“The important thing is getting affordable pairs.”: Dr. Okolo Oteri, Nigeria’s National Eye Health Programme coordinator, on cultivating meaningful partnerships, creating demand, and distributing at scale

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Ambika Samarthya-Howard: Please introduce yourself and tell me a little bit about your background. How did you get into eyeglasses?

Dr. Okolo Oteri: My name is Okolo Oteri. I'm an ophthalmologist. Right before I got into public eye health, working at the Federal Ministry of Health, I used to work at one of the country's tertiary facilities as an ophthalmologist, providing clinical and surgical eye care. I was not really in the public eye health space. Prior to when a request was made for me to move to the National Eye Health Program, there was no one in charge of eye health at the time, and Nigeria really wanted to reposition eye care for maximum impact at both facility and population level. [That was] 2018. At the time the Federal Ministry of Health really wanted to position the Eye Health Program to be able to respond to the eye health needs of the population.

Ambika Samarthya-Howard: Do you know what was happening in 2018 that made eye health a priority?

Dr. Okolo Oteri: I think basically Nigeria signed up to the general global agenda around eye health. And the minister at the time felt like it was time for us not just to be signatories but actually to do something about eye health in Nigeria. That's why the request was made, and I joined in 2018. At that time, I didn't know so much about public eye health because I'd always been a clinician.

Ambika Samarthya-Howard: And why do you think he chose you?

Dr. Okolo Oteri: I think at that time it was just a pragmatic decision for the Ministry. They wanted someone who had expertise and knowledge in eye health, and they wanted someone who was already in the government setting. It was a practical decision, but I wouldn't know if there were any behind the scenes specific reasons why I was picked.

At the time I felt I really had to know more about public eye health, so I basically read any book, any article, or anything about public eye health. I enrolled in the short course at the London School of Hygiene and Tropical Medicine. And then in 2021, I went off to do the MSc, because I realized that public eye health is a place for me to be very impactful. And for me to be very impactful, I needed more knowledge and more confidence to be able to do the things that I wanted to do. I have an eye health story in my family, so I understand beyond the numbers what it means for someone not to have the eye care services that they need, which can lead to loss of vision and change the trajectory of their whole family. I understood that very well.

That was the reason why I became an ophthalmologist in the first place. I realized there was an opportunity for me to bring change. The decisions I could make, the policies around eye health, would be impactful for over 200 million people, so I needed to be sure to do the right thing. So I went off to do the MSc at the International Centre for Eye Health, London School of Hygiene and Tropical Medicine.

Ambika Samarthya-Howard: When you said that it impacted your family, do you mean in terms of livelihoods or education?

Dr. Okolo Oteri: Both. In my family, we had a situation where my dad had an eye health issue. Unfortunately it was not the reversible kind, so he had significant sight loss from glaucoma, and that meant he couldn't work. Basically, my education and everything was threatened at that time, despite my being very, very interested in academics, and being very intelligent. There was a risk I wouldn't complete my education because there would just be no money to pay for it, so I realized very early in life how vision can actually change a whole family.

It's not even only about education. [It’s about whether] the provider can provide basic things like food, shelter and things like that. I have that first-hand experience of how important eye health can be to a person, to a nation, because here was my dad who had had a lot of experience, had a lot of education, and he basically could not continue working the way he was working because he had experienced significant sight loss.

A lot of productivity was lost to the nation as a result of that. His experience and all that he brought to bear was cut short.

When people quote the numbers, it's more than a number for me. It's people. Beyond the numbers, I see people, I see families, I see countries, I see the world as a whole. So when data is

published, like an annual loss of over $400 billion in productivity, I understand in a very practical sense what this really means. So for me, eye health has always been a passion, and being given the opportunity by my country to be able to be impactful at a population level, I still consider it a huge opportunity of which I do not take for granted. That's why I put in everything to be able to ensure that Nigerians have quality eye care services, especially for those who reside in rural areas who ordinarily would not have access to the services. That's the backstory to why I'm very, very passionate about what I do.

