



“There was a need, it was a huge gap, and it was a differentiator for people and their livelihoods”: Eric Seastedt, former Regional Director at Population Services International, on selling reading glasses as a profitable social enterprise.

Ambika Samarthya-Howard

July 31, 2025

Ambika Samarthya-Howard: Please introduce yourself and give me some background about your work.

Eric Seastedt: I got hired by PSI [Population Services International] 20 years ago, from a private sector entity. At that time, I was working for the computer company Gateway as a director of their international market development. I had always worked in international markets for private sector technology companies, like Intel.

I bought my house a couple of years earlier in La Jolla [neighbourhood in San Diego, California], and I loved it. But I wanted to do something like the Peace Corps, because I loved being a volunteer way back. PSI hired me to start a little group called Ventures. It was all about creating for-profit revenue streams within the PSI network, about 75 countries at the time.

 I did a survey across the majority of our countries on where and how people thought we could create these for-profit businesses. Without going into all the details, we decided to do it with reading glasses and identified five countries where we set up small, little social enterprises within our NGO. We sourced reading glasses and partnered with [SCOJO New York](#). We started working with a guy in South Africa who contacted us directly with the manufacturers in China. We were buying these glasses for less than \$1 each.

Ambika Samarthya-Howard: You bought them specifically for the Laotian market?



Eric Seastedt: No. It was Ethiopia, Zambia, and Kenya. I don't remember all five. We ran pilots because we were in every pharmacy in those countries, selling condoms and oral contraceptives. We had relationships with large commercial distributors. We sold reading glasses, created little points of sale where you could self-test with a little string set exactly how far it was supposed to be, and it helped you decide what [diopter] you needed.

Every one of our platforms within a year was making money selling the glasses. We were restocking, and it was all going well back in 2005 - 2007. It took a while to figure out what to do. PSI went through its first strategic design in 2008.

Ambika Samarthya-Howard: How long had you been doing eyeglasses before then?

Eric Seastedt: Six months, maybe a year at the most. It was very new.

Ambika Samarthya-Howard: Was this being sold anywhere else besides pharmacies?



Eric Seastedt: No. We solely focused on pharmacies with reading glasses in various colors. Just like when you go to Costco [an American wholesale corporation], we had colors and sizes up to 3.5 or 4. When we did the strategic planning process at PSI, the social enterprises did not end up as priorities. The countries were getting \$50 million grants from USAID, and we were making a projected profit of \$50,000 - \$100,000 with the pilots.

We were doing it in the main urban centers, only in the capitals. We hired a program manager who helped coordinate with our distribution partner. PSI took its guidance and leadership from the country teams. It was a country-backed strategy, and the social enterprise wasn't a priority.

Everyone would rather spend time and effort writing another grant for \$10 million versus getting the \$50,000 or \$100,000 of unrestricted profits. We basically let it go by the wayside. I moved to Ethiopia to run our targeted HIV project, and that was the end of PSI's focus on for-profit opportunities.

Ambika Samarthya-Howard: How did Laos get into the picture?

Eric Seastedt: Maybe Laos was one of the five countries. I only remember reengaging with Laos and reading glasses as they related to meeting Eric [Eric Wong, Laotian distributor and retail owner].

Ambika Samarthya-Howard: How did you meet?

Eric Seastedt: Abigail Steinberg (Abi) from the Livelihood Impact Fund put me in contact with Eric. I did all of the data dump with her.

Abi met our CEO, Karl Hofmann, when I still worked for PSI, and he told her to talk to me. I had already moved out of Laos, where I lived for eight years, but was still working there for PSI and flying back two or three times a year. She asked if I knew Eric, and I didn't, so on one of my trips,

I arranged to meet him. Ironically, we met at a Starbucks that had just opened up. I gave Eric a little bit of what I understood and listened to what he was doing. He's a real entrepreneur, scrappy, find-a-way-to-make-a-dollar kind of work.



It sounded like it was going well, but it wasn't as rosy as I remember it being. When we put our glasses in these pharmacies, we immediately made money. We didn't offer too many SKUs [stock keeping units] because it's hard to manage. We ensured we had the numbers from one to four, and we learned quickly. We were making profits, had a strong infrastructure in place, and relationships with pharmacies and distributors from selling condoms for years. Adding the reading glasses was not that difficult.

Ambika Samarthya-Howard: How did you deal with governments? I'm assuming the answer is that PSI already had government relationships with everybody?



Eric Seastedt: 100%. We didn't have to do anything. We learned that social enterprises were much easier to set up than NGOs, and they had less oversight because most fall under commercial law. If you want to start a business in most countries, people don't care as long as you pay your taxes.

