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ADVOCACY FACT SHEET

Ethiopia Overview

Population 128.7 million[1] - Low income[1] - 0.492 HDI[2] - GDP USD 163.7 billion / ETB 8.72 trillion[1]

1. **Growing, Unmet Vision Needs**: In 2022, over 38 million Ethiopians (31%) required vision correction, with 87% (33 million) having uncorrected poor vision. Vision impairment (VI) increased by over 30% from 2010-2020. VI among adults aged 40+ varies by region, with up to 41.8% affected (mainly due to uncorrected refractive error). Childhood myopia grows, with 8.49% affected in Bahir Dar.
2. **Barriers to Access**: Eye care access is hindered by workforce shortages (1.4 ophthalmologists per million), low insurance coverage, high eyeglasses costs from import taxes, and rural infrastructure gaps. Financial constraints and lack of awareness limit service use. Community-based health insurance excludes optical services and spectacle coverage, increasing out-of-pocket costs.
3. **Urgent Actions for Improvement**: Expanding health insurance, integrating eye health into national policies, ensuring tax exemption or lower import duties on low-cost eyeglasses, and increasing outreach, are critical. School-based screenings, telerefraction, and workforce expansion can improve access. Public education and multisectoral collaboration are essential to reduce avoidable VI.

The Global State of Vision

The World Health Organization (WHO) recognizes uncorrected refractive error (URE) as **the primary cause of vision impairment** (VI), **the second cause of blindness**, and **the largest unaddressed disability worldwide**.[3]

Two sets of research estimate **global prevalence of poor vision** caused by **URE** (URE includes myopia, hyperopia, astigmatism and presbyopia. It results in reduced visual acuity, leading to blurred vision and, when severe, visual impairment).[4] -**1.1 billion** people live with **avoidable VI** (WHO; visual acuity cut-off 6/12)[3], and **2.7 billion or 1 in 3 people have URE** (Essilor; visual acuity cut-off 6/9)[5].

Vision impairment costs the global economy **US$411 billion** in yearly **productivity losses**.[6]

Without action, half the global population, roughly **4.8 billion,** is set to have a VI, primarily myopia, by **2050.**[6]

Over 90% of VI cases **are preventable**, and/or **treatable** with existing, cost-effective interventions.[6] Globally, only 36% of people with distance VI due to refractive error (RE) have access to the appropriate care they need.[7]

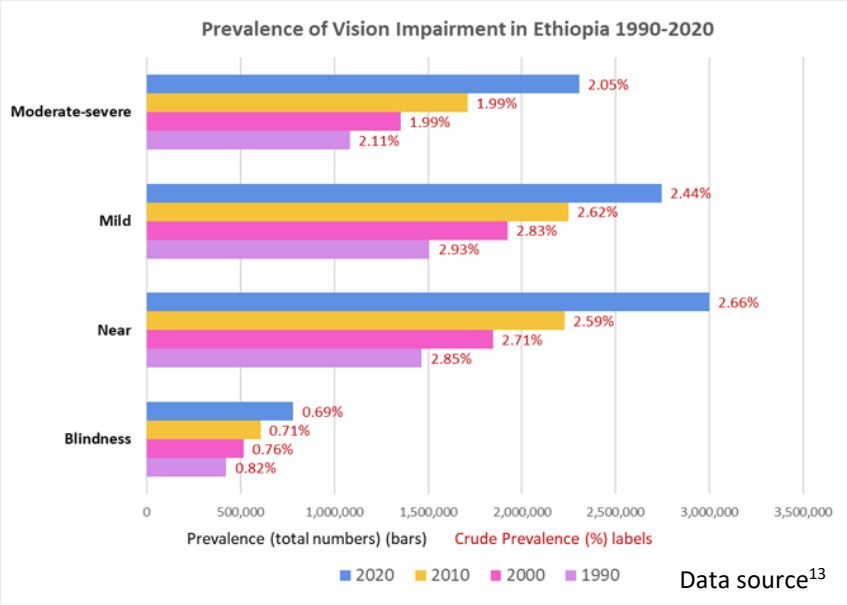
40% eREC

With this baseline (36%), the 74th World Health Assembly (WHA) endorsed a global target for a **40% increase in effective coverage of refractive errors (eREC)** by 2030.[8]

The **WHO SPECS 2030 Initiative**[9], building on WHA[10]/UNGA[11] resolutions, particularly the eREC target, assists countries and stakeholders in addressing the unmet need for spectacles while ensuring the delivery of quality eye care.

