ONESIGHT
EssilorLuxottica Foundation

ADVOCACY FACT SHEET

Nigeria Overview

Population 227.9 million[1] - Lower middle income[1] - HDI 0.548[2] - GDP USD 363.85 billion / NGN 234.43 trillion[1]

1. **High Prevalence of Poor Vision**: In 2022, nearly 92 million Nigerians needed vision correction, with 88.1% having uncorrected poor vision. Vision impairment increased by 35% between 2010-2020, and less than 20% of rural adults accessed eye care.
2. **Challenges in Access:** Barriers include cost, poor infrastructure, lack of awareness, and insufficient eye health programs, especially in rural areas. Nigeria has only 3.0 ophthalmologists- and 14.1 optometrists- per million people, concentrated in cities, leaving underserved populations vulnerable.
3. **Actionable Strategies:** Expand school eye health programs, enhance rural outreach, leverage telerefraction, develop workforce, improve its distribution, ensure sustainable funding and policies addressing effective RE coverage.

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 of 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]

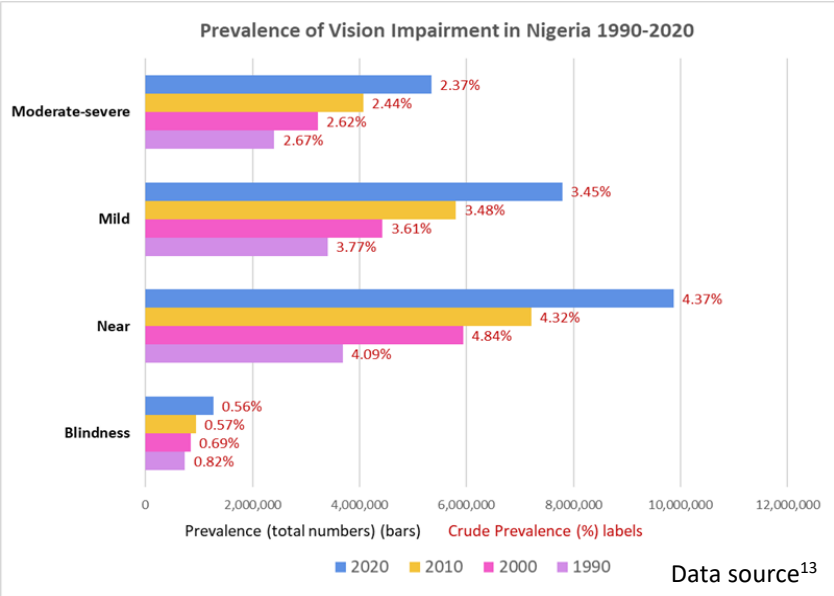
40% eREC

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 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 Nigeria (Research Studies)

- **In 2022, 42%** (over 92 million people) in Nigeria required vision correction. **88.1%** (over 81 million people) have ***uncorrected* poor vision** in Nigeria.[12]



Data source[13]

- In 2020, total VI (near, mild, moderate-severe) was 23,007,176 - an increase from 2010 - 2020 by 35%, and an increase from 1990 - 2020 by 142%[13].
- **2024**: In Saki-East, 1.39% of school children had unilateral VI or blindness, mainly due to URE (51%)[14]. In Osun State, 14.8% of children with disabilities had ocular disorders, primarily refractive error (11.1%)[15].
- **2023**: Eye care utilization in rural Ugbawka, Enugu, was low (18%). Barriers included cost (30%), distance (22.6%), and poor infrastructure (15.2%)[16].
- **2022**: Among adults 35 years+ in Cross River, 73.2% had presbyopia. Spectacle correction coverage and unmet presbyopic need were 40.8% and 59.2%[17] Among University of Nigeria staff, 13.8% had URE, mainly astigmatism, more prevalent in older, non-academic staff.[18] At the Nigeria Army Eye Centre, VI, mainly from glaucoma and URE, affected mostly males and those aged 60+. Moderate VI was common (47.2%), linked to late clinic visits.[19]
- **2021**: In Cross River, parental nonadherence to follow-ups for children's vision care was influenced by disbelief, economic issues, and cultural factors[20].
- **2020**: 7.5% of drivers had VI, doubling accident risk. Despite 88% being licensed, only 44.8% underwent eye tests pre-obtainment[21].

