: US$20,000,000

Vision Care

Improving Access to Eye Care and Strengthening Sustainable Local Capacity by 2030

Between 2027 and 2030, Vision Care commits to supporting eye screening and cataract surgery for underserved communities and strengthening the capacity of local eye care professionals and partner hospitals to sustain consultations and surgery. Through Vision Eye Camps, which bring surgical services to people who cannot access eye care nearby or afford treatment, we will support 1,300 cataract surgeries annually, totalling 5,200 over four years. Through Vision Eye Centres, which provide partner hospitals with ophthalmic equipment and surgical consumables, we will support 4,000 cataract surgeries annually, totalling 16,000. We will monitor equipment use and maintenance to support its continued use in clinical services. Through structured education and clinical practice, we will transfer advanced medical techniques to local ophthalmologists and nurses, strengthening doctors' phacoemulsification surgical skills and nurses' surgical nursing skills. We will train 10 professionals annually, totalling 40, and expand training centres to serve eye care professionals across Africa. In schools and primary health centres, we will support 30,000 eye screenings annually, totalling 120,000, and refer people requiring further assessment or treatment to partner hospitals. We will implement these programmes with local health authorities and partner hospitals and regularly review results using clinical, training, and equipment use and maintenance records. In alliance with eye health organisations, local healthcare professionals, and international NGOs, we will advocate for eye health to be integrated into partner countries' health policies and systems and sustained in practice. Through these partnerships, we will combine direct patient support with workforce and hospital capacity strengthening to build the foundations for sustained, quality eye care in underserved communities.

Financial Contribution: US$3,000,000

Vision Catalyst Fund

Catalysing Sustainable Finance for Eye Health

The Vision Catalyst Fund commits to working with the World Bank Group and national governments over the next three years to support at least three lower- and middle-income countries to move national eye health priorities into credible, costed, and financeable government-led programmes. Building on the first phase of VCF's World Bank partnership, VCF will lead a Phase Two resource mobilisation effort targeting US$15 million in additional grant financing. This will establish a dedicated World Bank-administered pathway to fund government-led eye health implementation in lower- and middle-income countries, ensuring long-term sustainability and government ownership. A key part of this work will be working alongside the World Bank Group on a multi-country analysis of eye health financing gaps and flows, to better understand current levels and sources of financing, identify the main funding and policy constraints, and map practical routes to increased government, multilateral, philanthropic, and private investment. Through the existing World Bank partnership, VCF will support governments in identifying opportunities to integrate eye health into broader health systems and financing programmes, strengthening the evidence and investment case, and developing credible propositions that can move toward implementation. Our ultimate ambition is to establish a repeatable, scalable pathway from national eye health plans to financed programmes, enabling eye health to access much larger pools of sustainable financing over time for LMICs. The

VCF will report annually on progress, including countries supported, financing analysis completed, investment propositions developed, funding mobilised and additional financing opportunities advanced.

Financial Contribution: US$15,000,000

VisionGram Optics Africa

Expanding Low Vision Rehabilitation and Addressing Digital Eye Strain in Zambia

VisionGram Optics Africa commits to expanding access to low vision rehabilitation services and addressing digital eye strain through technology-supported, community-based interventions in Zambia over the next 24 months (2026–2028). We will conduct comprehensive low vision assessments for at least 1,200 children and adults with irreversible vision impairment, provide appropriate low vision devices, training and follow-up support, and screen a minimum of 5,000 students, teachers and office workers for digital eye strain symptoms while delivering targeted education and practical interventions. We will also train 80 primary eye care workers, teachers and community health workers in basic low vision identification, digital eye strain recognition and referral pathways, and pilot simple digital tools to improve assessment efficiency in community and school settings. This work will generate practical local evidence and a policy brief for the Ministry of Health, supporting better inclusion of people with vision impairment and reducing the growing burden of technology-related visual fatigue. The commitment is implemented in partnership with Levy Mwanawasa Medical University, University Teaching Hospitals Eye Hospital, Lusaka Eye Hospital and community networks across Lusaka and surrounding districts.

Financial Contribution: US$60,000

Joint commitment. Partners: Levy Mwanawasa Hospital, Chainama clinic.

VisionSpring

VisionSpring to Correct the Vision of 20 Million People with Eyeglasses by 2030 Through Primary Care, Community and Workplace Services, and Capacity Building

VisionSpring commits to correct the vision of 20 million more people with eyeglasses from 2026 to 2030, bringing us closer to a world where everyone who needs eyeglasses has them, in our lifetime. Through targeted, evidence-based programs, we also will screen the vision of 27 million people and train and equip 28,000 frontline workers in order to build the capacity and systems needed to accelerate delivery of quality vision services in nine focus nations -- Bangladesh, Ghana, India, Kenya, Malawi, Nigeria, Uganda, Vietnam, Zambia – as well as other low and middle income countries.

For 25 years, VisionSpring has championed eyeglasses as a powerful tool for improving livelihoods and task-sharing as a strategy to close 80% of the clear vision gap through community-based service delivery. Our mission is to improve lifelong earning, learning, safety, and well-being through eyeglasses for people vulnerable to poverty.

VisionSpring will serve working-age adults where they live and work. Expanded cadres of government and NGO health workers and community agents will correct presbyopia for 9 million people with reading glasses. Working with cooperatives and the private sector, we will correct the vision of 1.2 million people with refractive errors engaged in garment manufacturing, artisan craft and farming. In partnership with drivers' associations and government agencies, 1.2 million drivers and transport workers will acquire the glasses they need to stay safe on the road.

So that governments and partners succeed in integrating vision screening and glasses into primary care and community services, we will offer tailored technical assistance through CatalEYES™ – an integrated model of evidence-backed training, program management tools, demand generation strategies, and fit-for-purpose eyeglasses supply. As governments build eye health into their primary care and social services, VisionSpring will accompany them in strengthening workforces and service delivery and advancing the policies and financing needed for national scale.

Aligned with SPECS 2030 and Value of Vision accelerators, we will concentrate our delivery channels in target geographies to increase Effective Refractive Error Coverage (eREC). By building demand and delivering a reliable supply of quality, affordable glasses to partners, we will shape markets for eyeglasses and drive uptake toward tipping points where wearing glasses becomes the norm.

We invite governments, funders, companies, and partners to join us. Together, we can bring eyeglasses within reach of everyone who needs them. In our lifetime.

