ONESIGHT
EssilorLuxottica Foundation

ADVOCACY FACT SHEET

Liberia Overview

Population 5.69 million[1] - Low income[2] - HDI 0.510[3] - GDP USD 5.17 billion / LRD 1.03 trillion[1]

1. **Vision Needs**: As of 2022, 42% of Liberia's population (over 2.2 million) needed vision correction, yet 88% of them had uncorrected poor vision. Refractive errors are the most common diagnosis, with vision impairment as the leading disability. Uncorrected vision results in $10 million in annual productivity loss.
2. **Access and Barriers**: Eye care access is limited, especially in rural areas, with acute eye health workforce and infrastructure shortages. Screening in schools misses many children due to low attendance rates and limitations in test quality. Barriers include poverty, distance, gender inequality, and an under-resourced health system.
3. **Action and Recommendations**: Priorities include expanding rural services and school eye health programs, training teachers in quality screening, improving referral systems, and subsidizing care. Liberia should effectively implement the WHO SPECS 2030 initiative to meet the national eREC target.

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**.[4]

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).[5] -**1.1 billion** people live with **avoidable VI** (WHO; visual acuity cut-off 6/12)[4], and **2.7 billion or 1 in 3 people have URE** (Essilor; visual acuity cut-off 6/9)[6].

Vision impairment costs the global economy **US$411 billion** in yearly **productivity losses**.[7]

Without action, half the global population, roughly **4.8 billion,** is set to have a VI, primarily myopia, by **2050.**[7]

Over 90% of VI cases **are preventable**, and/or **treatable** with existing, cost-effective interventions. Globally, only 36% of people with distance VI due to refractive error (RE) have access to the appropriate care they need.[8]

40% eREC

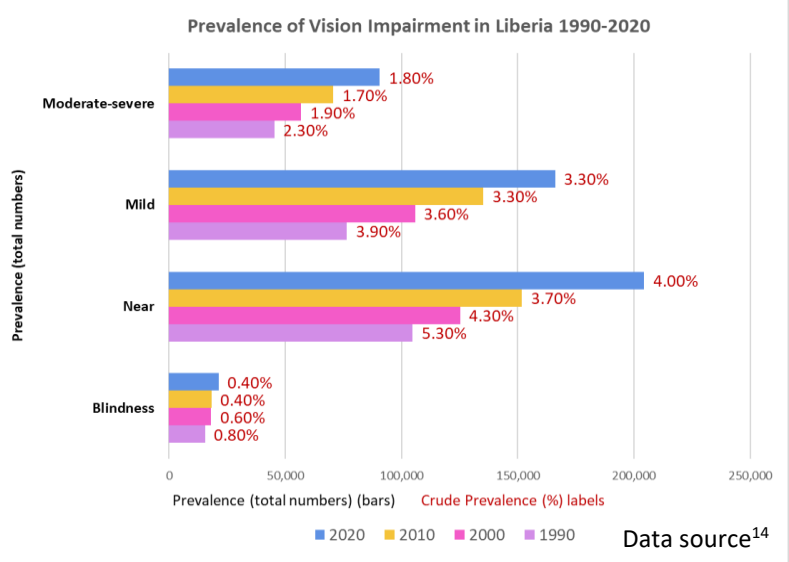
With this baseline (36%), the 74th World Health Assembly (WHA) endorsed a global target for a **40% increase in effective coverage of refractive errors (eREC)** by 2030.[9]

The **WHO SPECS 2030 Initiative**[10], building on WHA[11]/ UNGA[12] resolutions, particularly the eREC target, assists countries and stakeholders in addressing the unmet need for spectacles while ensuring the delivery of quality eye care.

SPECS 2030 | World Health Organization initiative

Vision Needs in Liberia (Research Studies)

- **In 2022, 42%** of the population in Liberia (over 2.2 million people) required vision correction. Of these, **over 88%** (about 1.96 million people) have ***uncorrected* poor vision**.[13]



