

ADVOCACY FACT SHEET

Zambia Overview



Population 20.7 million¹ - Lower middle income¹ - HDI 0.569² - GDP USD 27.58 billion / ZMW 557.41 billion¹

- Urgent Need - High Vision Impairment and Low Specialist Density:** Over 6.2 million Zambians (31% of the population) need vision correction, of whom 87% (5.4 million) have uncorrected poor vision. Yet there are only 1.9 ophthalmologists per million serving the country.
- Inequitable Access - Rural, Youth, and Refugee Barriers:** Rural populations, schoolchildren, and refugees face major barriers to eye care due to poverty, limited screenings, low spectacle availability, high out-of-pocket costs, and a shortage of trained personnel.
- Path Forward:** Integrate school-based eye health into national programs, scale up workforce training, and implement the WHO SPECS 2030 Initiative to address gaps in refractive services, data systems, and long-term sustainability.

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



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

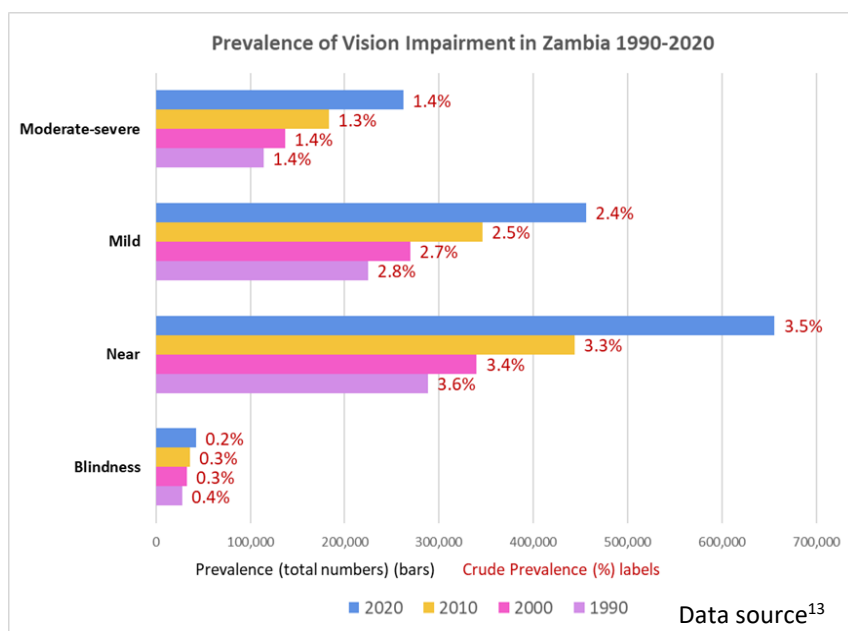
The **WHO SPECS 2030 Initiative**⁹, building on WHA¹⁰/UNGA¹¹ resolutions, particularly the eREC target, assists countries and stakeholders in addressing the unmet need for spectacles while ensuring the delivery of quality eye care.

SPECS
2030

World Health Organization
Initiative

Vision Needs in Zambia (Research Studies)

- In 2022, **31%** (nearly 6.21 million people) of Zambia required vision correction. **Over 87%** (over 5.40 million people) of them have **uncorrected poor vision**¹².



- In 2020, total VI (near, mild, moderate-severe) was 1,374,537- an increase from 2010 - 2020 by 41%, and an increase from 1990 - 2020 by 119%¹³.
- 2025:** High VI prevalence demonstrated among children; ~50,000 in need of refractive services. Spectacle compliance was low (17%) and only 59% of referred children visited the mobile clinic due to seasonal barriers. Awareness improved post-intervention, but parent and teacher knowledge were limited¹⁴.
- 2023:** In Kafue district, a school-based eye health pilot found 20% of children had unmet needs. The program trains teachers, uses mobile clinics, and requires stronger community support for sustainable scaling¹⁵.
- 2022:** In Zimba, 1.33% of 676 schoolchildren had visual acuity impairment; 55.56% had mild VI, and 22.22% were blind¹⁶.
- 2022:** Approximately 50,000 Zambian children were in need of vision correction. School programs boosted awareness and spectacle access through screenings and sensitization. Local health workers are skilled, and integrating services into existing programs could cut costs¹⁷.
- 2020:** In Kafue, 20.9% of students had eye diseases, mostly allergic conjunctivitis (17%) and RE (3.3%). Among those with RE, 66.9% had myopia,