VOSH/International

Strengthening Optometry Education and Community Eye Care Worldwide

By 2030, VOSH/International commits to strengthening faculty exchange and development across 16 optometry departments and schools affiliated with VOSH/International in Latin America, Africa, the Eastern Mediterranean and Asia. The initiative will improve the quality of optometric education and enhance the impact of graduating optometrists worldwide. VOSH/International will mobilise its extensive global network of volunteer academic optometrists and partners to provide tailored support to participating institutions and implement supervised clinical practice, improving the services that optometry students deliver to patients in underserved communities. This commitment will contribute to a strong and confident optometric workforce, priority service delivery and health promotion in underserved communities, and increased cross-country learning and collaboration.

Financial Contribution: US$40,000

World Society of Paediatric Ophthalmology and Strabismus

Democratise Education to Reduce Disparities in Access to Training

The World Society of Paediatric Ophthalmology and Strabismus (WSPOS), a global organisation dedicated to improving children's eye health and advancing the care of patients with strabismus, is defined by its commitment to accessibility and the democratisation of education. Membership is entirely free, enabling eye care professionals from all regions and resource settings to participate. Education remains central to the Society's mission, providing free educational webinars, international symposia, subspecialty programmes, and intersociety collaborative events. Every three years, it hosts a World Congress to advance knowledge, foster collaboration, and strengthen global networks. WSPOS is committed to launching, within the next 18 months, a fully open-access, peer-reviewed journal. The journal will be freely available to all readers worldwide, and authors will not be charged article processing charges, removing both publication and subscription barriers, thereby providing an equitable platform for eye care workers from every region of the world to contribute to and benefit from scientific scholarship. WSPOS will establish a genetics education programme in Africa, initially centred in Zimbabwe and modelled on the successful

genetics education initiative conducted in India during 2015–2016. The programme will support the integration of advances in ocular genetics into patient care. In 2027, WSPOS will deliver six free educational webinars addressing topics of high relevance to the global paediatric eye-care community. These programmes will remain freely accessible after broadcast. In addition, WSPOS will develop and publish freely available consensus statements on global challenges, such as myopia, providing practical evidence-based guidance for clinicians worldwide. Together, these initiatives reflect WSPOS's commitment to preventing childhood blindness through education. By democratizing access to knowledge, strengthening local expertise, removing barriers to publication, and providing freely accessible clinical guidance, WSPOS aims to reduce disparities in eye care, support earlier diagnosis and intervention, and ultimately decrease the burden of avoidable childhood blindness worldwide.

Financial Contribution: US$650,000

Zimbabwe Council for the Blind

Expanding on School Eye Health Screening in the Country

Zimbabwe Council for the Blind (ZCfB) is committed to promoting and delivering inclusive, equitable and sustainable eye health and rehabilitation services to all Zimbabweans — especially vulnerable and underserved populations. We work in close partnership with government ministries, donors, civil society, the private sector and communities to restore sight where possible and to improve the quality of life for those whose sight cannot be restored. Over the next two years, we commit to significantly increasing the number of children screened for eye health. Having screened 56,507 children between 2023 and 2025, we pledge to screen 100,000 children between 2026 and 2028—helping to identify and address vision problems earlier and improve children's opportunities to learn, develop and thrive.

Financial Contribution: US$50,000

F. Research and Academic Institutions *(listed in alphabetical order)*

College of Ophthalmology and Allied Vision Sciences

Primary Eye Care in Rural Communities

The commitment aims to conduct vision screening for 1 million school-going and out-of-school children to support early detection of visual impairment and timely referral for further care, train 3,000 primary healthcare workers in primary eye care to strengthen their capacity to identify and manage common eye conditions, and establish 30 new optometry clinics to expand access to essential eye care services, including eye examinations, refractive error correction and referrals for specialised treatment, particularly in rural and underserved communities.

Financial Contribution: US$6,000,000

Joint commitment. Partners: Sightsavers Pakistan, CBM Pakistan, FHF Australia, Vision for Education Pakistan.

Dana Center for Preventive Ophthalmology

Strengthening Research and Education for Advancing Public Health Ophthalmology

The Dana Center for Preventive Ophthalmology commits to advancing evidence-based approaches that support achievement of the WHO 2030 global eye-care targets: a 30-percentage-point increase in effective cataract

surgical coverage and a 40-percentage-point increase in effective refractive error coverage. To support improved cataract surgical coverage, we will develop and disseminate standardised essential elements for cataract surgical training, aligned with WHO recommendations and minimum standards, with the goal of strengthening the quality and consistency of cataract surgical training globally. To support improved refractive error coverage, we will generate evidence on scalable approaches to spectacle provision, including evaluating when objective refraction and other simplified models of care can safely and effectively expand access to appropriate glasses. We will maintain a focus on capacity building and training the next generation of leaders in global health ophthalmology.

Fight for Sight

Investing in the Science, People, and Partnerships to Save Sight

By 2030, Fight for Sight will strengthen the pathway from vision research to patient benefit, investing in the science, people and partnerships needed to advance understanding of sight loss and help promising research progress towards better prevention, diagnosis, treatment and outcomes for people living with or at risk of sight loss. Fight for Sight is committed to ensuring that outstanding vision research has the greatest possible opportunity to improve people's lives. We will continue to invest in high-quality research across the research pathway, from discovery science through to research with the potential for further development, translation, clinical application and patient benefit. By 2030, we will strengthen the support, connections and opportunities available to researchers to help high-quality and promising research progress to its appropriate next stage. We will use our funding, expertise, partnerships and convening power to help create an environment in which excellent vision research can progress and realise its potential. This will include:

- Investing in high-quality vision research across different stages of the research pathway.
- Strengthening routes for research progression and follow-on support.
- Connecting researchers, where appropriate, with clinical, commercial, investment and other relevant expertise
- Encouraging greater collaboration between academia, healthcare, industry, funders and people with lived experience
- Identifying opportunities to address barriers that can prevent promising research from progressing
- Strengthening our understanding of the longer-term outcomes and impact of the research we fund.

By 2030, a greater proportion of vision research supported by Fight for Sight will have demonstrated meaningful progression beyond the stage at which it was originally funded. Researchers supported by Fight for Sight will have stronger access to the funding, partnerships, expertise and connections that can enable their work to progress. Through improved tracking of research outcomes, Fight for Sight will also have a stronger understanding of how its funding contributes to the development of new knowledge, further research, innovation and, where appropriate, translation and patient benefit. Together, this will strengthen the pathway through which high-quality vision research can ultimately contribute to preventing sight loss, enabling earlier diagnosis, developing better treatments and improving outcomes for people affected by sight loss.