Ambika Samarthya-Howard: I'd really like to understand how the eye health program in Nigeria, specifically under your leadership, moved from not just conditions like glaucoma and cataracts but also into reading glasses, and how that evolved.

 **Dr. Okolo Oteri:** For us at the National Eye Health Program, our strategy is to deal with eye health, not just disease-specific, but looking at the whole person, and also looking at eye health priorities. Based on the data, the major causes of vision loss in Nigeria are cataract [and] glaucoma. Nigeria has begun to do something about glaucoma, but then you have refractive error and presbyopia, which Nigeria hadn't done so much about on the national scale.

Refractive error is so key and its correction has a significant return on investment, because you have children who are going to school. At that point in their lives, if they don't have good vision, that impedes their learning. You have people in the productive age of life. If they don't have clear vision, they're not going to be able to be effective at work, and that reduces productivity. And for a country like Nigeria that's still classified as a lower to middle income country, we need to unlock all of that productivity to improve our economic situation. It's low-hanging fruit.

You have a seven-hundred-year-old invention (spectacles) that can address this easily. For us at the National Eye Health Program, we felt it was something that we can demonstrate quick wins that can be done. And for the first time we felt like if we address it on a national level and solve refractive error and specifically presbyopia at scale, we'll be able to demonstrate how solving vision issues actually contributes to Nigeria achieving the sustainable development goals in general and specifically improving productivity. That's why the National Eye Health Program started work on the refractive error and presbyopia initiative. Refractive error had always been there, but we just needed people to be able to come to work with us to be able to address it. And for the first time we found partnerships, people ready to work on it.

Ambika Samarthya-Howard: After 2018, how did all this evolve? How did you get partnerships?

Dr. Okolo Oteri: In 2021 and 2022, I was offered the London School of Hygiene and Tropical Medicine at the International Center for Eye Health doing my MSc, and there I met Professor Andrew Bastawrous. We always had conversations about Nigeria and what we could do about solving all the problems around vision loss in the short term and in the long term. Even in speaking about school eye health, refractive errors was one of the major things we felt we could

tackle. And then when we looked at the productive age group, and for those specifically above 40, we looked at presbyopia as something we could do.

We began to talk about that in 2022. Then I finished the MSc and came back to Nigeria. I think it was 2023, I was in Singapore at the IAPB [International Agency for the Prevention of Blindness] conference, and I met Andrew again and he asked, "Okay, do you want to take up this conversation again? I know quite a number of people who want to work in this sector. Do you think Nigeria is a country that we could work in?" And I was like, “Oh, we are more than ready to be able to do something about eye health.”

 He helped the National Eye Health Program in Nigeria build the partnership that is driving the initiative now. So he says, do you want to speak with this person, do you want to speak with that person or with this organization, and all of that. We had conversations with so many organizations between that time and when the initiative started. I think that was the turning point for people actually getting interested in working in Nigeria.

 Another major turning point was him coming to Nigeria, requesting an audience to see the President, and Mr. President was very receptive to him and met with him. In that meeting, Andrew shared his story about refractive error. And Mr. President was really very touched because he himself has an eye health story, with his mom, and he had actually launched an initiative when he was governor in Lagos State called Jigi Bola around spectacles and presbyopia and refractive error and eye health as a whole. So he was not a stranger in the eye health space. He was quite excited and happy that someone was offering to partner with Nigeria to solve that problem at scale.

Ambika Samarthya-Howard: What does Jigi Bola mean?

Dr. Okolo Oteri: Jigi is a Yoruba word for glasses. And Bola is the president's name.

 I was there in the room and, in fact, everyone fell silent when Mr. President began to speak, because we could feel the passion in his voice and the fact that it was something he was really keen on also being part of and ensuring that refractive error, and specifically presbyopia, is addressed at the national level. I think he lit the fire. And he wants me to run with his vision to ensure that at least for those who ordinarily cannot afford a pair of glasses, we bring them this much needed intervention.

