ONESIGHT
EssilorLuxottica Foundation

ADVOCACY FACT SHEET

The Gambia Overview

Population 2.70 million[1] - Low-Income[1] - HDI 0.524[2] - GDP USD 2.4 billion/GMD 153.6 billion[1]

1. **Vision Needs**: Over 42% of the population requires vision correction, with nearly 90% of these needs unmet. Vision impairment is increasing, with over 205,000 affected in 2020—a 135% rise since 1990—driven mainly by uncorrected refractive error and cataract.
2. **Access and Barriers**: Access to eye care is severely limited due to affordability challenges, geographic disparities, low public awareness, and a critical shortage of trained professionals. Most services are concentrated in urban areas, forcing rural populations to rely on outreach and NGO-led care.
3. **Action and Recommendations**: Priorities include expanding the eye care workforce, integrating services into primary healthcare, and subsidizing basic vision care through the National Health Insurance Scheme. National awareness campaigns, improved data systems, and alignment with WHO's SPECS 2030 framework are key to advancing eye health equity.

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

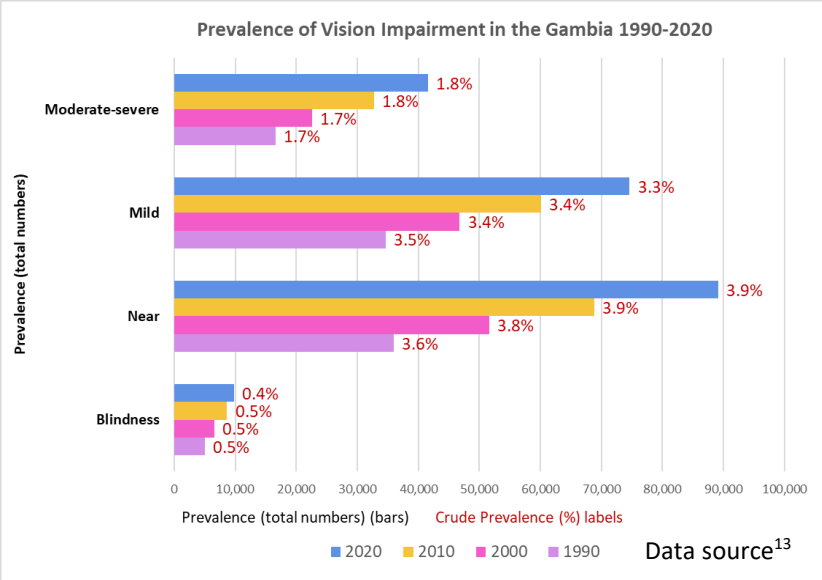
With this baseline (36%), the 74th World Health Assembly (WHA) endorsed a global target for a **40% increase in effective coverage of refractive errors (eREC)** by 2030.[8]

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.

SPECS 2030 | World Health Organization initiative

Vision Needs in The Gambia (Research Studies)

- **In 2022,** 42% (over 1.1 million people) of The Gambia required vision correction. Among them, nearly **88.1%** (over 1 million people) had ***uncorrected*** **poor vision**.[12]



- **In 2020,** total VI (near, mild, moderate-severe) was 205,257 - an increase from 2010 - 2020 by 27.0%, and a 135.3% increase from 1990.[13]
- **2024**: VI was associated with increasing age, and MSVI was associated with being female. The prevalence of all VI was higher in women (14.0%) than men (10.8%).[14]
- **2022:** There is no reliable data available for URE (including myopia) in the pediatric population or presbyopia in The Gambia. However, a regional study showed less than 5% myopia in children in West Africa, with low spectacle coverage.[15]
- A **2021** national survey revealed that 45.9% of adults aged 35+ needed near glasses, while only 5.6% needed distance glasses; coverage was under 4% for both. Effective refractive error coverage in Sub-Saharan Africa was 6.7%.[16]
- **2021**: A 2019 national survey eye health survey among adults 35+ found 1.2% were blind; 8.9% had moderate-to-severe impairment (MSVI); and 13.4% had distance VI. URE accounted for 83.4% of mild VI. The increase of MSVI from 1996 indicates ongoing challenges.[17]

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- **2020**: An eye care affordability survey in 2020 highlighted barriers including high direct and indirect costs (e.g., consultations, spectacles, travel), rendering eye care services a luxury for the poor and vulnerable. Affordability was suggested at GMD 50 (approximately USD 1) for spectacles.[18]