Financial Contribution: US$11,000,000

Flaum Eye Institute, University of Rochester Medical Center

Flaum Eye Institute Commitment to Advancing Global Eye Health (2026–2030)

The Flaum Eye Institute at the University of Rochester Medical Center commits to the following measurable actions by 2030 in support of the Global Summit for Eye Health hosted by the government of Antigua and Barbuda, in

technical collaboration with the World Health Organization and the IAPB 2030 In Sight Agenda. By 2030, Flaum will launch the Global Population Eye Health Equity in Practice and Policy Fellowship, training a minimum of five fellows from the United States and international partner institutions in global eye health and genetics. Fellows will receive interdisciplinary training in implementation science, health policy, leadership, health equity, and population eye health to prepare them to lead programmes in academic institutions, health systems, governments, and non-governmental organisations. Flaum will strengthen the global eye health workforce through international education in ophthalmic genetics, building upon Dr. Alex Levin's collaborations with ORBIS to educate ophthalmologists, genetic counsellors, and allied health professionals worldwide. Flaum will initiate or participate in at least five collaborative global eye health research or implementation science projects and disseminate findings through peer-reviewed publications, educational resources, and international scientific meetings. These collaborations will leverage partnerships with Prevent Blindness, the LV Prasad Eye Institute, collaborators in Africa through Dr. Allison, and the international educational and research partnerships of Dr. Alex Levin. Flaum will openly share educational curricula, implementation science tools, and best practices in population eye health, health equity, ophthalmic genetics, and innovative models of eye care through partnerships with IAPB, the Global Ophthalmology Consortium, ORBIS, and collaborating academic institutions. To support these initiatives, the Flaum Eye Institute commits a minimum institutional investment of US$500,000 through 2030, strengthening international partnerships, advancing evidence-based eye care, and expanding equitable access to high-quality vision care worldwide.

Financial Contribution: US$500,000

International Centre for Eye Health (ICEH) at the London School of Hygiene & Tropical Medicine (LSHTM)

A New Lancet Global Health Commission on Global Eye Health for 2030

ICEH at LSHTM commits to leading the development of a new Lancet Global Health Commission on Global Eye Health. We will aim to publish a new report in 2030 that will present new and updated evidence on eye health and set out the priorities for policy, investment and practice needed to reach the 2045 targets. Building on the 2021 Commission we led, we will bring together an international, multidisciplinary group of researchers, policymakers, practitioners and people with lived experience of vision impairment with strong representation and leadership from low- and middle-income countries. Between 2027 and 2030, the Commission will present new research and synthesise existing evidence on the magnitude of eye health challenges, the systems needed to address them and global inequalities.

Among the evidence presented, the report will assess progress towards the WHO 2030 targets for effective cataract surgical coverage and effective refractive error coverage, identifying where progress has been made, who remains underserved and which barriers require action ahead of 2045. The Commission will evaluate approaches to integrating eye care into universal health coverage and primary health care, strengthening workforce capacity and sustainable financing, and using technology appropriately. It will translate its findings into practical recommendations for governments, funders and service providers, and propose priorities for research, implementation and accountability beyond 2030.

By December 2030, we will deliver one Commission report, multiple subsidiary papers and an accessible public summary, informed by global stakeholder research and consultations. Through this work, ICEH will bring together collaborative efforts of the global eye health field to: strengthen the evidence available for national planning, investment and advocacy; help decision-makers improve access to effective, affordable eye care, particularly for underserved populations; and advance inclusion for people living with vision impairment. The new commission will actively engage global partners, and regular consultations and feedback systems will be undertaken during the work.

Financial Contribution: US$1,000,000

School of Optometry and Vision Science, UNSW Sydney

Innovating to Support Better Value, Universal Eye Care and Providing Academic Partnerships for Evaluation

The School of Optometry and Vision Science mission is 'Advancing vision and eye health in society through world-class, innovative, multi-disciplinary education and research'. We provide professional entry programs in Optometry and Orientation and Mobility in Australia, but also commit to deliver workshops and on-line short courses for the eye health workforce in the Asia-Pacific and Middle East to support evidence-based practice. Our health systems research expertise supports evaluations of new models of care in partnership with local health care providers and non-government organisations. Within Australia, our focus is on equities in eye health - supporting work towards achieving agreed targets for refractive error coverage, cataract surgery coverage, diabetic eye disease, age-related macular degeneration and glaucoma. The financial commitment described below is an in-kind contribution by the public health and health systems research group comprising senior and early career academics. The team also works with WHO, Vision 2020 Australia and NGOs to provide evidence for advocacy.

Financial Contribution: US$300,000

Shanghai Eye Disease Prevention and Treatment Center

Toward eREC 2030: Shanghai's Eye Health Action Plan

As an IAPB member organisation, the National Clinical Research Center for Eye Diseases, and an active network member of the WHO SPECS 2030 initiative, the Shanghai Eye Disease Prevention and Treatment Center commits to the following actions by 2030, in support of IAPB's 2030 In Sight strategy and the global target of a 40-percentage-point increase in effective refractive error coverage: Expanding primary eye care for all: extending our life-course eye health service model—centred on school- and community-based vision screening, with a focus on myopia control in children and eye health for older adults Training the frontline workforce: more than 10,000 frontline eye care personnel—including school doctors, general practitioners, optometrists and community health workers Cultivating global talent: educating a total of 50 master's and doctoral students and providing professional training for at least 1,000 optometrists from low- and middle-income countries Scaling up proven service models: adapting and expanding our effective community eye care service models across the Belt and Road partner countries and supporting national efforts to improve access to affordable quality refractive error services for the widest possible population Advancing AI-enabled eye care: accelerating the research, validation and broad application of convenient, AI-assisted vision screening tools, bringing efficient, high-quality eye care to underserved communities. Conducting research to generate evidence, and disseminate public education materials and technical specifications: Focusing on key global eye health priorities, carry out a series of studies in China and in countries and regions such as Central Asia, so as to underpin eye health practice with high-quality evidence. We pledge to work hand in hand with IAPB, WHO and partners worldwide towards a world free of avoidable vision loss—where everyone, everywhere, enjoys healthy vision.

The Catholic University of Korea

Clear Vision, Safe Roads: Enhancing Road Safety and Livelihoods through Vision Correction for Commercial Drivers in Bangladesh

By distributing eyeglasses to commercial drivers, including bus drivers in Bangladesh, this initiative aims to improve their effective Refractive Error Coverage (eREC). We will build an evidence base demonstrating that vision correction directly ensures safer driving while simultaneously increasing economic income and securing job stability. Furthermore, we will lay the groundwork to integrate these outcomes into public policy, thereby scaling overall impact.

