



# **“I don't see barriers. What I see is a need for all of us to work together”: Dr. Pelin Munis, CEO of RestoringVision on partnerships, product, and pathways to achieve scale**

**Ambika Samarthya-Howard**

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**Ambika Samarthya-Howard: Please introduce yourself and tell me how you got into the world of eye health.**

**Dr. Pelin Munis:** Sure. I'm Pelin Munis, the Chief Executive Officer of RestoringVision. I started my career in academia and research, having come out of the applied psychology field, which focuses on conducting research and applying it to real world problems and challenges. In 2008, we were going through a recession here in the United States, and I had the opportunity to get into entrepreneurship. I started my own company in a different sector. It was the fashion sector. I learned a lot, especially in manufacturing, distribution, import, export, tariffs, opening markets, marketing communications to sell products. Plus I learned how to be an entrepreneur.

**Ambika Samarthya-Howard: What interested you in being an entrepreneur after your background in research?**

**Dr. Pelin Munis:** I was in a relationship with a successful entrepreneur who started and sold companies. We were going to start a company together and looked at 17 different business ideas and landed on one. The idea was that I was going to build the company, and then at some point he'd take it over and I would have a foundation associated with the company.

While the relationship didn't progress, the company did. I eventually decided I would like to come full circle in my career and use this very interesting set of skills to go into the nonprofit sector and do something useful for the world. When I decided to sell the company and move into the nonprofit sector, my father, who is an engineer, was living in St. Croix. Over a few days, he suddenly lost his vision and doctors didn't know what had happened. By the time we understood that he had a detached retina, we brought him to the Bascom Palmer Eye Institute in Miami and the ophthalmologist told him he had a 50% chance of regaining 50% of his vision in that eye because of the time lag. But they did incredible work and he regained almost 100% of his vision.

[This experience of] seeing somebody I love go through sight loss, and watching everything they have to navigate in that process—depression, questions about whether they will be able to work again—and then seeing that person come out of that [and make certain] adjustments, [impacted me]. So when I was looking at different non-profit organizations, RestoringVision was one of them, and I fell in love with it. I fell in love with the mission, the vision, and everything that they wanted to do.

At the time, RestoringVision was reaching 450,000 people a year. [It was] founded in 2003, and by 2015 they were reaching 450,000 people a year, which was a lot of people. As a small grassroots non-profit, their impact was quite extraordinary, and nobody really knew about them. The board brought in a Stanford University consultant to see if the organization could grow and the conclusion was it could, and it could help a lot of people. When I was interviewing for the position, one of the thoughts I had was, why are you not working with some of the largest global health and humanitarian organizations out there? And the goal back then was to reach one million people a year by the end of the decade, which would've been 2020.

Long story short, after a strategic pivot of collaborating with global health humanitarian organizations, we jumped to helping 2.5 million people in one year. It was amazing, and that gave us some glimpse into the need, and then the research started to come out.

**Ambika Samarthya-Howard: I'd love to know how you got from 450,000 to 2.5 million a year. What were the main differences?**

**Dr. Pelin Munis:** My sister had worked in global health for about two decades when I was interviewing at RestoringVision. She worked at Management Sciences for Health in Boston for about 17 years and then went to Harvard School of Public Health [where she] was responsible for, on the financial side, a \$500 million PEPFAR [President's Emergency Plan For AIDS Relief] grant to focus on the topic of AIDS and medicines procurement. And she wore glasses since she was a little girl. My parents wore glasses. And my sister said to me, "Wow, I've been in global health all this time, I've worn glasses since I was a child, and I never thought about eyeglasses or eye health or vision." So with that in mind, I thought, what about collaborating with some of these really big entities?

We tried to identify conferences where those big global health entities attend, and one of those conferences was by an organization called CCIH, Christian Connections for International Health in Washington, D.C.. They bring together faith-based organizations as well as secular organizations like Amicares. We attended that conference and started pitching RestoringVision and vision programs to the organizations, sharing how they could seamlessly add reading glasses dispensing into their existing programs.