We didn't pay taxes because we were under our NGO, and we were offsetting our losses because of the profits. We thought that was going to be an advantage because, like a lot of US-based NGOs, as long as your revenues from your for-profit activities — like selling merchandise — are less than your costs, you don't have to pay taxes.

Ambika Samarthya-Howard: You set up social enterprises in these five countries. What does that mean exactly?

Eric Seastedt: We had a multimillion-dollar functioning NGO in each of these countries. We hired a program manager, and then we sold our product. We learned about importing glasses. The boxes were small, we imported the glasses, didn't pay taxes, hired a program manager, used our existing infrastructure, and sold the glasses.

Ambika Samarthya-Howard: How did you generate demand and awareness?



Eric Seastedt: It was done at the pharmacy where we put a point of sale. We incentivized the pharmacies to sell the glasses by giving them good margins, and the more they sold, the bigger the margins. We created a financial incentive scheme for the technicians and anyone working at the pharmacy. At that time, 20 years ago, you could only get a custom pair of glasses for about \$100.

Ambika Samarthya-Howard: Why do you think the strategy didn't move in that direction?

Eric Seastedt: Because it was driven by our country offices. Take Zambia, which was making \$50,000 and projected to make \$100,000 of unrestricted funds; it still required management. They would rather write another grant and manage \$1 - \$5 million.



We were incentivized by revenue, by growth. We didn't give country directors any centralized incentive to build a social enterprise. If we had incentivized them to create unrestricted funding sources, they would've kept doing it. Instead, we compensated them through the bonus structure on gross revenues. It was, I think, a failure — a visioning problem — because if we had started some of these activities 20 years ago, they could be a multimillion-dollar business today.

Ambika Samarthya-Howard: Going back to the start of this call, did you see reading glasses as a health intervention? Is that how you got involved?

 **Eric Seastedt:** It had nothing to do with health. We liked the fact that we could tell a health story, but it didn't fit into our core book of business or where we were coming from. When I analyzed the revenue-generating opportunities or profit-making opportunities, I had the low-hanging fruit criteria of using our existing infrastructure and capitalizing on researchers in almost every country. We thought about packaging research from our social behavior change campaigns for for-profit companies.

Just because it was for a health product doesn't mean it couldn't have been for Coca-Cola. We looked at it from our core asset of our distribution network in these countries. There was a market gap because there were no reading glasses; they were \$100. We knew for a fact that women and men were losing their productivity because of something as simple as a reading glass. It just fit, but in the end, it didn't make it into our core strategies, and it lost incentive.

Ambika Samarthya-Howard: Did you guys just stop selling it the next day?

Eric Seastedt: We incentivized the pharmacy to sell the product. When we stopped selling reading glasses, the program manager, whom we had hired in PSI to work with our existing distributors, was reabsorbed into a different project. We always needed good staff for our multimillion-dollar platforms in Zambia and Ethiopia, and these people were generating profits.

The condom program was still going through the same system they had just learned, and they knew the pharmacies and distributors. We didn't need to fire anybody. The distributor didn't really care. We stopped selling reading glasses, so they stopped distributing them in our pilot. We never got beyond our pilot at a major nationwide scale in any country.

PSI always had a very social enterprise-driven environment. We've sold condoms, oral contraception, and intrauterine devices [IUDs], and many products for long-term sustainability. Even if we never sold it at cost, we were losing less money than others would on the same product. That was our model.

Ambika Samarthya-Howard: It's interesting how little you've spoken about government and government regulations, because there is a big issue around regulatory environments; reading glasses being medicalized versus demedicalized.



Eric Seastedt: We were ahead of the time 20 years ago, or we were small enough that we went under the radar, and no one cared. We only use the Ophthalmological Society of Ethiopia (OSE) to give us a stamp of approval for local authorization.

Ambika Samarthya-Howard: There was no competition?

Eric Seastedt: There was competition, but they didn't really care. We were going into a pharmacy, and they weren't there. If we had scaled, maybe it would've become a bigger deal. Remember, this was PSI. We had good relationships with different people, so maybe we were able to side-step that.

Ambika Samarthya-Howard: A lot of our work is around price points, and generating second pair interest, bifocals, branding, and having different types of glasses. You didn't run into any of that?

Eric Seastedt: You're talking about a level of sophistication and marketing that we didn't deal with.

Ambika Samarthya-Howard: And the demand generation was also not an issue. How do people know to find eyeglasses at the pharmacy?

↗ **Eric Seastedt:** It was mainly from word of mouth. A young person would come into the pharmacy and buy one for their mom or dad. These were urban environments with lots of foot traffic through these pharmacies. We put up signs and installed points-of-sale with a display with glasses to try on.

There were theft issues. We had designed to have rotating display cases where customers could look at the different styles and lens strengths. We stopped that and tied a couple of example pairs like the ones, the twos, the threes, for people to try.

