

"For just near-vision glasses, it's not wise to go very far... this is a very simple thing. It doesn't need any kind of specialization or a higher level of education to screen and to prescribe.": Dr. Hiwot Solomon Tafesse, Head of Disease Prevention and Control at the Ministry of Health, on integrating presbyopia into the government health system.

Rollo Romig
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Rollo Romig: Please introduce yourself.

Dr. Hiwot Solomon Tafesse: My name is Dr. Hiwot Solomon, I work at the Federal Ministry of Health, Ethiopia. I am the Disease Prevention and Control Head at the Ministry.

Rollo Romig: Could you tell me about how the decision was made to include presbyopia in the training for health extension workers?



Dr. Hiwot Solomon Tafesse: The Health Extension Program is one of the most popular health programs in Ethiopia, and it's grounded at the community level. It started in the early 2000s. The main intention was to focus on infectious [diseases] and hygiene-related matters in the community.



The health extension workers came from the community, and most of them are women, and they have trust within their village. There are many, many benefits having them from their own village to serve their community. Much progress has been made with the implementation of health extension program and other interventions, such as for malaria. Their role is significant in terms of awareness in the community. They can diagnose as well as treat, including for many maternal-related activities, particularly for EPI [expanded program on immunization]. During the EPI campaigns, their engagement is very, very crucial. For many hygiene-related matters, they coordinate with the community for village-level activities for hygiene and environmental management.



More than 16 [training] packages are already incorporated [in the Health Extension Program]. Two or three years ago, we started thinking about including a non-communicable health program as a package of Health Extension Program. More than 50% of diseases are non-communicable diseases, including some eye conditions. One of the problems is not [related to] a disease but is an age-related [issue], mainly after age 40, a problem with focusing on near objects. To fix that, there is very simple management: just wearing appropriate eyeglasses. Maybe in developed countries this is not an issue. You can even find eyeglasses in the supermarket or in pharmacies. That is not what we have here.

Our Health Extension Program has different setups in rural and in urban settings, and we use different trained personnel. In the urban setup, our Health Extension Workers are nurses. They are much more advanced compared to the rural workers. They cover most of the NCDs at house-to-house visits, such as hypertension and diabetes. We recently also included some cancer conditions, like cervical cancer. More than 1,539 health facilities at the community level are currently doing the screening and management.

We brought eye conditions to health extension workers first just to understand whether it's feasible or not. By doing that, we can maximize the benefit to the community by increasing service access and bringing it very close to the community. That's the intention. This is not a single intervention but a package intervention under the non-communicable package in the Health Extension Program.

Rollo Romig: It's a bit different from some other things you do in some ways, in part because you're distributing this commodity to people, and that requires a lot of different logistics, right? What convinced you that this would be a worthwhile thing to add into the programs you were already doing?

Dr. Hiwot Solomon Tafesse: We were convinced because there is definitely a demand. There are also natural factors, because after 40 and particularly after 60, many NCDs are expected that need appropriate prevention and appropriate management. The same thing for this one: we know it's expected, but screening is not so well practiced at a village level. They have to go to a higher health facility, like a health center, where they can find primary eye care services or at secondary and tertiary level. For just near-vision glasses, it's not wise to go very far. Also, at the facility level, sometimes the health providers are very busy with different matters, but this is a very simple thing. It doesn't need any kind of specialization or a higher level of education to screen and to prescribe.



The Health Extension Program is an ideal program. It's an already existing program; it's an already existing platform. The other thing is, the Health Extension Program has evolved from time to time, based on the public health demand. We have a very agile health service and health management in general. Now, in our health sector strategy plan, one of the priority areas is to address non-communicable conditions, including eye conditions. This is a higher-level guidance, and we are convinced based on the demand, based on the evidence, and based on the feasibility of implementation.

Rollo Romig: Do you think that the presbyopia program is helpful for getting people in the community to come for treatment for other NCDs?



Dr. Hiwot Solomon Tafesse: Yes. Doing the eye screening and also providing appropriate eyeglasses can definitely increase the trust of the community for the service, their trust for the Health Extension Worker, and in general for the system. Non-communicable disease is emerging, and everybody now has the concern, so it needs prevention. It needs management.