(1) World Bank Group. (2023). Zambia | Data. Worldbank.org; The World Bank Group. <https://data.worldbank.org/country/ZM> (2) World Population Review. (2024). Human Development Index (HDI) by Country 2024. World Population Review. <https://worldpopulationreview.com/country-rankings/hdi-by-country> (3) World Health Organization. (2019, October 8). World report on vision. [www.who.int; Geneva: World Health Organization. https://www.who.int/publications/i/item/9789241516570](https://www.who.int/publications/i/item/9789241516570) (4) WHO TEAM Noncommunicable Diseases. (2013, October 6). Blindness and vision impairment: Refractive errors. [www.who.int; World Health Organization. https://www.who.int/news-room/questions-and-answers/item/blindness-and-vision-impairment-refractive-errors](https://www.who.int/news-room/questions-and-answers/item/blindness-and-vision-impairment-refractive-errors) (5) Burton, MJ, Ramke, J, Marques, AP, Bourne, RRA, Congdon, N, Jones, I, et al. The Lancet Global Health Commission on Global Eye Health: Vision beyond 2020. [Lancet Glob Health \(2021\), 9\(4\), e489–e551. https://doi.org/10.1016/S2214-109X\(20\)30488-5](https://doi.org/10.1016/S2214-109X(20)30488-5) (6) Essilor. (2019, November 5). Eliminating Poor Vision in a Generation. What Will It Take To Eliminate Uncorrected Refractive Errors by 2050? The OneSight EssilorLuxottica Foundation. <https://onesight.essilorluxottica.com/research/eliminate-poor-vision-by-2050/> (7) World Health Organization. (2022). Report of the 2030 targets on effective coverage of eye care. World Health Organization. <https://iris.who.int/handle/10665/363158> (8) 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 (9) World Health Organization. (n.d.). SPECS 2030. [www.who.int; WHO. http://www.who.int/initiatives/specs-2030](http://www.who.int/initiatives/specs-2030) (10) Resolution WHA73.4. Integrated people-centred eye care, including preventable vision impairment and blindness. In: Seventy-third World Health Assembly, Geneva, 3 August 2020. Geneva: World Health Organization; 2020. https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73_R4-en.pdf (11) United Nations General Assembly Resolution A/75/L.108 – Vision for Everyone; accelerating action to achieve the Sustainable Development Goals, 6 July 2021. New York: United Nations; 2021. <https://www.undocs.org/en/A/75/L.108> (12) OneSight EssilorLuxottica Foundation data (13) IAPB. (2025, April 23). Country Data - Zambia. IAPB Vision Atlas; The International Agency for the Prevention of Blindness. <https://visionatlas.iapb.org/country-data/zambia/> (14) Srinivasan, S. P., Udat, A., Ngaanuma, E., Graham, R., Faal, H., & Chan, V. F. (2025). Reach, effectiveness, adoption, implementation and maintenance of a school eye health program in Petauke district, Zambia. [AJO International, 2\(1\), 100106. https://doi.org/10.1016/j.ajo.2025.100106](https://doi.org/10.1016/j.ajo.2025.100106) (15) The International Agency for the Prevention of Blindness (IAPB). <https://www.iapb.org/blog/school-based-eye-health-in-zambia/> (16) Huang, J. J., Huang, J. J., Huang, J. M., Huang, P. Y. C., Steeves, A. K., Huang, et al. (2022). Vision Outcomes of a Vision Screening Program among Schoolchildren in Zimba, Zambia. [Journal of Evidence Based Medicine and Healthcare, 9\(4\), 1–5. https://www.jebmh.com/articles/vision-outcomes-of-a-vision-screening-program-among-schoolchildren-in-zimba-zambia-86697.html](https://doi.org/10.1186/s12913-022-08350-2) (17) Ai Chee Yong, Buglass, A., Godfrey Mwelwa, Abdallah, I., & Ving Fai Chan. (2022). Can we scale up a comprehensive school-based eye health programme in Zambia? [BMC Health Services Research, 22\(1\). https://doi.org/10.1186/s12913-022-08350-2](https://doi.org/10.1186/s12913-022-08350-2)

12.7% hypermetropia, and 20.4% myopic astigmatism. The study indicates a substantial portion of vision problems were significant and uncorrected, and urban learners were more affected, underscoring the need for national/school screening and education¹⁸.