Ambika Samarthya-Howard: Now you have the political will, which is the number one thing you need to have in order to move any partnerships. What happened from there in terms of actually establishing the workflow?
Dr. Okolo Oteri: Once we left the meeting with Mr. President, we were all excited. At the time, the specific partnerships had not been formed. But like you said, political will is usually a big

elephant in the room when it comes to initiatives, and that's out of the way. We went back to my office from visiting Mr. President, and I must mention here that the coordinating Minister for Health and Social Welfare, Professor Ali Pate, was also in the room. He was also very excited about this, and he had given us his approval and go ahead and get this done. Off the back of all of that, we went back to my office to firm up all the plans and all the things to get this thing going. It was August 31st, and World Sight Day was very close. So we thought, “What can we do around World Sight Day to kick this thing off?”

This was less than a year ago. We felt it would be nice to maintain the momentum. Andrew talked to LIF [Livelihood Impact Fund] to do something around World Sight Day and get the initiative off the ground. We started working towards a high level World Sight Day event, since we had Mr. President's buy-in and we had the go-ahead approval and the support of the Minister.

 LIF introduced us to CHAI in Nigeria—that's Clinton Health Access Initiative—and we planned to have that high level national World Sight Day at the presidential banquet, also within the presidential office. Basically, it's like having World Sight Day at the White House. That had never happened in the history of eye health in Nigeria, and we just felt it would be a wonderful opportunity to leverage Mr. President's political will that he had expressed.

 We worked behind the scenes with CHAI, LIF, and some other partners. We had VisionSpring, who supplied us the first tranche of 40,000 pairs of glasses, with support from LIF, for the World Sight Day celebration and then also for the pilots. Then we had Sight Savers come in. We had CBM [Christian Blind Mission] who provided a call to action for all other partners to come to the table and be part of that celebration.

 We had that celebration on October 12th, 2023. We had people from all over the country in the room. We had Mr. President send in his representative, the First Lady's representative was there, the Minister of State for Health was there. All professional groups in eye health, all the partners, even pharmaceutical companies were there, their representatives were there, people from the states. And then there was actually an international audience, because there was also online participation. And we launched the presidential initiative. We launched the roadmap. We worked with Andrew, CHAI, and LIF to define how we would actually implement getting at least 5 million pairs of glasses on the faces of Nigerians who need them.

Ambika Samarthya-Howard: What's the time period for the roadmap?

Dr. Okolo Oteri: First of all, we wanted to do an initiative with 40,000 pairs of glasses, and thereafter we worked towards increasing the numbers within a five-year period. Then we decided that we'll use the lessons learned from the pilot to improve the implementation of the program as we go ahead. The implementation started immediately, so by November we were in the first stage. I think we did three states between November and December 2023.

Ambika Samarthya-Howard: What were the three states, and how did you decide on them?

 **Dr. Okolo Oteri:** The roadmap had two major aspects. We had the philanthropic aspects where people who cannot afford it get glasses free of charge. Then we have the more sustainable plan where we have an organization in eye health working to renovate and equip, or set up, vision centers where people buy pairs of glasses, but it's subsidized, so they do pay something for it. In that philanthropic model, the plan is to dispense the glasses through states, through primary healthcare centers. Nigeria has commenced implementing integration of primary eye care into primary healthcare systems. That means training primary healthcare workers to deliver primary eyecare, which includes dispensing of reading glasses. So we chose states that had already trained the primary healthcare workers to begin the pilot.

Ambika Samarthya-Howard: Do you consider primary healthcare workers the same thing as community healthcare workers?

 **Dr. Okolo Oteri:** They're the same thing. But in Nigeria you have various cadres of community healthcare workers with primary healthcare workers. So now the community health care workers, you have them as the junior committee health extension workers, then community health extension workers, then you have the community health officers, which is a more senior cadre. But we train all the levels, all the cadres of primary healthcare workers.