Financial Contribution: US$1,500,000

Joint commitment: GoodPeople International.

The University of the West Indies (UWI) St Augustine Campus, Trinidad and Tobago

Caribbean Integrated Primary Eye Care (IPEC) Workforce & Systems Model

The University of the West Indies (UWI), working with participating Caribbean governments and development partners, will develop, pilot and evaluate a Caribbean Integrated Primary Eye Care (IPEC) Workforce & Systems Model that connects community, primary, secondary and tertiary eye care through competency-based training and structured referral and counter-referral. Led by UWI Optometry (St Augustine) as a One-UWI regional platform, and designed for Ministries of Health, regulators, optometry, ophthalmic nursing, primary care and ophthalmology, the model expands the eye-health workforce and integrates eye care into primary health systems, bringing services closer to home while protecting specialist capacity for complex and surgical disease. By 2030, UWI will: publish a Caribbean IPEC competency framework mapped to the WHO Eye Care Competency Framework (2027); establish a modular interprofessional curriculum and a multidisciplinary Train-the-Trainer programme (2028); develop at least 15 Caribbean Master Trainers (2028); train the first multidisciplinary practitioner cohort across participating countries (by 2029); pilot referral and counter-referral pathways in selected community and primary-care settings (2028–2029); and evaluate workforce capacity, access, referral quality and outcomes, publishing a regional Implementation Toolkit (by 2030). Beneficiaries are Caribbean populations affected by avoidable sight loss particularly from refractive error, cataract and diabetic eye disease and the workforce serving them. The model aligns with the Summit's Act, Allocate and Accelerate pillars and the Six Accelerators, and supports national reporting against effective refractive error coverage (eREC) and effective cataract surgical coverage (eCSC). Final country, site and practitioner targets will be confirmed following baseline workforce mapping and formal confirmation of participating governments.

University of Michigan

Michigan Sensory Health and Ageing Research Collaborative (Mi-SHARC): Building an Interdisciplinary Hub for Vision, Sensory Health, and Ageing Research, 2026–2031

Build a new, connected research community: Research on vision and eye health and ageing is siloed and unconsolidated. Mi-SHARC aims to establish regular opportunities for engagement, idea exchange, and collaboration, positioning itself as a hub for interdisciplinary innovation and leadership in this emerging field, while also connecting vision and eye health to the other senses (hearing, olfaction, taste, touch, and balance). Identify research gaps and accelerate translation to policy and practice: Mi-SHARC will systematically identify critical gaps in vision health and ageing research and align collaborative efforts to address them. It will support pathways to translate findings into policy impact, clinical practice, and community implementation to ensure research leads to meaningful improvements in ageing outcomes.

- Spark and support new collaborations: MiSHARC will actively facilitate interdisciplinary partnerships that lead to pilot projects, grant submissions, and novel lines of inquiry.

- Lower barriers to research development: Mi-SHARC will provide infrastructure, tools, and guidance that lower the barrier for researchers, especially early-career investigators, to initiate and advance projects.
- Elevate sensory health in ageing research: Mi-SHARC will position sensory health - including vision and eye health - as a critical and integrated component of broader global ageing research agendas.
- Translate ideas into action: Using lessons learnt from implementation, science and policy translation, Mi-SHARC will move beyond conversation by supporting tangible outputs, pilot data, funded projects, publications, policy briefs, and scalable initiatives.

We will use the following indicators to measure performance: number of interdisciplinary collaborations involving trainees, number of interdisciplinary collaborations between faculty, and number of co-funded projects, publications and policy briefs.

G. Professional Bodies and Health Facilities

ASEAN Ophthalmology Society

Strengthening Regional Collaboration for Equitable Eye Care across ASEAN, 2027–2030

The ASEAN Ophthalmology Society (AOS) commits, from January 2027 to December 2030, to helping ASEAN Member Societies accelerate progress towards the WHO 2030 eye health targets by closing the gaps in data, workforce, policy and advocacy that its member societies have identified. A 2026 AOS survey of national societies and Ministry of Health focal points in eleven Member Societies found that cataract is the leading cause of avoidable blindness in every country, followed by uncorrected refractive error and glaucoma. Eight reported a shortage of ophthalmologists, six lack a recent population-based blindness survey, four have no current national eye health plan, and six named lacks local data as their main barrier to persuading policymakers. Rural, low-income and ethnic minority populations face the greatest barriers to care. In response, AOS will: 1. Establish an AOS Prevention of Blindness Working Group by June 2027, with a focal point from every member society. 2. Train national eye health leaders in advocacy: using data to make the economic case for eye care, engaging decisionmakers, public awareness, grant writing and AI tools. 3. Establish twinning partnerships between member societies with established eye health programmes and those seeking to strengthen their programmes, supported by expert mentorship and knowledge exchange. 4. Run regional training and fellowship exchanges for ophthalmologists, optometrists and ophthalmic nurses, prioritizing rural and underserved facilities. 5. Support population surveys where data are outdated and publish an annual ASEAN Eye Health Report with comparable indicators, including eCSC and eREC. 6. Provide AOS endorsement and technical support for national eye health plans and for including cataract surgery and spectacles in UHC packages. 7. Host a shared repository of advocacy templates, policy briefs and registries, and coordinate multi-country research. AOS will report progress annually through the Commitment Portal and at the AOS Congress.

Financial Contribution: US$7,000,000

Joint commitment. Partners: Brunei Ophthalmology Society, Cambodian Ophthalmology Society, Indonesia Ophthalmology Society (PERDAMI), Laos Ophthalmology Society, Malaysian Society of Ophthalmology, Myanmar Ophthalmological Society, Philippine Academy of Ophthalmology, Singapore Society of Ophthalmology, Royal College of Ophthalmologists of Thailand, Vietnam Ophthalmological Society, Timor- Leste (yet to form a society).