Health System in The Gambia

- Comprises a government led, under-funded, **three-tiered health system**, comprising primary, secondary, and tertiary levels of care. Primary care comprises basic facilities delivering village health services, while secondary care is provided at district hospitals, and tertiary care at national referral hospitals.[19] The Ministry of Health and Social Welfare oversees public health services, which are supplemented by private and non-governmental providers.[20]
- **National Health Insurance** introduced in 2021,[21] to finance healthcare for its members, is widely supported by the public,[22] but willingness to pay is influenced by income. The NHIS is operational but not yet fully implemented but has made significant strides in enrollment and coverage since 2023. Subsidies are targeted at vulnerable groups, including the poor, women, and children.[23]
- **Access:** All Gambians pay a nominal fee for public health care which is chronically under-resourced (only 3.2% of GDP on health).[24]
- **Challenges:** Significant challenges include limited infrastructure, shortages of skilled healthcare workers, and inadequate funding. Access to healthcare varies significantly between urban and rural areas,[25] with geographic, financial, and cultural barriers limiting utilization. Low-income and less-educated groups are less likely to access or afford healthcare, including insurance.[26] Health information systems face challenges due to limited IT expertise, a lack of electronic health records, and poor data management.[27]

Vision Care in The Gambia

- **Eye health management** is provided by the National Eye Health Program (NEHP) (initiated as the National Eye Care Program (NECP) in 1986, in partnership with Sightsavers),[28] Sheikh Zayed Regional Eye Care Centre[29] (a referral/training hospital in Kanifing), NGOs, and a few private clinics[30].
- **Access and affordability** remain key challenges, with access hindered by distance, cost,[31] and low awareness.[18] Affordability remains a key barrier, even with low-cost glasses due to lack of subsidies and high direct and indirect costs[18].
- **Personnel**[32]: In 2014, there were only two full-time ophthalmologists (both in Greater Banjul) serving approximately 2.7 million people.[17] By 2019, 16 optometrists were active nationally. Allied ophthalmic personnel[31] expanded significantly through partnerships, with 126 staff trained by 2021, including 89 in rural vision centres[31].
- **Professional Bodies and Associations:** National Eye Health Programme, Medical and Dental Council of The Gambia regulating eye care practitioners.

Action and Policy

- Strengthen public-private partnerships to improve leadership, workforce, and sustainable financing for vision care.[31]
- Address affordability by subsidizing costs and considering community recommendations for pricing. Enhance financial protection mechanisms by including basic eye care (e.g. spectacles, surgeries) in the National Health Insurance Scheme (NHIS) and offering targeted subsidies for low-income populations.[18]
- Integrate eye care into broader health services and education platforms, including school health programs and routine community health outreach.[31]
- Improve health information systems and data management to support policy and service delivery.[33]
- Expand training for eye care professionals and integrate eye care into broader health services.[34] Train more ophthalmologists, optometrists, and mid-level personnel (e.g. ophthalmic nurses).
- In summary, The Gambia has basic eye care services (S) and only a few trained personnel (P). The population lacks widespread eyecare education (E), affordable spectacles/medicines (C), and surveillance (S) as outlined in WHO's SPECS framework.
- The World Health Assembly set a global target of a 40% increase in effective refractive error coverage (eREC).[35] 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.[36]