 There are differences in how they work. The community health officers or clinical health officers remain in the primary healthcare centers, while the junior community health extension workers and the community health extension workers go into the community. But we train all of them to be able to provide primary eye care, because there are specific aspects of eye care that can also be delivered in the community. Presbyopic glasses can be delivered in community eye health promotion, health education, things like that. So that's why we trained all the cadres of community health workers to be able to offer primary eye care.

Ambika Samarthya-Howard: Can you explain to me what the training is like? Are they all in person? How big are the groups? What is the format and structure of the trainings like?

 **Dr. Okolo Oteri:** First of all, the National Eye Health Policy makes integration of primary eye care into primary healthcare a strategic objective. There's a budget line for training primary healthcare workers. That budget line started with working with partners to domesticate the AFRO WHO [World Health Organization African Region] primary eye care manual. That's already a document, and it was domesticated to fit into the Nigerian context.

 It's a three-day training. It has a curriculum. The process started with training master trainers. We have one master trainer in each geopolitical zone in the country, and then we train state-level trainers. All of this was funded by the budget line in the National Eye Health Program at the Federal Ministry of Health and in some states with support of partners. Then when we train the state-level trainers, those state-level trainers are the ones that train the primary healthcare workers.

Ambika Samarthya-Howard: How long are the trainings specifically for presbyopia? Did you just do one training?

 **Dr. Okolo Oteri:** It's a three-day training with practical sessions in between, so they are taught basic things. We made it very easy, because in the past we've realized, sometimes this training offered to primary care workers might be too complicated. And before the manual was developed, it was based on data and the technical competencies that are required for the primary healthcare workers. It's a very simple training. There are five clinical algorithms based on common complaints that they will receive at primary healthcare centers, and then also specific trainings like how to dispense reading glasses.

Ambika Samarthya-Howard: Some part of the training is also sales, right? Like how do you get people to even be interested in reading glasses?

 **Dr. Okolo Oteri:** Well, at that point of the training, it's not really sales-based, but it depends on what that state wants to do. So they can procure those reading glasses, because at that time, the glasses were not provided free. We gave them sample glasses, but then they're free at the primary healthcare center to procure glasses and then sell those glasses to members of the public based on what the state structure is like. So you have insurance, but then they could also pay out of pocket for the reading glasses. Before the initiative came, they didn't have free pairs of glasses to dispense.

Ambika Samarthya-Howard: Do you do it by an income system? How do you decide which pathway people get?

Dr. Okolo Oteri: Before then there were no free glasses at all. Some states had the state insurance system. Then in some states, like Lagos, for instance, people pay [out of pocket]. So it depends. Not everyone has insurance.

Ambika Samarthya-Howard: If somebody is not under insurance, how do you decide whether or not they're going to get a free pair of glasses? Is it based on the state they live in or the income they have?

 **Dr. Okolo Oteri:** This initiative is income based, so it is targeted at those who ordinarily cannot afford a pair of reading glasses. Most of these people don't even have insurance. So far, quite a significant number of the people we give a pair of glasses, maybe up to about 55%, are getting their first ever pair of reading glasses. That's the profile of the people that we are reaching.

 It's a three-day training for the primary healthcare workers to get the basic skills that they need, so along with using the algorithms, they get training on how to dispense glasses, how to manage basic eye care complaints, and how to offer health education. Even in implementation, we realize that there's a lack of awareness about refractive errors, about presbyopia and what to do. And there are misconceptions about glasses, there are cultural issues, needs misconceptions, and things like that. Those are part of the training that the primary healthcare workers receive so that they are able to address all these issues at the community level and even in the facilities.

Ambika Samarthya-Howard: You started with the three states. You have this training, you did this model with insurance and everything else. How did it go?