Vision Needs in Ethiopia (Research Studies)

- **In 2022, 31%** (over 38 million people) of Ethiopia required vision correction. Of this, **over 87%** (over 33 million people) have ***uncorrected* poor vision**.[12]



- In 2020, total VI (near, mild, moderate-severe) was 8,048,844 - an increase from 2010-2020 by over 30%, and an increase from 1990-2020 by over 98%.[13]
- **Adults:** In Southern Ethiopia, a study found 36.95% of adults aged 40+ had VI, mainly due to URE[14] **(2024).** Another study found 41.8% older adults with VI (74.9% avoidable), 13.1% URE-caused[15] **(2023).** Eye care utilization remains low; 32.98%, influenced by age, education, awareness[16], income[16,17] and health insurance[16] **(2024)**. In Debre Berhan, VI was found as 16.8%[18] **(2021),** and 29% in Southern Ethiopia[19] **(2023).** A Debre Markos study found literacy and screening are crucial for elderly and rural residents[20] **(2021)**.
- **Children:** A study found Northwest Ethiopian parents' eye health misconceptions and barriers like cost and distance hinder access to children's eye care, with distinct sociocultural norms and scarce facilities increasing vulnerability[21] **(2023).** Another study found VI from RE as 6% among children[22] **(2022)**. Myopia prevalence was 8.49% among schoolchildren in a Bahir Dar study, associated with age, screen time, and limited outdoor activity[23] **(2021)**.
- **Spectacle Use:** In a Hawassa study, 48.7% of adults underutilize spectacles due to cost, discomfort, and lack of awareness[24] **(2023)**. In a Finote Selam study, near-vision spectacle coverage was low (28.42%) despite high near-VI, with affordability, health insurance, and awareness being key barriers[25] **(2020)**.

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Health System in Ethiopia

- Ethiopia's healthcare system comprises primary care (health posts & centers, primary hospitals), secondary care (general hospitals), and tertiary care (specialized hospitals)[26,27]. Most health facilities are government owned, mainly in cities, and virtually non-existent in many rural areas[28]. Health insurance coverage remains low (28.1% in 2019)[29], with Community-Based Health Insurance (CBHI) for informal sectors targeting 84% of the population, and Social Health Insurance (SHI) for formal sectors[30,31].
- Access is hindered by geographic and economic barriers[32,33,34], and workforce shortages[32,33], with 18% of the population lacking a health facility within a two-hour walk[33]. Rural areas suffer from inadequate infrastructure[32,33,34], supply chain issues, and reliance on donor funding[32,34]. Women[27,35], lower income individuals[16,17,31,33,35,36], and people with disabilities[37] are the most underserved.
- Key reforms like the Health Sector Transformation Plan II (HSTP II)[38] and National Health Equity Strategic Plan aim to improve equity, service quality, and financing, though progress remains slow[35]. Conflict, especially in Amhara, Oromia, and Tigray[39], and cyclical drought crises[35], further disrupt healthcare access.

Vision Care in Ethiopia

- No. of ophthalmologists: 160; Ophthalmologists per million: 1.4; No. of optometrists: 336; Optometrists per million: 2.9; No. of allied ophthalmic personnel: 1091; Allied ophthalmic personnel per million: 10 (2019)[13].
- The 2024-2026 National Eye Health Strategy prioritizes an integrated, people-centered approach with seven key objectives, including improving governance, financing, access, and workforce capacity[26,40]. An Eye Care Situation Analysis Tool assessment was recently conducted[40]. Limited funding and poor integration of eye health into the broader healthcare system hinder progress[41,42].
- School eye health programs, community-based health insurance, and child eye health (CEH) policies remain underdeveloped[43,44,45]. Recently, efforts included integrating eye care into schools through a Ministry of Education strategy and strengthening primary eye care through training and policy support[46]. Efforts to improve access, such as teacher-led school screenings and digital tools, show promise. A CBM-Peek school screening program in Addis Ababa identified vision issues in 11% of students and is expanding[43].
- Since spectacles are not a registered medical device, CBHI provides no coverage[47], and it also excludes optical services, exposing people to high out-of-pocket costs[26]. Eyeglass costs are also driven by import taxes on low-cost unbranded lenses and frames[48].
- Ethiopia faces significant challenges in eye health, with a limited workforce, inadequate infrastructure, and low awareness contributing to high rates of avoidable blindness and vision impairment[46]. About 80% of the population lives in rural areas with little to no access to eye care, and eye health workforce falls below WHO standards[26,46].
- **Professional Bodies and Associations:** Ophthalmological Society of Ethiopia (ESO); Ethiopian Optometric Association (EOA)

Key Recommendations from Evidence

- Expanding health insurance and community-based programs can enhance financial protection and healthcare access in Ethiopia[29]. Strengthening domestic health financing, targeting vulnerable groups, and integrating noncommunicable disease services (RE) are crucial for universal health coverage[49]. Ensuring tax exemption or lower import duties on spectacles can address cost-related barriers[48]. Eye care system improvements can occur through training, infrastructure support, and service expansion, addressing gaps in uptake, supply chain, awareness[50], workforce, and integration[42]. Addressing VI requires targeted[20] and regular interventions[15], school screenings[23], and outreach programs[51]. Eye health education for communities[17,19,21,24], health professionals[21], teachers[52], and drivers[53] is critical for increasing service utilization and reducing road accidents which requires strict regulation[53]. Efforts should focus on reducing urban-rural disparities through facility expansion[33], digital health technologies[32], staffing improvements, and poverty reduction strategies[33]. Integrating comprehensive eye health into health systems can prevent avoidable vision loss, particularly in children[54].
- The World Health Assembly set a global target of a 40% increase in effective refractive error coverage (eREC)[55]. The WHO SPECS 2030 Initiative is a global framework aimed at supporting Member States to achieve this target through 5 strategic pillars; (s)ervices, (p)ersonnel, (e)ducation, (c)ost, and (s)urveillance and research[56].

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