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- **2019**: 11.0% of children had VI, 5.7% from RE (myopia 3.0%, hyperopia 2.7%). Three months after dispensing, spectacle use varied (40.2% full-time, 43.4% part-time, 16.4% never). Positive attitudes toward spectacles were common, though teasing and lack of follow-up impacted compliance[22].

Health System in Nigeria

- Nigeria's healthcare system operates at federal, state, and local levels, supplemented by private, traditional, and community providers[23]. The public system is the National Health Insurance Scheme[22].
- Despite efforts to achieve universal coverage[22] like the National Health Insurance Authority Bill (2022), health insurance enrollment remains low[24], with less than 5% of the population covered, leaving 120 million uninsured[24]. Health spending is just 3.4% of GDP[25], out-of-pocket spending accounts for 74.9% of health expenses[26], and 40.1% of Nigerians live below the poverty line (2018)[25]. Refugees and asylum seekers face administrative and awareness barriers to accessing healthcare[27].
- Many challenges remain including insurance, inclusion, infrastructure, workforce[24], and significant urban-rural & regional disparities[23].

Vision Care in Nigeria

- Nigeria's eye health sector operates under the Federal Ministry of Health (FMOH)[28] and is supported by 540 ophthalmologists (3 per million), 2,897 optometrists (14.1 per million), and 1,855 allied personnel (10 per million)[13]. NHIS covers exams but not spectacles[29].
- Despite having a National Eye Health- Policy (2019)[22] and -Strategic Development Plan (2024-2028) to strengthen leadership, workforce, partnerships, and financing[30], significant challenges persist. Workforce shortages (3.0 ophthalmologists per million compared to 76.2 in high-income countries)[31] and urban-rural disparities hinder access to quality care[16,32,33].
- The FMOH's National Eye Health Programme (NEHP) coordinates policies and initiatives, including the Effective Spectacle Coverage Initiative and primary eye care training[34], and helped further Vision 2020, yet met challenges hindering success[35]. State school-based programs like Lagos' Secondary School Eye Health Programme have made progress, providing screening, eyeglasses, teacher training, and vision screening kits[36], but remain limited, lack monitoring and follow-up, and are poorly integrated with national health strategies. Many children, especially out-of-school youth, lack access to sustainable vision care[28].
- The Nigerian Optometric Association advocates for expanded investment in primary eye care[32], stronger health systems, and job creation[37], yet there are gaps in trained and retained personnel, adherence to guidelines, and integration[38]. Rural areas lack access and education on eye health[16], disproportionately affecting women and children[39].
- Innovations like teleophthalmology and mobile clinics offer promise for expanding rural access. However, achieving equitable eye care requires universal health coverage, increased government funds[35], workforce expansion[32,38], and better policy implementation[37].
- **Professional Bodies and Associations:** Nigerian Optometric Association (NOA); Ophthalmological Society of Nigeria (OSN); Nigerian Paediatric Ophthalmology and Strabismus Society (NIPOSS); Optometrists and Dispensing Opticians Registration Board of Nigeria (ODORBN); Medical and Dental Council of Nigeria (MDCN); Nigeria Ophthalmic Nurses Association (NONA); Association of Nigerian Dispensing Opticians (ANDO); The Women Optometrists in Nigeria (WON); Guild of Optometric Directors of Nigeria (GOODON); The Association of Optometric Educators (AOE); The Association of Optometrists in Public Health Care in Nigeria (AOPHCN); Nigerian Optometric Students Association (NOSA).

Action and Policy (Recommendations from Evidence)

- Increase eye care awareness among teachers, parents, children, and communities[18,20,41] through public education campaigns[19,20,28] to reduce visual impairment and address misconceptions[18,20]. Promote early[15] and regular screenings[18,20] and targeted education on child eye health[20,41]. Enhance school eye health programs with trained staff, resources, monitoring[28,41], and collaboration with Ministries of Health and Education. Ensure sustainable funding and include advocacy efforts for broader impact[28]. Improve access to refractive services[14], affordable spectacles[19,41,42], and rural outreach programs[42], with subsidies to ensure sustainability[43]. Address rural barriers like financial constraints, infrastructure, and limited resources by expanding affordable care facilities[16] Promote preventive eye health measures[15]. Mandate eye exams for drivers, maintain vision standards, and run campaigns with the FRSC and NOA to reduce road traffic accidents due to visual impairment[21].
- The World Health Assembly set a global target of a 40% increase in effective refractive error coverage (eREC)[44]. 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[45].

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