 **Dr. Okolo Oteri:** Of course it was a learning process. It is a pilot. Our target was to go to rural areas. When we started in the first state, which was Rivers State, they already had a mini glasses program. Rivers State is an oil rich state, so the state was actually providing free glasses to some members of the public, but then they didn't have enough. So we expanded that so they had more glasses to dispense to more people in Rivers State. Then when we went to Kano, they didn't have any trained primary healthcare workers at all, so we had to train. We wanted some geographic spread, and we also wanted the numbers. Kano is really densely populated, so that informed our choice of going to Kano. We had to shorten the training, so we did a two-day training for the primary healthcare workers, and then we did the glasses initiative in Kano.

 In those two states, we realized that the numbers were not quite as we wanted, so we tried to find out what the problems were. We realized that it's not just about raising awareness in the community. Our strategy for raising awareness was not good enough, so we're not having the numbers coming through the door. When we went to Plateau State, which was the third state, we did more awareness and we got slightly higher numbers, but we knew that there were more people in need. Why are they not coming through the door?

 We realized that we needed to do a wider media campaign around awareness of where they could go for screening, where they could get the spectacles, and also to address the

cultural issues, the myths and misconceptions, because if someone already has a misconception or a myth around spectacles, the person will not leave their home to come and access care. And we also realized that despite the fact that we have primary health care centers sort of close to communities, there's still some really hard to reach areas.

 This year we had another campaign in a fourth state. That's Kogi State. We did all the campaigns, we went on local radios, used both English and what we call Pidgin English, and then I think three of the local languages. We had radio jingles, TV jingles and things like that to raise awareness amongst people in the communities where we were going to. And beyond that, we also had mobile teams go into the communities. We went to some areas that are some distance from the primary healthcare center. Another thing we did was to engage with the traditional leadership system in Kogi State. So when we went to a community, we went to the traditional ruler. We also screened them if they needed glasses, and we let them have a pair of glasses. We found that we were able to reach three times more people than we did in other states.

Ambika Samarthya-Howard: Did you feel that it was one of those methods that really brought people's attention? Or do you feel it was the combination of methods?

 **Dr. Okolo Oteri:** I think it was the combination, because some people said they heard us on radio, and others said they heard us on TV. Others came out to get glasses once they saw that the traditional rulers had identified what we were doing. And then we went to communities deep within the rural areas and met people who didn't hear a word about anything we were doing and were able to dispense. I think it was a combination of all of those, and in implementation going forward, we're going to do a combination of all of that to be able to ensure that we reach more people.

Ambika Samarthya-Howard: That was two months ago. What happens next?

 **Dr. Okolo Oteri:** That's where RestoringVision comes in. RestoringVision is contributing two million pairs of reading glasses to the presidential initiative, and it’s coming into the country in tranches. They're going to be distributed to the National Eye Health Program and the Christian Health Association Network. The Christian Association Network is going to get a million pairs, while the National Eye Health Program gets a million pairs, but it's all under the presidential initiative.

 Now, the Christian Health Association Network is important because they are a faith-based health organization. Although they're Christian, they work with all other religious groups, mainly Muslims. They also brought on board a counterpart organization in the Muslim

faith. They're going to be working together because if you know Nigeria, you realize that religion is a very important aspect of our lives as Nigerians. We felt that it would be a very important gateway for us to reach even more people. So you can reach them in churches, you can reach them in mosques, despite the fact that it's a state thing, they're also working in the health space, so they're also able to reach people in the community.

 Slightly over a week ago, the National Eye Health Program received a tranche of 240,000 pairs of glasses. That's the first tranche in the one million coming to us. Right now we're doing all the clearing at the port and all of that, so very soon we're going to receive those 240,000 pairs of glasses. From the port, it'll go to the Federal Minister of Health's main medical warehouse in Lagos. We have already received approval from the minister and the Food and Drug Division, who is directly in charge of the national medical warehouse. They're going to receive it on our behalf. And then from there, we'll move them to ten states. For the next one year, we're going to be working in ten states.