Associação de Profissionais Licenciados de Optometria

Advancing Optometry in Portugal: Education, Regulation and Integration

The Associação de Profissionais Licenciados de Optometria (APLO), the national professional association representing licensed optometrists in Portugal, commits to contributing to the strengthening of Portugal's eye health system by advancing the quality of optometry education, supporting appropriate professional regulation, and promoting the effective integration of qualified optometrists within the national eye health workforce. In alignment with the IAPB's 2030 In Sight strategy, APLO will work with Portuguese higher education institutions, government and health authorities, accreditation and regulatory bodies, professional organisations and other relevant stakeholders to: raise and internationally align education and training standards in optometry in Portugal, including comprehensive academic and clinical preparation; promote education that equips graduates with the competencies required to provide high-quality, evidence-based primary eye and vision care; contribute to an appropriate regulatory framework for optometry, including a clearly defined scope of professional practice based on education, competencies, evidence and population needs; promote the appropriate integration and utilisation of qualified optometrists within Portugal's eye health workforce, particularly in accessible primary and community eye care; support evidence-based workforce planning and stronger collaboration between optometry, ophthalmology, primary healthcare and other relevant health professionals. APLO will actively engage with relevant Portuguese stakeholders to ensure that optometry education, professional regulation and workforce integration evolve coherently and in response to population needs. By 2030, APLO aims to have contributed to a stronger, internationally aligned and appropriately regulated Optometry profession in Portugal, with high-quality education and training and an effective role within the national eye health system. Through this commitment, APLO seeks to improve access to timely, comprehensive and people-centred eye care and contribute to the reduction of avoidable vision impairment in Portugal.

Financial Contribution: US$60,000

Association of Community Ophthalmologists of Sri Lanka

Closing the Cataract Surgery Gap in Sri Lanka: Expanding Equitable Access to Cataract Surgery

The Sri Lanka Association of Community Ophthalmologists (SLACO) commits to working with government, eye-care professionals, hospitals, civil society organisations and development partners to expand equitable access to quality cataract surgery for underserved and economically disadvantaged communities in Sri Lanka between January 2027 and December 2030.

Financial Contribution: US$1,000,000

Colegio Federación Colombiana de Optómetras (Fedopto)

Fortalecimiento de la Competencia Académica Profesional en Optometría en Colombia a través del Programa de Educación Continua (PEC) Fedopto 2027-2030.

El Colegio Federación Colombiana de Optómetras Fedopto se compromete formalmente a expandir y consolidar su PEC para transformar las capacidades técnicas y científicas de los optómetras en Colombia entre 2027 a 2030. Reconociendo que la atención primaria en salud visual es el pilar fundamental para combatir la ceguera evitable, el PEC desplegará una estrategia educativa híbrida (digital en todo el país y presencial regionalizada). Este compromiso se enfocará en actualizar a los profesionales en la detección temprana del error refractivo no corregido, el manejo oportuno de defectos refractivos y baja visión (rehabilitación visual), y el cribado eficiente de patologías críticas como el glaucoma, degeneración macular asociada a la edad y la retinopatía diabética. A través de la participación intersectorial, el programa garantizará el acceso equitativo a educación en salud visual de alta calidad, impactando directamente en las poblaciones más vulnerables de Colombia a través de sus actividades académicas.

English Translation
Strengthening Professional Academic Competencies in Optometry in Colombia through the Fedopto Continuing Education Programme (PEC), 2027-2030

The Colombian Federation of Optometrists (Fedopto) formally commits to expanding and consolidating its Continuing Education Programme (PEC) to strengthen the technical and scientific capabilities of optometrists in Colombia between 2027 and 2030. Recognizing primary eye care as a fundamental pillar in combating avoidable blindness, the PEC will implement a hybrid educational strategy combining nationwide digital learning with regionally delivered in-person training. The commitment will focus on updating professionals' skills in the early detection of uncorrected refractive errors, the timely management of refractive errors and low vision through visual rehabilitation, and the effective screening of critical eye conditions, including glaucoma, age-related macular degeneration, and diabetic retinopathy. Through cross-sectoral collaboration, the programme will ensure equitable access to high-quality eye health education, directly benefiting Colombia's most vulnerable populations through its academic activities.

Financial Contribution: US$140,000

Department of Ophthalmology, Teaching Hospital Jaffna, Sri Lanka

Scaling Zero-Waiting-Time Cataract Surgery from Northern Sri Lanka to the Nation

The Department of Ophthalmology, Teaching Hospital Jaffna commits to sustaining zero waiting time for cataract surgery in Northern Sri Lanka and scaling its model nationally to help Sri Lanka achieve a national cataract surgical rate (CSR) of 10 per 1,000 population by December 2030, while training 20 eye doctors to perform cataract surgery.

Launched after the COVID-19 pandemic, our mass cataract surgery programme eliminated the region's cataract backlog, achieved a CSR of 15 per 1,000 population in 2023 and has maintained both results to date. The model has since been approved by the Parliament of Sri Lanka as national policy and published. The programme operates in a post-conflict, resource-constrained setting, where shortages of equipment and human resources were overcome through a public-private partnership and active multi-stakeholder engagement. We will apply this approach to support other regions in adopting the model, strengthening local partnerships and tailoring delivery to local needs. Our new actions are to provide structured surgical training to 20 eye doctors, about five a year, who will be posted to the regions of greatest need, and to support those regions in replicating the model. Strict quality control will remain central, including routine monitoring of surgical outcomes, complication rates, and follow-up, reported annually. As the only unit in Sri Lanka pledged to Eye Sustain, we will adhere to the Eye Sustain principles throughout. Through this commitment, we aim to ensure that no one in Sri Lanka loses their sight to cataract because of delay, distance or cost.

Financial Contribution: US$5,500,000

International Council of Ophthalmology

Mobilising Ophthalmology to Advance Global Eye Health

The International Council of Ophthalmology (ICO) commits to using its global network, educational platforms, and communication channels to strengthen the engagement of ophthalmologists and national ophthalmological societies in advancing global eye health priorities. Between 2027 and 2030, ICO will:

- Promote WHO eye health initiatives and resources, including SPECS 2030, through established ICO communication channels, including its website, newsletters, and social media
- Incorporate SPECS 2030 and other relevant global eye health priorities into World Ophthalmology Congress programming and existing ICO educational and leadership forums
- Engage national ophthalmological societies on practical approaches to advancing global eye health priorities within their national contexts.