Ten out of ten of them said no. They said, "Thanks, but no thanks. We don't work with eyeglasses. We are not in vision. That's not what we do." And then we said, "Well, can you do us a favor? Can you just go ask your country directors? Just see what they say." And then nine out of ten came back with extraordinary requests, a million glasses, one and a half million glasses, two million glasses. And we thought, oh no, we were just trying to get to a million by the end of the decade. It was a much, much larger number.

**Ambika Samarthya-Howard: They went back to the country directors, meaning that you gave them glasses to start trying out—you did a pilot?**

**Dr. Pelin Munis:** No. Just the concept of it. Just going to the country directors and asking them, "What do you think about eyeglasses? Is there a need in these communities?" And the answer was yes. And then it was, "Well, how many pairs do you think? How many people do you think?" And that's where we started getting these really large requests coming in.

 Simultaneously, we already had a good relationship with FGX International. They were acquired by Essilor and are now an EssilorLuxottica company. EssilorLuxottica is the largest optical company in the world. Today, FGX International is still the largest provider of reading glasses to the US market. They're in other markets as well, but they have the largest market share in the US. We have already been getting in-kind donations of glasses from FGX.

 What happened is that in 2015, the RestoringVision board started to professionalize the organization. First [it added] full-time staff. I joined as RestoringVision's first Executive Director. Then our donor, FGX International, developed a new way of leveraging more in-kind donations of glasses that could benefit RestoringVision and the people we reach, while simultaneously benefiting the company. What they started to do is that when they would sign new contracts with CVS, Walgreens, et cetera, they would replace the product that they had in inventory, and then [the previous] inventory would get donated to RestoringVision.

And so we started getting an influx of in-kind glasses, 4 million pairs, 5 million pairs. Of course, we knew that wasn't going to last forever. We knew that at some point that inventory would tighten up, but that's what initially helped us to scale our work. So [several things happened to help us] scale from 450,000 people reached to 2.5 million people reached in one year. **Our new program partners engaged with us and seamlessly embedded reading glasses programs into**

the work that they do using our screenings, trainings, and methodology. And we work very closely with them on program implementation—because sometimes you start a program and then you'll hit certain bumps and there'll be some constraints, and you have to work through those and come up with ways to overcome barriers. Corporate giving increasing and having more partners on board adding vision programs were important factors.

**Ambika Samarthya-Howard:** When you talk about, for example, these glasses came from CVS and then we got them to the countries, you're making it sound very easy. I'm sure it's not. So I'd love for you to break it down a little bit about what it actually entails.

**Dr. Pelin Munis:** I love that you said that. And you're right. Nothing in the nonprofit space is easy.

Prior to my joining RestoringVision, RestoringVision and Walmart formed a philanthropic partnership. Our distribution center in Lockbourne, Ohio, is about 45,000 square feet of donated space within the Walmart optical distribution center. When I joined RestoringVision at the beginning of 2015, we had inventory in six different locations in the U.S. We streamlined our operations and moved all of our inventory to one central location in the Walmart optical distribution center space. And then we turned that warehouse space into an operational distribution center with the support of Walmart and its managers through its Volunteerism Always Pays program.



In the beginning, when we were small, one of the things we lacked were the funds to hire the level of operations staff that we needed. The Walmart managers and associates helped us set up as a distribution center. We learned from the best. Then we grew to a point where we could bring on a talented head of operations, who today is our Vice President of Operations. His name is Shaun Starkey and he came to us from Build-A-Bear in 2020. He completely revamped our operations, built a team, and built up what we have today—best in class operations, supply chain and logistics.

From the expertise that Walmart provided in those early years when I joined, to bringing Shaun Starkey on, it's been an amazing journey of learning and growing operations so that we can mobilize and move product around the US and the entire globe with a lot of ease. We always say that operations are one of our biggest strengths. We've figured out how to do it well. We have a lot of great people supporting us.



And then the other piece of it is the product part of it. Because designing, developing, and manufacturing product is also not easy. The partnership we have with FGX International—not only for in-kind donations of the glasses, but actually the ability to purchase quality reading glasses at a low cost—[gives us access to] an amazing supply chain already in place that gets hundreds of millions of glasses out the door and the communities where these are needed the most. The combination of our operations moving product and our ability to

collaborate with FGX on product development, procurement and purchasing is what allows us to be able to scale up our work to reach millions of more people.