Ambika Samarthya-Howard: You mentioned these five countries: Ethiopia, which is one of the countries we currently work in, maybe Laos, Zambia, and a few others.

Eric Seastedt: It was Ethiopia, Zambia, Nigeria, Kenya, and a fifth country I don't remember.

Ambika Samarthya-Howard: We have been looking at this in Ethiopia, Nigeria, and Kenya. There are very few similarities. Did you find country distinctions?

Eric Seastedt: All of my country distinctions had more to do with our own issues at PSI. The brand or product manager in Ethiopia and Zambia loved the product, and it was super easy to work with them. Nigeria was the first country where I got my visa application denied. The US government had denied Nigerians in 2008 because of the Shoe Bomber [a British terrorist who perpetrated a failed shoe bombing attempt against a transatlantic flight in 2001] in Chicago.

Nigeria is always complicated. I don't remember it being about the country itself or the lack of need or demand. In every country we went to 20 years ago, you needed to spend \$100 to get readers, and they were hard to find.

I remember thinking this is a no-brainer for reading glasses. There was a company in South Africa that had started, and the founder was interesting. He had made a big market for reading glasses in South Africa.

Other than that, I don't remember anything distinct. There was a need, it was a huge gap, and it was a differentiator for people and their livelihoods. Seamstresses who worked as tailors stopped working because they couldn't see anymore. Mechanics couldn't do things up close; it was hard to use screws and nails. I never wore glasses at that time, but I remember thinking what a difference it makes for these people's lives. You may find more competition now.

Ambika Samarthya-Howard: It's less about competition and more about how we scale. The need is everywhere and there's a lot of traction. But regulatory environments are different across countries. Not everyone can sell glasses in a grocery store like the way Eric [Wong] does in Laos, which has low regulatory requirements.



Eric Seastedt: I'm working in Kenya right now. There are 124,000 community health promoters, and we're going to be working with Living Goods. I work for an AI healthcare startup out of Palo Alto called Hippocratic AI, and my CEO is an interesting man. He was born in India, grew up as an expat mainly in Indonesia, and then came to the United States. It was a random connection from a friend who was a venture capitalist in San Francisco that put me in contact with him.

I want to use his best-in-class AI and deploy it in emerging markets and get donors to fund the initial years, as the cost of AI and as developing markets, our LMICs [Low and Middle Income Countries], start to absorb and can run these AIs because we need it today. We won't need it in five years when the costs come down.



One of our focal points is with community health promoters and using our verbal-based agents who only need a cell phone without data. We can help a community health promoter or worker to go inside a house, and if someone gets diagnosed with diabetes, HIV, or any other illness or disease, it can be managed remotely. It offloads a lot of the day-to-day work from a community health provider or health promoter. We can use the agents to provide support to the households in the local language.

My biggest issue is language. In most African countries, when you go off the main roads, the community health workers can engage in English, French, or Portuguese, because that's been their formal education. When you go into the households off the main roads, it's the local, Indigenous language. Nigeria has 100 languages, and Ethiopia has 40 or 50. You really do need to have all of them to make the proposition valuable. It's hard.

Ambika Samarthya-Howard: Some cool people are doing local AI development work, but everything I know is happening in India.

Eric Seastedt: I have a couple of names of those companies. I would like to see if we can energize that space. I work with The Steele Foundation for Hope and would like to see them put in a large grant and pull all the Large Language Models (LLM) developers together to create a collaborative approach to making this work and crowdsource the knowledge to make it available

to everybody. A local community can follow a playbook to get words verbalized and add them to an LLM.



Sarvam AI, Bhashini, and Karya are in India doing Natural Language Processing (NLP) development work. In Africa, there is Vambo. Most of their work, however, doesn't support what I need, which is streaming. Most of them are using a chatbot, where you write something in, and it takes time to translate. If you do a prompt in ChatGPT, you don't mind if you have to wait 30 seconds, but I'm on a telephone doing real-time calls. That makes it hard.



We'd love to work with the governments, in particular the African Union, the Africa Centres for Disease Control and Prevention (Africa CDC), and have a continent-wide agent who can call any geography for any reason. If there's a disease outbreak, we can call every single cell phone in whatever radius to let them know that there's a measles outbreak, and this is what you should do. We can have a conversation. How do I do it? How many kids do you have? I can gather all that information. We can know it immediately.

Or if there's a climate shock on a coast, and I know immediately what cell towers are down because they're gone, off the grid. I can call the closest cell towers to ask what they need. It's amazing what we could do with technology today. See, there's a value in all these calls.

Ambika Samarthya-Howard: This was great and incredibly helpful to me, 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.*