International Joint Commission on Allied Health Personnel in Ophthalmology

International Joint Commission on Allied Personnel in Ophthalmology (IJCAHPO) One Vision: Building the Global Eye Care Team

IJCAHPO commits to the Global Summit for Eye Health to strengthen and advance the Allied Ophthalmic Personnel (AOP) workforce globally. Avoidable vision loss remains a global challenge due to shortages of ophthalmologists and trained AOP, including assistants, technicians, medical technologists, and nurses who support patient care. Established in 1969, IJCAHPO certifies and educates more than 34,000 AOP worldwide and is endorsed by the International Council of Ophthalmology. Through accrediting programmes, professional certification, and standardised curricula, IJCAHPO helps expand access to quality eye care. By 2030, IJCAHPO will engage 30 stakeholders from 25 countries, including low- and middle-income countries, to advance AOP education and training in alignment with international standards, WHO competencies, and four foundational principles:

- International Accreditation: Grow accredited AOP training programmes prioritising programmes outside North America. With 35 accredited programmes in Canada and the United States and six accredited programmes in Egypt, Fiji, India, Nigeria, Pakistan, and Singapore, we plan to double the accredited training programmes in underserved regions and low- and middle-income countries.
- International Certification: Certify 5,000 additional AOP worldwide using internationally recognised COA, COT, COMT and specialty certification standards and expanding examination translations beyond English, French, and Spanish.
- International Curricula: Update and translate the International Core Ophthalmic Assisting and Refractive Error curricula to align with WHO competencies, adding three new languages and providing partner institutions with a framework for AOP training.
- International Education: Increase training capacity and educational offerings by 10% to meet growing eye care workforce challenges and needs.

IJCAHPO urges governments, training institutions, ophthalmic societies, and funders to support these four principles of workforce development to expand access to quality eye care worldwide. Guided by our Mission of One Vision, IJCAHPO is committed to building the global eye care workforce needed to eliminate avoidable blindness. Estimated outreach: 150,000 people

Financial Contribution: US$1,200,000

King Khaled Eye Specialist Hospital & Research Center (KKESH&RC), Riyadh, Saudi Arabia

Expanding Access to Eye Care in Underserved Regions of Saudi Arabia through a Dedicated Mobile Vision Screening Unit

KKESH&RC commits to procuring, equipping, and operating a dedicated Mobile Vision Screening Unit from January 2027 through December 2030. The unit will provide early detection of cataract, diabetic retinopathy, glaucoma, and uncorrected refractive error among underserved and marginalised populations, particularly those in rural and remote communities across Saudi Arabia. What and how: A mobile eye unit staffed by an optometrist, ophthalmic technician, nurse, and ophthalmologist will provide essential eye examinations and maintain digital records. Patients requiring further care will be referred to KKESH&RC or an appropriate MOH hospital, with referral completion tracked. The unit will make more than 80 scheduled visits annually across 11 regions. Why: Cataract, diabetic retinopathy, glaucoma, and uncorrected refractive error are major causes of avoidable vision impairment. Community-based screening reduces barriers related to distance and travel costs. Who benefits: Approximately 100,000 people over four years, prioritising older adults, women, children, people with disabilities, and remote communities. Accountability: KKESH&RC will report annually on screenings, detected conditions, referrals, and referral completion.

Financial Contribution: US$10,000,000

Nepal Ophthalmic Society

Quality Improvement in Eye Care in Nepal by 2030

The Nepal Ophthalmic Society (NOS) is committed to strengthening the quality, safety, and accountability of eye care services in Nepal by 2030. This initiative will promote standardized clinical practice, patient safety, ethical leadership, continuous professional development, research, and measurable outcomes. To achieve this, the following key activities will be implemented:

1. Uniform Consent Forms: Develop and promote standardised, patient-friendly consent forms for common ophthalmic diseases and procedures to ensure informed decision-making and medico-legal protection.
2. Clinical Guidelines: Develop, disseminate, and periodically update evidence-based clinical guidelines for common eye diseases to reduce variations in clinical practice and improve patient outcomes.
3. Anonymous Adverse Event Registry: Establish a confidential, anonymous system for reporting and learning from adverse events, complications, and near misses without a culture of blame.
4. Safe Hospital Practices – “DO NO HARM”: Strengthen hospital infection prevention and control and appropriate hospital waste management. Infection Control Officers will receive two structured training sessions annually to promote safer healthcare environments.
5. Leadership Development: Conduct two leadership development programmes annually, focusing on medical ethics, medico-legal issues, communication, professionalism, patient safety, and responsible leadership.
6. Research and Knowledge Sharing: Strengthen research capacity and promote evidence-based ophthalmology through the Nepalese Journal of Ophthalmology (NEPjOPH), published three times annually, with emphasis on clinically relevant and nationally important research.
7. Workforce Commitment: Promote competency-based training, Continuing Medical Education (CME), and Continuing Professional Development (CPD); CME/CPD quarterly and National Conference NOSCON once a year to ensure that ophthalmic professionals maintain and enhance their knowledge, skills, professionalism, and competence.
8. Measuring Outcomes: Progress and impact will be monitored through effective Cataract Surgical Coverage (eCSC) and effective Refractive Error Coverage (eREC), alongside appropriate quality and safety indicators.

Through these coordinated actions, NOS aims to build a patient-centred, safe, ethical, evidence-based, and continuously improving eye-care system in Nepal by 2030.

Financial Contribution: US$40,000

Quasem Foundation

Expanding Free and Subsidised Cataract Surgery for Underserved Patients in Northern Bangladesh

Quasem Foundation (QF) commits to expanding access to free and subsidised eye care, with a focus on cataract surgery, refractive error correction, and diabetic retinopathy screening and management, for underserved patients in Northern Bangladesh between January 2027 and December 2030. Through its Marium Eye Hospital units in Rangpur, Saidpur and Ulipur, together with its network of 11 Vision Centres, QF will provide 125,000 free or subsidised cataract surgeries, screen and treat 500,000 patients for refractive error, of whom 200,000 will receive free glasses, and screen 30,000 patients for diabetic retinopathy, alongside continued OPD and IPD services reaching an estimated 1,500,000 patients over the commitment period. Cataract, refractive error, and diabetic retinopathy remain leading causes of avoidable blindness in Bangladesh, and for many poor and rural families, the cost of care, distance to hospitals, and limited awareness prevent timely treatment. This commitment prioritizes children, women, older persons, and low-income rural communities who face the greatest barriers to care. Services will be delivered through QF's established network of hospitals and Vision Centres, supported by community screening, referral pathways, and post-operative follow-up. This work is made possible through QF's ongoing partnerships with local and international donors, whose funding sustains the free and subsidised service model. Progress will be tracked automatically through QF's ERP software, which records patient and surgery data in real time and enables transparent reporting to donors. This commitment represents a continued and expanded scale of QF's existing eye care programmes, contributing to national and global efforts to reduce avoidable blindness and advance equitable access to eye health services.