The same thing for presbyopia. Many older people, even middle-aged people, are affected in their vision to read, to manage their daily tasks. Even for their income generation this will be a hindrance. It has an economic factor and is a barrier for their growth in general. To fix this problem can increase their demand for other health services. It will have an impact.

Rollo Romig: You mentioned that the program helps build trust for the health extension workers. Why do you think that is? Why does it help build trust for them?



Dr. Hiwot Solomon Tafesse: Screening alone is not enough. After screening, there is a need for management. With this program, the health extension workers are trained on how to screen as well as how to dispense, so it's full service. They don't need to refer to other health facilities to do the management, or for provision, or to get the eyeglasses from some dispensary. Everything is a one-window service, so that can save their time. They can also save their money, and it has so many benefits. It's very important for the health system.

It's an unnecessary load for the higher level health care facilities because people are very busy with different health-related management at the facility level. Covering this at a lower level, particularly at the village level, is very important, and it has multiple benefits for the beneficiary as well as the health provider and the entire health system.

Rollo Romig: When we were out in the field this week, we heard so many different examples of the impact that the program is already having. We spoke to a teacher who was telling us how much difficulty he was having grading his students' papers. He would actually have to skip some answers because he couldn't read them. Then we met a woman who told us about how before she got her glasses she made a mistake sending money on the Ebirr app. She meant to send 90 birr, and she accidentally sent 900 birr because she didn't have her glasses.

I know the program is still in its early stages, but what sorts of things have you been hearing about the impact of the program so far?

Dr. Hiwot Solomon Tafesse: The beneficiaries witness how their daily life has really changed after having the eyeglasses. It's very simple management, but it has a lot of benefits. We are hearing the same thing from different people in different districts after this program was implemented, for day-to-day life, for their income generation. Some of the people are teachers. Some of them are pastors. It is a must to have a correct vision. Also, for some women, their income relies on their vision, and they have to have correct vision to do their work, like for making crafts, sewing, and many other activities.

There is not any doubt about the importance. It's not surprising that people are excited after getting their eyeglasses and after the correction, because the benefit is really significant for their day-to-day life, not only for income, but also for the quality of life in general. This intervention is really remarkable because it's very simple. Sometimes it's very fast to see people's emotional change. And not only for individuals; the whole family is very happy and benefits, because on a household level, if one household member is affected, that problem directly or indirectly affects others, so it's very important in general.

Rollo Romig: Right now, Last Mile Health is working on a target of distributing 100,000 glasses, and it looks like they're on track to make it happen by next month. Ultimately, though, it's estimated that 10 million people in Ethiopia need these glasses. What do you think is needed in order to scale up the program to that extent?



Dr. Hiwot Solomon Tafesse: The population of Ethiopia is huge, and the demand is critical. At the same time, we have to have a platform to do the screening properly, and it needs strong monitoring. This system should be entirely functional at the level we want it to be. For this, the Ministry of Health is allocating a budget for the Health Extension Program, for training and also for supervision. However, we haven't reached every district in the region yet. It's an ongoing process.



Our partnership with Last Mile Health is very critical. So far we have trained more than 9,000 health extension workers, and through the support of Last Mile Health, 2,500 trained on non-communicable disease. However, we have many health extension workers, about 40,000. We have the budget, but it needs a partnership because resources are still limited to do everything. After the training, the main thing is having eyeglasses to prescribe. Of course, the Ministry of Health and the entire health system has very good logistics management, from the federal to community level. We are using that platform, and it's very helpful for the entire health service delivery up to the last mile.



There is huge demand for eyeglasses, and that really needs support and continued partnership. 10 million is a huge number, and that means collective commitment. Otherwise, it will be difficult to address all these needs.

Rollo Romig: Is there anything that you feel that you need in order to scale it to that number that you don't have yet? What are the gaps in what you need to scale that program?



Dr. Hiwot Solomon Tafesse: We need additional eyeglasses because we don't have them at hand. There is no pipeline to fulfill the entire need. That demand should be addressed

by partnership. We need support to get eyeglasses and also for supervision. Also, follow-up is always very important. We need collaborative effort, joint planning, and also evaluation. Even after addressing the problem, we have to also follow up at the community level.