Health System in Zambia

- Zambia's NHIS (2018), mandatory for citizens and residents, aims to reduce catastrophic spending and provide comprehensive care.¹⁹ While primary healthcare is free for locals and refugees, refugees are excluded from NHIS benefits²⁰ and face access barriers like discrimination, documentation issues, and under-resourced facilities²¹.
- The 2022–2026 National Health Strategic Plan prioritizes decentralized care and workforce expansion²². Health worker density improved to 15 per 10,000 by 2023 (from 8 in 2011)²³, but shortages remain²⁴. National initiatives like the Hilti Foundation's nurse training program aim to address rural workforce gaps by 2026²⁵.
- Healthcare is delivered through a three-tier system²⁶, with services delivered through hospitals and regional health centers and posts¹⁵, but many bypass primary care due to perceived quality gaps, convenience, and stigma²⁶. Zambia faces funding constraints, high debt²⁷, and rural-urban inequities^{20,26} (Gini index 51.5)²⁸, all which challenge progress toward universal health coverage²⁷.

Vision Care in Zambia

- Zambia has one of the lowest GDPs, with 75% of the population living in poverty. In 2022, only 38 ophthalmologists served 17 million people, contributing to high blindness rates²⁹. In 2011, there were just 191 full-time eye health workers, including 150 community eye workers from NGOs. Spectacle access in rural areas was mainly through donations and outreach³⁰. Eye health personnel per million: 1.9 ophthalmologists (2019), 3.4 optometrists (2019), and 10 allied staff (2014). Despite a national eye care strategy, integration into broader health programs remains limited¹³.
- In Zambia, URE causes US\$42M in annual economic losses and 8,250 years of lost schooling. Correcting vision at age five could boost income by 86%¹³. Refractive correction is highly cost-effective at US\$375/QALY but hampered by system constraints³¹. Fewer than 25% of school-age children receive routine screening. Spectacles cost \$35 (public) and \$55 (private), limiting access¹³.
- USAID's REACH initiative with CHAI, Sightsavers, and Zambia Federation of Disability Organizations seeks to improve access. Zambia has had mobile outreach since 2002, but further community engagement and integration with primary care are needed³². A 2014 VISION 2020 evaluation cited major gaps in HR, equipment, and urban–rural access³³. Eye care integration by MOH and Operation Eyesight³⁴ improved demand, screening³⁵, training, primary health integration, community engagement and infrastructure³⁴. The University Teaching Hospital in Lusaka strengthens specialist training²⁹. Access³⁶ and availability³⁷ gaps persist due to limited funding, equipment, and staffing^{36,37}, as well as low spectacle dispensing despite recent service delivery improvements; findings are only of surveyed facilities receiving external support³⁷. NGOs like Vision Action, Specsavers³⁸, Orbis³⁹ and OneSight⁴⁰ support school and primary eyecare³⁸.
- Professional Bodies and Associations: [Zambia Association of Optometry](#); [Zambia Ophthalmological Society](#) (ZOS)

Key Recommendations from Evidence

- Investing in the health workforce²⁴ through incentives, especially in rural areas⁴¹, and financing additional staff can improve care quality²⁴. Vision screening programs can help governments identify, treat, and reduce visual issues in schoolchildren⁴². National school screenings, targeted prevalence studies (especially for younger children), and early detection and treatment services are critical⁴³. Integrating school-based eye health into existing programs, ensuring steady government funding, adapting scale-up pace to local contexts, and strengthening political commitment are essential¹⁷. Persistent challenges like low spectacle compliance and referral uptake must be addressed, including parental concerns. Sustainable screening and community engagement can secure long-term gains in low resource settings¹⁴. Eye health must be fully integrated into the health system and across sectors. Updated data on URE prevalence, refractive error coverage, and spectacle access is vital for targeted planning. Full national coverage is still needed to ensure equitable access to care¹³.
- The World Health Assembly set a [global target](#) of a 40% increase in effective refractive error coverage (eREC)⁴⁴. The [WHO SPECS 2030](#) Initiative is a global framework aimed at supporting Member States to achieve this target through 5 strategic pillars; (s)ervices, (p)ersonnel, (e)ducation, (c)ost, and (s)urveillance and research⁴⁵.

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