Financial Contribution: US$2,100,000

RANZCO

Strengthening the Ophthalmology Workforce to Increase Equity of Access in Australia, New Zealand, and the Pacific Region

RANZCO is driving innovative changes to the ophthalmology workforce across Australia and Aotearoa New Zealand with the goal of delivering equitable access to eye health care for all communities, regardless of their region or postcode. Recognising that workforce maldistribution remains one of the greatest barriers to equitable eye health, RANZCO is developing a multi-pronged strategy to reshape training, service delivery and cultural safety across the profession. This strategy represents a strategic approach to developing a genuinely accessible, sustainable and connected ophthalmology workforce that responds to the specific challenges, health system landscapes and community needs in both countries. Looking beyond our shores, RANZCO is also focusing on the Pacific region to strengthen eye health care systems and increase equity of access to services. A significant proportion of vision loss in the Pacific is preventable or treatable, but addressing it requires a substantial level of local clinical upskilling and capacity building, mainly in relation to vitreo-retinal services. RANZCO will support this through targeted training and capacity-building. Working in conjunction with local and international stakeholders. This commitment is being delivered through five complementary actions:

- Strengthening regional training
- Filling identified workforce gaps
- Strengthening collaborative care
- Growing the First Nations workforce and ensuring cultural safety

- Strengthening Pacific Islands eye health care systems.

Together, these initiatives will address current gaps in service provision while laying the foundation for a resilient, equitable, accessible and culturally safe ophthalmology workforce for the future.

Financial Contribution: US$1,000,000

St. John Eye Hospital Group

Cataract Campaign in Emergency and Humanitarian Context

St John Eye Hospital Group (SJEHG) is committed to ensuring that avoidable blindness caused by cataracts does not prevent individuals from living healthy, productive, and dignified lives during prolonged humanitarian context. Through this nationwide campaign, SJEHG pledges to provide equitable access to high-quality cataract screening, diagnosis, surgery, and post-operative care for over 25,000 additional patients on behalf of the Public Sector and UNRWA helping vulnerable and underserved populations across Palestine, regardless of their socioeconomic circumstances. The campaign is grounded in SJEHG's longstanding mission of delivering patient-centred eye care, reducing preventable visual impairment, and strengthening community awareness about eye health. By combining clinical excellence, outreach services, and targeted support for those facing barriers to care, SJEHG seeks to restore sight, improve quality of life, and enable beneficiaries to regain independence, participate more fully in their communities, and support their families. SJEHG further commits to maintaining the highest standards of medical safety, accountability, and ethical practice throughout the implementation of the campaign. Through collaboration with donors, partners, and local communities, the organisation will work to maximise the reach and sustainability of cataract services while ensuring that every patient receives compassionate care and appropriate follow-up treatment. By restoring sight, the campaign contributes not only to improved health outcomes but also to broader social and economic well-being, reaffirming SJEHG's commitment to serving humanity through accessible, high-quality eye care for those most in need. This commitment is voluntary and is subject to the availability of voluntary income (donations) to be raised by SJEHG in the next 5 years.

Financial Contribution: US$9,000,000

The Association for Research in Vision and Ophthalmology

Our Pledge to the Global Eye and Vision Research Community

We recognise that scientific innovation thrives when researchers everywhere have equitable access to education, collaboration, resources, and opportunities. As a global organisation dedicated to advancing eye and vision research, we pledge to strengthen our commitment to researchers in every region of the We pledge to: Listen to and act on regional needs by regularly engaging researchers and scientific leaders to understand their unique opportunities and challenges. Expand region-specific educational offerings that address the research priorities, emerging scientific topics, and professional development needs identified within each region. Invest in accessible learning opportunities through regional meetings, workshops, webinars, and training programmes that support researchers at all career stages. Foster global collaboration by creating pathways for researchers to connect across borders, share knowledge, and build impactful research partnerships. Promote inclusion and representation by ensuring that diverse voices, perspectives, and experiences are reflected in our programmes, leadership, and scientific activities. Support research capacity building by providing resources that help investigators develop skills in grant writing, publishing, mentorship, leadership, advocacy and research innovation. Measure our progress and remain accountable by evaluating the impact of our regional programmes and continuously improving our efforts based on community feedback.

The College of Optometrists

Increase the Number of Children Having a Full Sight Test Before Starting School

We will build strategic partnerships with other professional bodies, practice owners, charities and industry to deliver a multi-channel national campaign to build awareness of the importance of good vision and encourage parents/carers to make sure their child has a full sight test before starting school. The UK nations are proud to each have a national health service which is free to the public at the point of care. Optometrists are expert eye care professionals who provide primary and secondary NHS care, which include free sight tests and vouchers for corrective spectacles or contact lenses for all children under 16, and up to 19 for those in education or learning. This information, alongside the knowledge that all children should have a full sight test before they start school, is not well known among the UK population, meaning that only 5% of children under 5 years old had a full sight test in 2025. This matters, as good vision is important for children's quality of life, contributes to their healthy development and supports effective learning. Eye conditions are often asymptomatic and many conditions become harder to treat if diagnosed later in childhood. We will work to amend incorrect information on supporting child's eye health on trusted platforms such as the National Health Service's websites and Personal Child Health Records. We will support optometrists and dispensing opticians to refresh their skills with paediatric patients. We will bring together new research and data on parents'/carers' attitudes and understanding of children's eye health with the number of sight tests currently provided to children 5 years old and under to highlight the need. We will also work with the professional bodies of other relevant healthcare and education professions to communicate the core message to their membership.

Financial Contribution: US$100,000

The Royal College of Ophthalmologists

Technical Assistance Establishing National Guidelines, Registries and Clinical Audit Programmes

RCOphth in the UK has been a global leader in constructing processes for national-level clinical quality assurance, disease surveillance and guideline development. Partners wishing to progress similar national agendas can benefit from linking with RCOphth and members with appropriate experience for technical support in configuring such programmes. Upon contacting RCOphth, potential partners can expect to be connected to appropriate experience and expertise within 4 weeks, with ongoing technical support for the first two years of any project aligned with development areas below.