We're in the process of clearing the shipment that has arrived in Nigeria, and we're working to review the training for the primary eye care workers and to review the data collection tools and all the materials that we use for training. We're planning a meeting for September, a technical working group committee meeting to review all the materials that will be used for the training. We're trying to shorten the training to two days, and then after that meeting we'll print the training materials and hopefully go into the field in October.

Ambika Samarthya-Howard: I wanted to ask you about some of your own personal insights around all of this. If you had to do the last year over again, starting with the implementation in those three states, what would you have done differently besides the awareness part? Is there anything else that you would've done differently?

 **Dr. Okolo Oteri:** When we went, I think to Katsina, we had done the ceremony and all of that, and then we had started dispensing the glasses with the trained primary healthcare workers. We realized that they were very slow. The queues were long and people were getting tired and complaining. We had to stop and say, what's the problem here? Why are we slow? And a primary healthcare worker said to me, well, we're also struggling with the prints. The prints in the register are too small. The prints on the reading chart, we ourselves cannot see.

I was like, whoa. Because honestly, that was something we did not expect to find. We did not factor that in at all. Henceforth what we're going to do is 'Treat and Train.' We're going to ensure the primary healthcare workers have their own pairs of glasses first before they get to do the work of dispensing the glasses to the people, because they need to be able to see to be able to do the work. It seems like something that should have been obvious, but it wasn't to us at the time. We're going to ensure that all the primary healthcare workers who need pairs of glasses

get them before they do the training, and then they dispense glasses to other members of the community.

Ambika Samarthya-Howard: Wow, that's a big one! And then let's say that you were speaking to someone from a health ministry or some other government official from DRC or from Rwanda or from Thailand, what would you say are the main things they need in their country to be able to do what you're doing?

Dr. Okolo Oteri: One of the most important things is that at the level of the Ministry of Health, or whatever government system is in charge of health, they need to have an eye health program that'll be in charge of coordinating what needs to be done. That's number one. Then they need to have the right policy and the plan in place. Luckily for us, we had the National Eye Health Policy, which we developed in 2019. Then we developed the National Eye Health Strategic Development Plan in 2023. In that plan, it actually spells out how governments, partners, and everyone should deal with refractive error. So there should be a plan in place to guide the government at the federal level, Ministry of Health, the sub-national government, and even the private sector so there is a guideline for everyone to follow. That's important.

Then a key thing is political will should be in place, and then funding and partnership. Once you have the funding and partnership to be able to get things going, I think that that really, really helps. For Nigeria that was key. First of all, getting the president on board, trust me, it has opened doors for us. It's made things much easier. For other countries, I'll advise them to look at the Nigerian model instead of learning from their own mistakes. They can learn from our own mistakes and then be effective from day one.

Ambika Samarthya-Howard: Do you feel like the things you did are easily replicable? Do you feel like everybody else should be doing it, or do you feel like it's very rare that there is a confluence of the things that happened?

Dr. Okolo Oteri: It's both. I remember when I became national eye health coordinator, I thought to myself, what do I do first? I can only say this in hindsight, and I'm grateful that somehow I had the guidance to do the right things. Setting up a governance structure for eye health, that has helped us, because like you said, it's just a confluence of so many good factors coming together. I got into the National Eye Health Program, we set up our policy, and did a strategic plan. I went off to the London School and met Andrew. It seemed like a lot of things over the years just culminated into that period to be able to ensure that all of this just kicked off. And then of course, you had the president too, who had done this in the past, and we didn't need to do too much to be able to get him on board. And interestingly, even before the meeting with the president, I noticed that eye health was actually in his manifesto, which is very rare. So yes, a lot of things came together. Maybe opportunity met some level of preparation to get things kick started for us.