Rollo Romig: If you were talking to another government official about starting an eyeglass program or a presbyopia program, what advice would you give them?



Dr. Hiwot Solomon Tafesse: They should clearly understand which platform they want to go with and what's feasible for their particular local context. School is one platform, but that's for younger children. For other eye conditions, like refractive error, we use the school platform, but for this particular case, because they are not school-age persons, they're adults, the community-level platform is ideal. If they don't have that, the first thing is to have in place that kind of platform.



The benefit of the Health Extension Program in Ethiopia is that it is 100% governed by the government. They are on the government payroll. They are trained and also recruited and paid their regular salary from the government budget. That kind of commitment should be in place for the sustainability of a program.

The other thing is to have a good plan. Before they go large scale, they have to test in some parts. After having a pilot and understanding whether the program is effective or not, they can think of a large-scale intervention. This is my advice for a country that doesn't have this kind of experience. It's better to have a community-level platform first, and also to test before a large-scale-up program.

Rollo Romig: How would you summarize the importance and impact of the program?



Dr. Hiwot Solomon Tafesse: The program is ideal because it's very fit for the existing Health Extension Program. They are managing different communicable and currently non-communicable conditions. Vision screening and near-vision glass provision is ideal, and we believe it can sustain. Also, the trust is already there within the community. The health extension workers also get further empowerment. Even from the community side, empowerment, ownership, and trust are very important, which we clearly see in the implementation. This is one of the desired outcomes, after the implementation, and that's already fulfilled.

The community has a demand. Understanding the demand is not good enough; a solution is what we are aspiring for. My rating for this implementation is excellent because we are able to address what we want to provide to the community. From the community side, that was their critical demand, and it's currently addressed in this new program.

Rollo Romig: You mentioned empowerment for the community health workers. Tell me more about how this program is empowering for them.

Dr. Hiwot Solomon Tafesse: Particularly for the Health Extension Program in a rural area, most of their management is demand creation, health education, and community-level activities. Except for malaria, they are not directly doing diagnosis and treatment. The Health Extension

Program has different levels. Everybody is not allowed to do everything because they have to be managed based on their level of education and training.



This [program] provides health extension workers with a short training so they can easily understand how to screen the eye, how to identify cases. Even if there are some complications beyond presbyopia, they are able to refer to the next level. That's a kind of empowerment. They really like it. During the training time, we visited some of the health extension workers and interviewed them about how they got training not only for presbyopia but other non-communicable diseases. They're more than happy, because they said, "It's lifted up our power."

Also, at the community level, sometimes there are demands: "What about this? What about that?" They're really happy with the service, but still there are some demands not addressed by the current Health Extension Program. Because of that, they're very happy: "Now I can provide better service. After this training, I can cover more." That kind of empowerment and satisfaction, I can understand from their reflection after the training and during the training time.

Rollo Romig: Is there anything you'd like to add?

Dr. Hiwot Solomon Tafesse: So far about 72,000 eyeglasses have been distributed, from October to now. In February, there is a plan to go to 100,000, and up to 335,000 by June. It's a lot, but the demand is huge. We need to get up to 10 million. For this, we need some support and collaboration, because it's an effective program. We learned a lot during the training, during the implementation, and even after the provision of the eyeglass from the community side. The feedback is very exciting.



We have to address other districts and regions not yet addressed. The Ministry of Health already allocated some budget, and maybe it's not enough to cover everything. We need a collaborative effort to address every district and region. This kind of strong collaborative effort is very demanding, and we need a partnership to intensify further, because it's not only eye problems or presbyopia. It's about non-communicable health conditions, and we recently also included other infectious programs, like tuberculosis. This package service really benefits the community a lot, because it's very cost-effective, and it helps us to maximize their access instead of waiting and engaging everything at a secondary or tertiary level. Primary level engagement is very important. It saves time, it saves cost, and the community will also get much benefit because the service is much closer to their household or village.

Rollo Romig: Thank you so much, Doctor.

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** This interview has been edited and condensed.*