- In 2020, total VI (near, mild, moderate-severe) was 461,073 - an increase from 2010 - 2020 by 29%, and an increase from 1990 - 2020 by 104%[14].
- **2024**: Vision correction at age 5 could boost income by 34%; URE causes 1,396 years of schooling lost annually[15].
- **2022**: Poor vision led to a USD 10 million annual productivity loss, with USD 8 million from moderate to severe VI[16].
- **2022**: 2.9% of schoolchildren screened had vision impairment, mostly due to URE; while teacher-led screening showed high specificity (99.6%), its low sensitivity (26%), led to many missed cases, underscoring the need for improved training in vision screening, quality assurance, and outreach beyond schools to enhance effectiveness and access[17].
- **2021**: 15% of Liberians needed spectacles, only 2% used spectacles, but 0% had met needs[18].
- **2020**: A 2009 survey showed 34% of disabilities were VI (90% sight difficulty, 10% blindness), likely underestimated[19].
- **2019**: 13% of Monrovia's Liberia Eye Center patients were children <16; refractive errors were the top adult diagnosis (34%) and second for children (10.7%), but data from this tertiary facility may not reflect other hospitals[20].

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Health System in Liberia

- Liberia faces widespread poverty (50.9% absolute, 16.5% extreme), disproportionately impacting rural and disabled households[19]. The health system, led by the Ministry of Health (MOH) and Social Welfare, is structured into primary, secondary, and tertiary levels, with decentralized county management[21].
- Limited access to health services is exacerbated by inadequate funding, workforce shortages, poor infrastructure and socioeconomic issues[21]. Chronic malnutrition, high malaria rates, and limited water/sanitation persist[22], with health expenditure at 14% of GDP[23], a UHC Service Coverage Index of 45/100 and service capacity at 29/100[24](2021).
- Workforce has increased with government efforts[22], however with a doctor-patient ratio of 1:15,000 and over 50% of trained medical professionals abroad[25], Liberia faces critical specialist shortages[26].
- Over 13,000 refugees, mainly from Ivory Coast[25] are supported by the Refugee Act and National Health Plan[27], ensuring health access comparable to Liberians[28], though natural disasters drive internal displacements[25], and under-resourced facilities like JFK Medical Center rely heavily on donor support[19].

Vision Care in Liberia

- Liberia's eye care infrastructure, workforce, and data are severely limited[29]. Since 2017, The New Sight Eye Center[30,31] and Liberia Eye Center expanded screenings, surgeries, outreach, and training[30,32], but rural service gaps[30] and human resource shortages[33] persist.
- Reading glasses are available at lower care levels; prescription glasses at higher levels. Most cadres perform eye care screenings, but community health workers are limited to basic screening[34]. Eye care is likely free for basic services[21]. The MOH expanded access[35] via Community Health Assistants and Promoters, covering communities within 5 km of facilities, including traditional/religious leaders[36], through the National Eye Care Program[19]. This aims to increase reach from 1.2M to 4M[36]. Reading glasses were added to the national medical supply chain with trained personnel improving management[36].
- Since 2018, the MOH's School Health Integrated Program[19], National School Eye Health Program, and National Eye Health Program[35], have screened 500,000+ students[37] and thousands of teachers[38], prescribed glasses to nearly 5,000 students[37], raised awareness by 95%, and improved learning[39]. Still, 15–20% of 6–14-year-olds are out of school, and only 54% complete primary education[17].
- The 2022–2032 National Eye Health Policy prioritizes universal access, workforce scale-up, and infrastructure, despite rural gaps and donor reliance[40]. Liberia added eyeglasses to its Priority Assistive Products List[41]. However, routine data is lacking[42], vision impairment is the top disability[19], and children[43] and older women face persistent access barriers[44].
- Professional Bodies and Associations: Liberia Medical & Dental Council; Liberian Board for Nursing and Midwifery (LBNM); Liberian Nurses Association (LNA); General Ophthalmic Association of Liberia (GOAL).

Key Recommendations from Evidence

- Teachers can be trained to accurately screen children's vision, but strong monitoring, quality checks, and refresher training are essential from the start. Screening should integrate with other school health efforts and leverage community platforms to improve reach. Future research should explore cost-effectiveness and efficiency strategies[17]. Liberia's School Eye Health program should embed annual screenings in curricula, expand to all counties, improve referral systems and wait times, and secure national funding[39].
- Targeted strategies are urgently needed to overcome barriers that older citizens, especially women, face in accessing eye care, including financial, informational, and mobility challenges, to improve health outcomes and equity[44]. Services must expand to rural areas with more pediatric screenings and trained specialists. Subsidies for non-paying patients and improved digital systems like electronic medical records (EMR) are also needed for data-driven policy[20].
- The World Health Assembly set a global target of a 40% increase in effective refractive error coverage (eREC)[45]. 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[46].

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