**Ambika Samarthya-Howard: How do you cross borders? How do you figure out customs and things like that? Because I suspect every country you're working with has different rules around importing products.**

 **Dr. Pelin Munis:** They do. Something that's unique about RestoringVision's model is that we've always worked in partnerships. RestoringVision doesn't do direct service delivery. Instead we work with implementing partners. When the movement to localization happened, this was consistent with how we've operated. The locals know the lay of the land. They know the need. They also know how to import product, often tax-exempt. They know how to get it to the last mile.

 We have increasingly been doing door-to-door shipping for our partners. From China or the US straight to the final destination, we have found that partners need support with this. And that's where having a top-notch freight forwarder is critical. There are companies that have expertise in working in low- and middle-income countries and getting to that final mile.

Our strategy has always been finding the best and engaging with them so that it shortens our learning curve and yields a greater chance of success. Making sure that there are existing infrastructures within these countries and these communities to get product where it needs to go has not been a constraint for us to date. Sometimes glasses will get stuck in customs temporarily and we have to work through it, but one of the things that we look for in partners is making sure that they have that capacity. As we move towards ongoing solutions, hopefully it's not RestoringVision. Hopefully one day RestoringVision is out of a job. That would be a good day.

**Ambika Samarthya-Howard: It's clear how you choose your partners. Why do partners choose you, especially when there's competition? In a lot of the places you're working with, there's a supersaturated public health infrastructure with many competing NGOs. How do they figure out which one works?**

 **Dr. Pelin Munis:** That's a great question. I always say vision brings people together. And I think you often don't have to sell it. Most times when you meet a partner and you have a conversation with them, oftentimes you find that they get it. They understand the need. They understand the opportunity. They lean in. You lean in. And then it goes through its vetting process to make sure everything is in order for the partnership to be successful. I think there are a few times where partners have perhaps either not gotten it or not prioritized it and haven't moved forward with it. That has happened less often with RestoringVision. And then we just keep going back to them. We don't stop, because we feel it's such a critical part of global health.

And if you're on the development side, it's a critical part of development as well. If you're interested in livelihoods and pulling people out of poverty, it's a critical part of that.

The other thing I'll share—this was really fascinating for us—when the pandemic happened, the first thing we thought was, oh no, this might be the end. And the reason is that, prior to the pandemic, whenever we tried to put forward reading glasses or eyeglasses in disaster or crisis situations, it was never approved as tier one or tier two support. By the time countries got through those critical medical supplies, priorities would change, and then eyeglasses would never make into disaster response work. Although we would [point out that] it's hard enough to navigate any crisis or disaster as it is, and then trying to navigate it without the ability to see clearly is almost impossible.



But when the pandemic happened, what was interesting is all of our partners prioritized the vision programs, and actually increased the prioritization of it. So our work became more important than ever. And at the time we couldn't yet take on more programs, but the demand for our programs and services increased. Then the funders started becoming interested in the issue area. Simultaneously, of course, we have the amazing work of the United Nations and the UN Friends of Vision group and then now with the World Health Organization's SPECS 2030 Initiative. All eyes are on vision right now. It's finally getting the attention it deserves.

**Ambika Samarthya-Howard: I was wondering if you could talk a bit about RestoringVision's work in Ukraine.**



**Dr. Pelin Munis:** This is where the beauty of partnerships happens. When the war in Ukraine happened, just like any other prior disaster or crisis, we put ourselves forward to see if we could be of help. What we did this time is, instead of going directly to the country, we went to our network of partners to ask if there was anyone we could collaborate with. And [someone who] had partnered with us previously, made an introduction that opened up opportunities to work with the Ukraine Ministry of Health, as well as really critical grassroots organizations like Step With Hope. We also got connected to Life Changer and JRNU [Jewish Relief Network Ukraine]. It was all through partnerships. And what we appreciated the most about Ukraine was that it was the first time eyeglasses were being incorporated into the work in an active conflict zone.

