ONESIGHT
EssilorLuxottica Foundation

ADVOCACY FACT SHEET

Rwanda Overview

Population 13.95 million[1] - Low income[1] - 0.548 HDI[2] - GDP USD 14.1 billion / FRW 16.35 trillion[1]

1. **Rising Vision Needs, Limited Coverage:** Nearly 4.3 million Rwandans need vision correction, yet over 87% remain uncorrected. School and population surveys show high unmet needs, especially in children and older adults.
2. **Progress in Access, But Gaps Remain:** Rwanda's community-based insurance covers eye care, and national PEC efforts have improved rural access. Still, cost barriers, workforce shortages, and specialist access hinder equity—especially for the poorest and refugees.
3. **Focused Recommendations for Equity:** Key steps include expanding vision screening, training more personnel, investing in rural services, ensuring affordable spectacles, and aligning PEC with WHO's SPECS 2030 goals for national eye health access.

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]

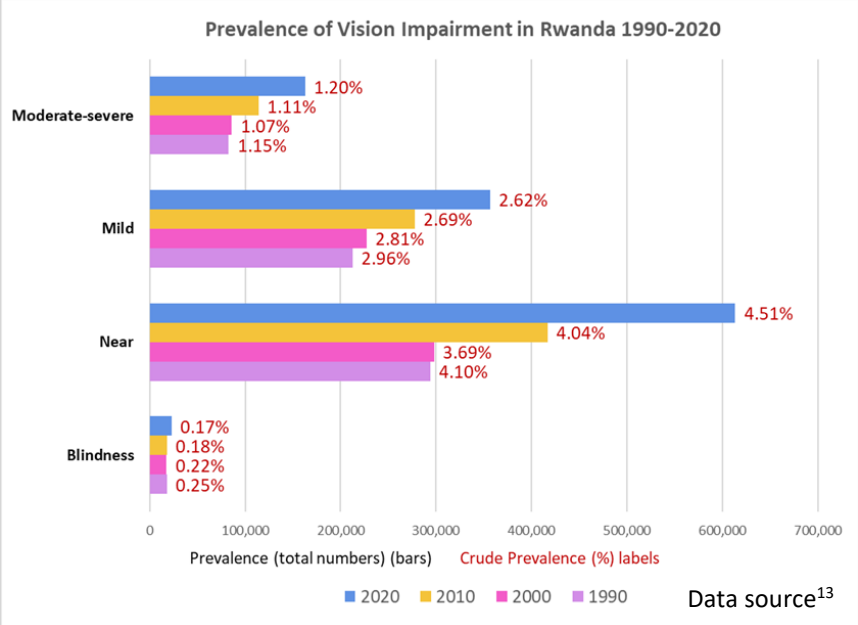
40% eREC

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 Rwanda (Research Studies)

- **In 2022, 31%** (nearly 4.3 million people) of Rwanda required vision correction. Among them, **over 87%** (over 3.7 million people) have ***uncorrected* poor vision**.[12]



- In 2020, total VI (near, mild, moderate-severe) was 1,132,942 - an increase from 2010 - 2020 by 40.13%, and an increase from 1990 - 2020 by 92.36%.[13]
- **2023:** A study, using the WHO primary eye care screening protocol, screened 24,892 Rwandan schoolchildren, finding 4.8% with eye issues, with most common ocular diagnoses being allergic conjunctivitis (3.11%), strabismus (0.26%), and refractive error (0.18%).[14]
- **2023:** At the Kabgayi Eye Unit, 10.9% of 3939 children had severe VI or blindness in at least one eye, with 4.2% having bilateral conditions. One of the main causes was refractive error at 18%, along with cataracts, keratoconus, congenital anomalies, glaucoma, cortical blindness, and retinoblastoma.[15]
- **2021:** Rwanda's 2015 blindness survey showed 1.1% blind (83.9% being avoidable), and 4.4% with VI caused by RE and cataract. 90% of people aged 50+ had uncorrected presbyopia. Spectacle coverage was low—only 8.2% for near vision and 17.3% for distance correction. Awareness of eye conditions and access to glasses and low-vision services remained limited. Findings led to national eye health reforms: improved cataract and refractive services, local