(16) Boggs, D., Hydara, A., Faal, Y., Okoh, J. A., Olaniyan, S. I., Sanneh, H., et al. (2021). Estimating need for glasses and hearing aids in The Gambia: Results from a national survey and comparison of clinical impairment and self-report assessment approaches. International Journal of Environmental Research and Public Health, 18(12), 6302. https://doi.org/10.3390/ijerph18126302. (17) Hydara, A., Mactaggart, I., Bell, S. J., Okoh, J. A., Olaniyan, S. I., Aleser, M., et al. (2023). Prevalence of blindness and distance vision impairment in the Gambia across three decades of eye health programming. The British Journal of Ophthalmology, 107(6), 876–882. https://doi.org/10.1136/bjophthalmol-2021-320008. (18) Belford, C., Fanneh, M. M., Sanyang, L., Camara, B., & Dibba, Y. (2020). An assessment of the level of affordability of eye health care services and products in the Gambia – case study Onesight. International Journal of Innovative Science and Research Technology, 5(6), 551-559. https://doi.org/10.38124/IJISRT20JUN153. (19) Singh, D. D., & Jindal, J. (2023). Comprehensive overview of the Gambia's health landscape. Universal Research Reports, 10(3), Article 015. https://doi.org/10.36676/urr.2023-v10i3-015. (20) Ministry of Health and Social Welfare (Gambia). (2012). Gambia National Health Policy 2012–2020. UHC2030. https://www.uhc2030.org/fileadmin/uploads/ihp/Documents/Country_Pages/Gambia/Gambia%20National%20Health%20Policy_2012-2020%20MoHSW%5B1%5D.pdf. (21) Njie, H., Dale, E., & Gopinathan, U. (2023). Procedural fairness in decision-making for financing a National Health Insurance Scheme: A case study from The Gambia. Health Policy and Planning, 38(Suppl_1), i73–i82. https://doi.org/10.1093/heapol/czad063. (22) Njie, H., Wangen, K., Chola, L., Gopinathan, U., Mdala, I., Sundby, J., et al. (2022). Willingness to pay for a National Health Insurance Scheme in The Gambia: A contingent valuation study. Health Policy and Planning, 38(1), 61–73. https://doi.org/10.1093/heapol/czac089. (23) Njie, H. (2015). Feasibility of a National Health Insurance Scheme in the Gambia: Health Care Providers and Consumers Perspectives on the Design [Master's thesis, Taipei Medical University]. Airiti Library. https://doi.org/10.6831/TMU.2015.00070. (24) World Health Organization. (2021). Health data overview for Republic of the Gambia. https://data.who.int/countries/270. (25) Olatunji, Y. A., Banjo, A. A., Jarde, A., Salaudeen, R., Ndiaye, M., Galega, L. B., et al. (2023). Invasive bacterial disease in young infants in rural Gambia: Population-based surveillance. Journal of Global Health, 13, 04106. https://doi.org/10.7189/jogh.13.04106. (26) Tsegaw, M., Mulat, B., & Shitu, K. (2023). Problems with accessing healthcare and associated factors among reproductive-aged women in the Gambia using Gambia Demographic and Health Survey 2019/2020: A cross-sectional study. BMJ Open, 13(8), e073491. https://doi.org/10.1136/bmjopen-2023-073491. (27) Lin, R., & Kujabi, B. (2022). Addressing challenges in the development of health information systems in The Gambia. Health Policy and Technology, 11(3), 100658. https://doi.org/10.1016/j.hlpt.2022.100658. (28) The Gambia National Eye Care Programme. (n.d.). Eye Health in The Gambia. Retrieved October 9, 2025, from https://szrecc.weebly.com. (29) Sheikh Zayed Regional Eye Care Centre. (n.d.). Eye Health in The Gambia. Retrieved October 9, 2025, from https://szrecc.weebly.com/szrecc.html. (30) Sanyang, L., Fanneh, M. M., Belford, C., Dibba, Y., Ceesay, L. B., Camara, B. (2023). An assessment of the level of access to eye health care services: A case study of Onesight – Gambia. International Journal of Recent Advances in Multidisciplinary Research, 9(06): 7815-7821. Doi not available. (31) Bowser, D., Landey, N., Njie, M. A., Dabideen, R., & Gianfagna, M. (2021). Health system strengthening for vision care in The Gambia. Rural and Remote Health, 21(2), 6245. https://doi.org/10.22605/RRH6245. (32) Raab Foundation. 2025. The Gambia Country Profile. Available from: https://www.raab.world/country-profiles/gambia. (33) Lin R, Kujabi B. (2022). Addressing Challenges in the Development of Health Information Systems in The Gambia. Health Policy and Technology. https://doi.org/10.1016/j.hlpt.2022.100658. (34) Faal, H. (1997). The Gambia: approaches to blindness. The Lancet, 349. https://doi.org/10.1016/S0140-6736(97)90081-7. (35) World Health Organization. (2021). Integrated people-centred eye care, including preventable vision impairment and blindness Global targets for 2030 Draft decision. In World Health Organization. https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_9Add3-en.pdf. (36) World Health Organization. (2024). SPECS 2030. Www.who.int; WHO. https://www.who.int/initiatives/specs-2030.