Now, if you are looking to implement a sustainable route in a large country like Nigeria, yes, you might need to have all of those factors in place. But not all countries are as big as Nigeria. Nigeria needs that because Nigeria is huge. So if I were going to work, for example, in a state in Nigeria with a population of 15 to 20 million people, it'll be easier for me. But if you're working in a country of over 200 million people, you really need a strong structure. You have the federal government, the states also have their power in delivering healthcare, and you have the local government. So it is a three tier system. But some countries have a more simplified system where you have a central government, or they don't have a huge population. In such countries, you might not need so much structure in place, or you could put in the structure within a short time to be able to get things done, or you could leverage more of the private sector in such places. And then you could also do community outreach.

 Outreach is easy in such places instead of waiting to do training for primary healthcare workers and things. And you could also focus on presbyopia alone. But for us in Nigeria, we see the spectacles initiative as a system strengthening thing. There's a system strengthening approach to solving presbyopia at scale. We believe it's an opportunity to also solve other eye health problems. So even in the screening, the primary healthcare workers are not trained for screening for glasses alone. They're screening for cataracts and glaucoma or any other eye health problems. So as part of the initiative, we're also strengthening the referral system between the primary, secondary. and tertiary level. [When we] find cataracts or glaucoma in those screening programs, we can actually refer them [to get medical care].

I would say it depends on the country. For smaller countries, they can quickly copy this model even in the detailed manner. Get your policy or government structures in place, or use the outreach model, or both approaches. You can do the outreach approach and then slowly build your systems. I think for us in Nigeria, we have done quite a lot, but there's still a lot to do in building our government structure so we are doing both of them at the same time.

Ambika Samarthya-Howard: Looking forward, what are some challenges you're preparing for already as you scale within Nigeria?

 **Dr. Okolo Oteri:** [There are] differences in states; there are states in which, for instance, they already have a strong private sector. That presence is mostly in the urban areas, hardly ever in rural areas. So what we have done is to engage with the professional eye health groups, because you can't have resistance from them. Eye health is also a business. So there's a National Eye Health Committee where the optometrists, the opticians, the ophthalmologists, all have a seat, they all have a say, so we've carried them along in this. And since we're targeting mainly those who cannot afford [glasses], we're mindful of not going to places where there's already access. That's why we're focusing mostly on the primary healthcare system and in the

rural areas. And while we also have them on board, we also explained that in the end, it's a win-win for everyone because we're also creating demand for spectacles.

 I remember when I first started using glasses. What I have on is a Varilux. It has both a distant view and reading portion. But I never used glasses before. From my twenties upward, I never used a pair of glasses. But I cannot do without my glasses now. Despite the fact that it was mainly for reading, I find it difficult to cope with blurred vision of any kind. So my first pair of glasses created demand for subsequent pairs. What we're saying to the private sector and those in the eye health space is, we won't always be there giving free pairs of glasses. We are creating demand for glasses and demand for eye care services. And the government itself cannot solve that problem in all of Nigeria, so they need to be able to begin to work to be able to develop business models that can thrive in those places.

With the sustainable model, we are sort of showing them the way. Sometime in late July, we launched the first vision center in Lagos. There will not be free glasses there, but it's going to be subsidized. So if business people can look at addressing eye care needs in those rural places where there's limited access but they have the numbers, then that makes a business case already for them.

 By giving a free pair of glasses to someone, we're creating a demand. So it's left for them to look at where they can then step in and bridge the gap subsequently. I know there are organizations who are also discussing with the optometrists and opticians to see if they can empower them to be able to do something about that sometime in the future. All that is on the table, in discussions going on.

 For us at the National Eye Health Program, and for the president, our priority right now is to get pairs of glasses on productive Nigerians who cannot afford them, and then empower them to be able to work better and earn more.

Ambika Samarthya-Howard: Is there anything you're trying right now that you think may not work, but you're like, let's just try it anyway?