Initially when the war happened and people were leaving, they would arrive in the next country and would realize that they didn't have their reading glasses with them, and therefore, couldn't fill out the forms. And so we set up dispensaries with our partners right there, so somebody could get a pair of glasses. It really was those partnerships, one, understanding the importance of being able to see in navigating a crisis situation in life, and then, two, being willing to add reading glasses into the work, that enabled that [work] to happen.

**Ambika Samarthya-Howard: I would love to hear about your work in Peru, and I'd also like to hear how you think about partnerships on national, regional, and local levels.**



**Dr. Pelin Munis:** Once you get to a certain point within a partnership or a community that you're impacting, the question is always, how can you scale? Mexico is a good example. In Mexico, we work with SNDIF [National System for Integral Family Development]. The way we started the partnership is we had a communications person on our team who was from Mexico. We went to the consulate in Miami where she lives and stated, "I work for this amazing organization named RestoringVision. I think we have a problem in Mexico, and I think they can help. Can we collaborate?" They were one of about twenty consulates that we approached and who said yes. And then we started building our partnership with SNDIF.

We started in one state, Zacatecas. And when [SNDIF] heard about the success in Zacatecas, they shared that they wanted to implement the program nationally. Last year we grew to reach around 300,000 people with them. We've been trying to see how we can get to a million. What do they need to be able to reach a million people annually? The bigger number that's of interest is, when you look at UN population data on age, and you layer it with World Bank data on poverty, what you actually see is that there's about 19 million people in Mexico over the age of 40 living in extreme poverty that probably need a pair of reading glasses to see close up. How can we go from 300,000 people reached to one million people reached and ultimately to the 19 million people? We were just in Mexico with SNDIF during the IAPB [International Agency for the Prevention of Blindness] conference, and this is a question we put forward to them. Of course, none of us have the answer yet, but [we're] starting to ask these questions: How do we scale up in a country? What are the barriers and the constraints to scaling the work?

In Peru, we actually went to Management Sciences for Health US (MSH US) to pitch the program. We didn't get a yes from them, and we still haven't gotten a yes from them, but we're going to try again. But we did get a yes from their Peru affiliate, who was very interested in this. We've partnered with Dr. Edgar Medina, who is brilliant. He's an incredibly passionate public health expert in Peru who runs Management Sciences for Health Peru. And he has done a lot of great work for MSH US and working on USAID [United States Agency for International Development] grants.

This is also where the pensions program came from. Doing vision programs within pension programs was his innovative thinking. When somebody comes to pick up their pension check, they can get a vision screening. If they need reading glasses, they can get a new pair. And if they have other needs, we can refer them for further examination, whether it's an exam to get prescription glasses if they have myopia or surgeries if they have cataracts or other eye diseases. That is the most innovative government program we've had. That's thanks to the brilliance of Dr. Medina and his great thinking and work. And also the great work and innovative thinking of the Ministry of Development and Social Inclusion, which houses the Pension 65 program, for [agreeing to] add this into the work they're already doing. Because you don't often

think about an eyeglasses program with a pension program, but it's brilliant. And we're hoping that we can showcase this to other countries that have pension programs. Mexico has a Pension 65 program, so perhaps with the SNDIF group that we're working with, plus with Pension 65, we can increase the number of people we can reach. They also say there's a lot of work to be done at the local level to figure out how to scale to meet the demand in the country.

**Ambika Samarthya-Howard: Do you have a visionary local leader in every partnership you're working with? Does it take a leader to start the partnership?**



**Dr. Pelin Munis:** It absolutely takes a leader to start the partnership. I'll give you a good example. When we were first engaging in discussions about a potential partnership with Americares, which is a phenomenal global health and emergency disaster relief organization in the US, my very first meeting was in a room filled with their leadership to talk about this initiative and opportunity. I realized at that moment that they understood the opportunity. They were fully leaning in and excited about it. Then we started the partnership, and one of their team members said, "Pelin, but don't get too excited, because after a couple of years, there might not be the need for eyeglasses, so this might not be as long-term as you think."