1. National Guideline Development - Any national or regional body wishing to develop guidelines/guidance documents either for the delivery or oversight of eye health care could benefit from our depth of experience of collaborative development of such guidelines in the UK. We have well-established processes and manuals we use for developing guidelines or concise practice points and could link those wishing to develop such guidelines with topic experts in the UK who have been part of such guideline development processes here.
2. National audits/outcome monitoring programmes – We have significant collective experience in establishing and developing registries to allow both the providers and regulators of eye health to monitor the outcomes of their work (for example cataract surgery or treatment for AMD). If a Ministry of Health or NGO supporting a network of providers wished to set up a system to monitor the quality of the care provided, we would connect them to RCOphth members with relevant experience.
3. Rare disease surveillance is another thing we have world-leading experience with and would be happy to receive an approach for support to establish similar processes (for example, if a country wanted

information about the numbers of people with particular conditions, or particular negative outcomes in their country we have a system here at RCOphth with our BOSU which permits us to do this that could be replicated to assist in service planning).

Vision 2020

Vision 2020 India: Strategic Policy Framework and Advocacy Priorities for Universal Eye Health

Vision 2020: The Right to Sight - India commits to accelerating progress toward universal eye health by advocating with the Government of India and State Governments for stronger eye health policies and programmes, focusing on cataract, refractive errors, and diabetic retinopathy. Advocacy will focus on strengthening eye health through primary care and Vision Centres, school health services, community and occupational health platforms, strengthened referral pathways, and teleophthalmology and other approaches to reach underserved populations. It will also advocate for policy action to increase annual cataract surgeries to 20 million by 2035 and establish a national programme for refractive error and presbyopia at primary level, including safe access to ready-made reading glasses through appropriate non-optical retail outlets. It will advocate for tax waivers or exemptions on spectacles and essential vision-correction devices to reduce financial barriers and improve equitable access.

Vision Loss Rehabilitation Canada

Improving Access to Vision Rehabilitation and Habilitation

Vision Loss Rehabilitation Canada (VLRC), Canada's leading provider of vision rehabilitation and habilitation services, is committed to advancing a more accessible, equitable, and integrated eye health system. Across Canada, too many people continue to face barriers to timely screening, diagnosis, referral, and specialised support. These barriers can lead to delayed care, reduced independence, and deepened health inequities for underserved communities. By 2030, VLRC will work with governments, health systems, eye care providers, rehabilitation and habilitation professionals, community partners, and people with lived experience to strengthen the pathways, workforce capacity, and practical standards needed to identify vision loss earlier, connect people to appropriate services sooner, and support safe, independent living closer to home.

Visualiza

Tour de la Visión

Visualiza is committed to implementing the Vision Tour, a regularly scheduled transportation programme that will facilitate access to specialised eye care for people in communities facing barriers related to transportation, cost, and trust. During an initial three-month pilot in Guatemala's Central Region, we will organize at least four trips per month from selected communities to Visualiza's facilities, with a target of 25 participants per trip and approximately 300 people served during the pilot period. The programme would then extend to other regions where Visualiza operates. Through a package with a clearly stated cost, each participant will have access to round-trip transportation, a consultation with an ophthalmologist, hematology and blood glucose tests, preventive eye health education, and a same-day return to their community. People diagnosed with cataracts, refractive errors, glaucoma, retinal diseases, or other conditions will receive guidance, referrals, and follow-up to facilitate timely treatment. Visualiza will commit operational funding alongside its clinical, technical, and human resources. The programme will establish fixed schedules, partnerships with local authorities and community organisations, and recordkeeping systems to track attendance, diagnoses, referrals, treatments, and patient satisfaction. At the end of the third month, we will evaluate the clinical, social, and financial results to determine the programme's continuation and potential expansion into Western Guatemala, Petén, Quiché, and Eastern Guatemala. Through this

commitment, Visualiza aims to make specialised eye care accessible, predictable, and continuous: “We take you there, care for you, and bring you home.”

Financial Contribution: US$1,250,000

World Council of Optometry

Supporting Members to Fully Utilise their Scope of Practice and Promote Task Sharing

The World Council of Optometry (WCO) commits to working with its member associations, national governments and eye health stakeholders to advance WCO, WHO and IAPB policy guidance on refractive error service provision. This would be done through strengthening regulatory reform at a national level and supporting members to fully utilize their scope of practice and promote task sharing with non-optometry colleagues, strengthening the continuum of care for patients. Drawing on the WHO's 2026 Policy considerations to improve access to refractive error care and IAPB's 2026 Position Paper on Near Vision Glasses, WCO commits to advocating and supporting governments in at least 3 countries by 2030 to amend regulations for the provision of near vision correction—authorising the over-the-counter sale of standards-compliant, ready-made near-vision spectacles (ISO 16034/ANSI Z80.31 or equivalent) without a prescription requirement. In addition, WCO commits to working with member associations and national regulators in these three countries to ensure optometry's scope of practice is legislated and implemented, so that optometrists are recognised and resourced as first-contact primary eye care providers within national health systems—undertaking complex refractive, therapeutic and referral-based care, not solely dispensing functions. This includes supporting competency-based curricula, continuing education and task-sharing frameworks that position optometrists alongside ophthalmologists, nurses and community health workers in an integrated, people-centred continuum. In adopting this dual approach of supporting amendments to regulations for basic reading spectacles and the implementation of optometry's full clinical scope, WCO ensures that regulatory reforms expand access to enhanced near vision at the population level while simultaneously investing in the professional competencies needed to detect and manage more complex eye conditions.

Zhongshan Ophthalmic Center, Sun Yat-sen University

Zhongshan Ophthalmic Center Institutional Commitment (2026-2030)

In support of the Global Summit for Eye Health, Zhongshan Ophthalmic Center (ZOC), as a leading ophthalmic institution in China and the region, hereby puts forward our institutional commitments focusing on eyecare capacity building, equitable eye health coverage, intelligent technology empowerment, and global ophthalmic aid.

- Expand equitable access to eye health services. Strengthen integrated eye health services, including screening, referral and treatment, with particular attention to underserved areas and populations.
- Advance global collaboration through the WHO Collaborating Centre. Through domestic and international partnerships, ZOC will provide technical support, capacity building and knowledge exchange to strengthen eye health services in resource-limited settings.
- Promote responsible digital innovation in eye care. Support the development, evaluation and appropriate implementation of intelligent ophthalmic technologies to improve the efficiency, quality and accessibility of eye care.

- Strengthen primary eye care capacity and quality. Provide training, mentorship and technical support to enhance the competencies of primary eye care personnel and promote continuous quality improvement.
- Improve eye health awareness and health literacy. Conduct public education and advocacy activities to promote prevention, early detection, timely care-seeking and healthy eye care behaviours.
- Build sustainable workforce development and knowledge-sharing mechanisms. Establish long-term mechanisms for professional development, institutional collaboration and experience sharing to support sustainable eye health systems.

Financial Contribution: US$2,000,000