Dr. Okolo Oteri: No, we don't have the resources to do anything risky yet. Right now we're doing what we feel would work, because we're integrating it into the primary healthcare system. We're using a government system. And if you want something to be sustainable in Nigeria, the first place to go is the government. Once you can get it to work in government, then the private sector can come in and replicate what the government has done.

 We're taking it a step at a time, but when we started integration of primary eye care to primary healthcare, the first primary healthcare centers we chose were centers that are covered

by the basic healthcare provision fund. There's a basic healthcare provision fund, but right now it doesn't cover eye care. So there's that ongoing process of advocacy to say, can this cover eye health? This is all happening at the same time. You have states also expanding their social health insurance to cover eye health, to cover spectacles and things like that. So we feel like as things emerge one way or the other, they will all come together. Because I don't think anybody's advocating for a situation where you continue to give free pairs of glasses.


You want to be able to empower the system so that people can pay a stipend and get a pair of glasses, or get the next pair, because that is the most sustainable model, right? Because healthcare itself in Nigeria is not free. There are still some free aspects of health, one way or the other, maybe maternal health and child care. But there's some part of health that is paid for. In the end, if we can create that demand for spectacles, and then as long as the healthcare system in Nigeria evolves, people can pay within the government system. The important thing is getting affordable pairs. And most of the time affordable pairs of glasses will come through the public health system. So we can empower the primary healthcare system to be able to offer the service, to be able to dispense, to have the expertise to dispense. I think that we would've done something towards getting us to the point where eye care services are properly integrated in the health system, right from the primary level to the tertiary level.

Ambika Samarthya-Howard: Is there anything you'd like to add?

Dr. Okolo Oteri: Right now the world is ready to solve presbyopia at scale. That opportunity is there. The world is also ready to tackle refractive error. There's a UN [United Nations] target for 40% increase in effective coverage of refractive error. So a lot of people are beginning to know more about refractive error as something that can be addressed. And you have a lot of people interested in supporting the work. It's not about Nigeria alone. It's a global push where everyone is saying, we've talked about cataracts for years, it's time for us to address presbyopia. And any country that wants to address it should be encouraged to do so.

It's a very simple problem that's costing so much and we can easily address it. And address the problem of productivity. Some weeks ago I was at a VisionSpring program where artists and innovators came together and talked about their journey. Many of them are getting to their most productive age at about 40, where they have a lot of experience and are able to do their craft better, be it art, be it sculpture, painting, beading, whatever it is. And it's at that point in time presbyopia starts, and they actually do not know that presbyopia is the reason why they're slower at their work. Then someone comes along, gives them a pair of glasses and they're like, oh wow. For me that was a wake-up call. Beyond the $400 billion that has been estimated as annual loss in productivity, there's so much more. Imagine if the world can come together and solve this problem. Presbyopia is easy to solve, so I think we can all just get behind this and get it done and then move on to whatever is next.

I really feel humbled to be part of this. It's amazing. I think it's a one-in-a-life opportunity to be able to make a difference in the lives of so many people who you don't even know. Because honestly, for someone who has gone through this, I just feel a huge opportunity has been handed to me. I do not take it lightly. And I'm really grateful for everyone who has given us glasses or financial support. I think they're the rock stars in all of this, to ensure that we get this done.

Ambika Samarthya-Howard: Thanks for your time today.

ICON LEGEND

Ambika Samarthya-Howard (she/her) is Solutions Journalism Network's Chief Innovation Officer. She strategizes on communications, metrics, impact, product and technology, leveraging platforms for the network and creating cool content. She also leads the Solutions Insights Lab, an initiative of SJN that uses targeted research and analysis to identify and interrogate what's working and what's not in a particular sector or field. She has an MFA from Columbia's film program and has been creating, teaching and writing at the intersection of storytelling and social good for two decades. She has produced content for Current TV, UNICEF, Havas, United Nations Population Fund (UNFPA) and Prism.

** This interview has been edited and condensed.*