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training, insurance coverage, and data-driven policy guided by strong stakeholder collaboration.[16]

- **2018**: Based on a 2016 national survey, 2.2% had VI (visual acuity<6/12) due to URE, with only 18.3% spectacle coverage for distance vision, older people and women more likely needing Primary Eye Care (PEC). Nearly a 1/3 of the population could benefit from PEC, especially those aged 40+ needed reading glasses.[17]
- **2015**: Refractive errors affect 18.9% of high school students (aged 11 to 37 years) in Nyarugenge. Among students with refractive errors, 10.2% were myopic, and only one third were wearing spectacles (26.7%) due to lack of awareness (75%) and cost (21%).[18]
- **2014**: From 1990 to 2010, age-standardized blindness and VI in sub-Saharan Africa declined, but absolute case numbers rose, with notable gender and regional disparities. Refractive error caused 13.2% of vision loss.[19]

Health System in Rwanda

- Rwanda's healthcare system is governed by the Ministry of Health (MOH), with universal health coverage through the Mutuelles de Santé insurance scheme[20], enrolling 90% of the population in Community-Based Health Insurance (CBHI)[21]. While access has improved, rural populations face challenges. The system's funding relies on premiums, donor assistance, and government contributions, but affordability remains a concern for the poorest[20].
- Rwanda allocates over 15% of its national budget to health (consistently meeting the Abuja target)[22]. The MOH's 2024–2029 Health Sector Strategic Plan targets system strengthening, costing RWF 5.9–6.9 trillion ($4.2–$4.9B), with efforts to close gaps via domestic and private funding[23].
- As of early 2025, Rwanda hosts 135,000 refugees, mostly from DRC and Burundi, with 90% in camps. They receive civil registration, documentation and access to services, including CBHI[24].

Vision Care in Rwanda

- The Rwanda Social Security Board (RSSB) medical scheme, for instance, includes 85% coverage for eye treatment, including the provision of lenses and frames[25]. Additionally, some private insurers, such as Prime Medical Insurance, offer optical coverage that includes eye testing and the cost of glasses and frames[26].
- Prior to eye care expansion, nearly 85% of the population lived in rural areas with limited eye care, and 57% lived in poverty, unable to afford eyeglasses[27]. Workforce gaps led Rwanda to launch a national PEC (Primary Eye Care) curriculum, training 2,707 nurses, conducting nearly 1M exams, and integrating PEC into all health centers. Patient satisfaction was higher at outreach than health centers. Enablers included political backing, supportive supervision and community engagement. Uncertain long-term funding, weak referral systems, reliance on temporary outreach and external donors, high glasses costs and nurse turnover, limit sustainability.[28]
- Non-profits like Vision for a Nation, backed by global donors, cut eye care costs by 80%, enabling nationwide PEC rollout. With the MOH, they trained ~3,000 nurses and provided 1.3 million prescriptions and 186,000 glasses.[29]
- Partnerships and a unified national plan improved primary eye care access and insurance coverage in Rwanda. Gaps remain in specialist availability and rural access, affecting underserved populations.[30]
- Professional Bodies and Associations: Rwanda Ophthalmological Society (ROS); Rwanda Ophthalmic Clinical Officers and Cataract Surgeons Society (ROCOCS); Rwanda Medical and Dental Council

Key Recommendations from Evidence:

- Implement large-scale vision screening, increase eye care personnel and infrastructure, and ensure affordable, quality spectacles—addressing awareness and cost barriers to improve access and reduce refractive error complications.[18]
- Universal access to integrated primary eye care (PEC) is emphasized to ensure equitable eye health access, with the need to train general health nurses, strengthen referral systems, and ensure coverage for older adults and women.[17] Ensure sustainable PEC through government funding, quality supervision, integrated referrals, local leadership, community engagement, accessible outreach, and institutionalized training. It is also important to consider equity of access and impact as next steps.[28]
- Expand the eye care workforce, improve access to advanced services, invest in rural eye care, and develop a comprehensive strategy with a reliable supply chain for glasses and lenses.[30]
- The World Health Assembly set a global target of a 40% increase in effective refractive error coverage (eREC).[31] 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.[32]

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