But what we realized, as you know from the prevalence data, the numbers were staggering. Last year we reached about 1.5 million people with Americares. Could we reach more? Probably. And of course they have their partners locally. It's us, Americares, and their local partners. So I'd say it always starts at the leadership level. However, it can be people at any level who can inspire the leaders to take on this cause.

One of our dreams is to have the biggest organizations that we're working with add eyeglasses to their strategy, just like CHAI [Clinton Health Access Initiative] has done by adding eyeglasses as part of their strategy. So while many of them haven't yet added it as a strategy, we're hopeful that they will.

**Ambika Samarthya-Howard: Do you want to talk about your work in Nigeria?**



**Dr. Pelin Munis:** Sure. We learned about this program when LIF [Livelihood Impact Fund] convened a group of experts in Boston in December 2023. We were fortunate to be at the table for that meeting. At the dinner following the meeting, on one side I had Dr. Okolo, Director of Nigeria's National Eye Health Programme, and then on the other side I had Andrew Bastawrous from Peek Vision, and next to Andrew was Abi Steinberg from LIF. They were talking about the challenges of getting the reading glasses that they needed, which was surprising to me. You have the government. You have the National Eye Health program. You have CHAI. You have many of the critical elements, but you don't have reading glasses. So then I said to Dr. Okolo, is there something that RestoringVision can do to help?



RestoringVision, sometimes we are asked: Are you a supplier? Are you a program implementer? We are both. Because of our 15 years of partnership with FGX—on the product side, product is not our constraint, thankfully. We can use that product for great programs like the one in Nigeria. RestoringVision initially came into the discussions to support with product. Then Founders Pledge came to us interested in funding programs to address presbyopia at scale. Originally [they were] interested in Asia, and we said "Great, let's do Asia, but what about Africa? Here's a really unique opportunity. Perhaps we can be a part of it." And they leaned into it.



Once funding became available, we were able to provide the reading glasses and technical training and assistance. They already had a training module. What we brought forward is a different model that could be more efficient, especially with community healthcare workers and volunteers. Then we also brought in, through our Africa Clear Sight Partnership, the Africa Christian Health Association Platform (ACHAP), Christian Health Association of Nigeria (CHAN), and others who can help scale programs.



I think there were two things that were key elements to the success of all of this. One is the convening of funders, private sector, the government, and three core NGOs coming together to say, this is great and something we can actually make progress towards and work very well together. That convening is one element. The other element for us was having Mark [Lorey] in Nigeria to help bridge these partnerships, some of whom were new to each other. And he did that beautifully. That's a special gift of his.

Now we are fully up and running and we are excited to see the programs progress. The original thought was to reach two million people over three years, but I think [that time frame is] moving up and we will reach that many people in about a year and a half. And maybe it'll scale more quickly. We'll see. Once things get up and running, the initial results will tell us how things are going, which is why we always watch programs in the first 30 days, 60 days. You'll either start seeing success right away, or you'll see that the partners need help and support, and maybe [we need to] pivot to a different approach or strategy. Once we figure that out, then they start to scale.

**Ambika Samarthya-Howard: Can this movement scale the work that we're doing without governments, or do we need to have governments to scale?**



**Dr. Pelin Munis:** I'm a fan of partnerships, so I think we need public, private, and civil society all collaborating together. Can we scale without governments? We maybe could, but when you're looking at ongoing solutions so that people have ongoing access to the glasses they need, we need a holistic approach. One of the key components in our new strategy is

moving our programs financial sustainability and now designing programs with this in mind. If RestoringVision works with partners over three years to get programs up and running, can we pull away and let the local system continue to do the work? Between the government and the private sector—formal and informal markets—can it be maintained? So we're not looking only for scaling programs in the immediate, we're also thinking about what those build-outs and pathways need to look like for ongoing sustainability.

**Ambika Samarthya-Howard: We talked about all the things that are working. Is there anything that you feel hasn't worked that you think would be useful as insights?**

**Dr. Pelin Munis:** Our biggest constraint has been funding, but I think that is changing now. A year ago I would've said the cause is severely underfunded. At the top of the year, I would've said we're severely underfunded, but there is a light, and it's called the Livelihood Impact Fund. And it's also the United Nations and World Health Organization, and their prioritization of the issue area, which captures funders' attention. Then in April we received our first grant from the Founders Pledge, which we think is the largest grant to addressing presbyopia. So I think the funding is starting to come through, which is exciting, because I don't think this issue area costs as much as many other health or development challenges globally.

The other part is we're making all of the right decisions and right moves of collaborations, convenings, getting the continued expansion of existing partnerships, but continuing to add new partnerships that really could have significant wingspan. They could reach a lot more people. And there's more organizations that we can get involved in this work on the programmatic side of it. I think they're willing to have conversations now, which is really exciting. I don't see constraints. I don't see barriers. What I see is a need for all of us to work together

**Ambika Samarthya-Howard: So you don't feel like there's any particular limitations with the partnership model, or anything that you've learned that does not work in partnerships?**

 **Dr. Pelin Munis:** From my perspective, I don't see anything that doesn't work in partnerships. Back when I first joined RestoringVision, I think there was a lot of criticism of partnership models. But I think today everybody realizes it has to be in partnerships. We can't tackle massive problems like this in any other way. And partnerships need to be value driven, so that we're doing what we're doing for the right reasons. We also have to think about whether there is an informal market that already exists, and how we make sure we're not impacting that informal economy in a negative way. If anything, we should be enabling it. I think the solution is absolutely partnerships, and I see us doing it really well. Nigeria is such a great example. It is already a success story for so many reasons. I think when more of the results come through, we're going to see that. And if we can do something similar in other countries, we're going to get a lot farther together.

**Ambika Samarthya-Howard: Is there anything you want to add?**

**Dr. Pelin Munis:** The one thing I think is missing in all of this is understanding what the existing reading glasses markets are in a country. One of the things that we've been doing as we talk about scaling to reach 5 million people in Kenya for example, we go right to our dataset looking at the UN population and age data and the World Bank poverty data. What we see, for example, in Kenya, there's about 10.5 million people over the age of 40. If you look at people in extreme poverty over the age of 40, you're looking at a population of about 4 million. So when you say you want to reach 5 million people, my first question is, what's the state of formal and informal markets in the country?

We've asked the private sector, do you have this data? We've asked NGOs, do you have this data? We've asked the public sector, do you have this data? We have not been able to get this data. It should not be that hard to get the data. But it's an area that we need to focus on, not necessarily to scale up the work. I think we can use the data that we have from the UN and World Bank, for example, to guide smart decisions of how much we're doing in a country and through what mechanisms. Is it free to the individual? Is it a social enterprise and sold to the individual? If we're going to sell to the individual, we have to get the price point right.



In our social enterprise program in Uganda, getting that price point right was a critical element of the success. Most of our programs to date have been focused on people living in extreme poverty. And we recognize it's an access problem and it's also an affordability problem. Though, with the cost of reading glasses, I think we can get it to where those individuals would be willing to pay a day of wages, for example, on a pair of reading glasses.



The social enterprise model that we have is a partnership with Healthy Entrepreneurs in Uganda, and they reach people who are earning \$2 a day, mostly in rural communities of Uganda and some other countries in Africa. Our work with them was piloted in Uganda. What we found was that community health workers could sell reading glasses for one day of wages and a little bit more. The initial pilot was very successful. Now the question is, can we scale up to more community healthcare workers doing this work? We initially trained about 400 of them. But the big thing that Healthy Entrepreneurs and RestoringVision thought about, before even agreeing to a partnership, was: Can we get the price point right? And can we get it to where at some point, if RestoringVision isn't in there, another business, an emerging market, a social enterprise business, will pick up the work and continue it for the longevity of serving those communities?

**Ambika Samarthya-Howard: Thank you.**

## ICON LEGEND



Advocacy



Money



Supply



Demand generation



Partnerships



Technology



Distribution channel



Regulation



Training



Media campaigns and marketing



Screening

*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.*