



“More people will come because they get benefits”: Kannika Keohavong and Khampasong Siharath of Fred Hollows on working with the government to provide eye care in Laos.

Ambika Samarthya-Howard

August 24, 2025

Ambika Samarthya-Howard: Please introduce yourself and let me know how much of the presbyopia work you have been doing. Fred Hollows has been in Laos for 17 years?



Khampasong Siharath: Fred Hollows mainly works here to support eye care. We collaborate with the Ministry of Health in Laos, with the Department of Healthcare and Rehabilitation. And we work closely with the Lao Women's Union and other partners.

Kannika Keohavong: I have been working here for two years.

Ambika Samarthya-Howard: How did you start working with presbyopia and with more nearsighted issues (myopia), such as reading glasses?



Khampasong Siharath: We haven't worked on myopia lately, but we support the Lao Women's Union to work on it. We provide primary eye care training for our target community, such as school districts, hospitals, and we work with five provincial eye units in the Northern parts of Lao; in Vientiane Province, Luang Prabang, Oudomxay, Bokeo, and Sainyabuli.

Ambika Samarthya-Howard: We are looking specifically at reading glasses as less of a health issue and more of a livelihood issue that impacts wage earners and older people. How did you start bundling that with the rest of your work?

Khampasong Siharath: We work closely with the Lao Women's Union, and integrate more people to access. We call it equity access, motivating people to know where to get eye health services.



We have activities during the International Lao Women's Day and the International Women's Celebration. We organize this event once a year at the central level, as well as at the provincial, district, and community levels, and we invite people to join the celebration.

At the central level, we collaborate with the National Ophthalmology Center (NOC) to provide eye screening for people who join the event. At the provincial, district, and community levels, we invite the eye unit of the Department of Health to join the celebration and provide eye screening.

Ambika Samarthya-Howard: How many people usually come out to these events?



Kannika Keohavong: More than 100. We prepare for World Sight Day in October, where our partners will provide free eye screening. If we find out that people have cataracts, the doctor will invite them to the hospital, and we will provide free cataract surgery. And the doctor will provide reading glasses to the patient after the surgery.

People who register for the event get eye screening and glasses as well. They're happy.



Ambika Samarthya-Howard: You purchase them from Eric Wong Poh Sang, but then you offer them for free, and you pay for it through your foundation?

Kannika Keohavong: Yes, that's right.

Ambika Samarthya-Howard: How many glasses do you give out during every one of these events?

Kannika Keohavong: Each person gets only one. This year we've given 4,000 already, and we're planning to buy another 3,000 for our partner.

Ambika Samarthya-Howard: You give maybe 100 out at each event or more than 100?



Kannika Keohavong: More because we have 500 in 5 provinces, and also one Lao Women's Union here. In every province, we will divide and give them 200, 500, or 600.

Ambika Samarthya-Howard: You have your celebration day, but even after the celebration day, you give the glasses to your partners, and then the partners distribute them?

Kannika Keohavong: Yes.

Ambika Samarthya-Howard: That's a great model. How do people find out about these events?



Kannika Keohavong: In every village, the doctor will go to the district, and there is a speaker who announces and invites people to join.

Ambika Samarthya-Howard: Then, for your partners, somebody comes to them for care, and then they distribute it at the point of care?

Khampasong Siharath: Yes.

Ambika Samarthya-Howard: How did you decide to include reading glasses in the cataract work?

Kannika Keohavong: If the doctor finds out the person has a reading issue, they test first and then give the reading glasses or not. For example, the old men who join the event try, and if they don't see well, we give them glasses.

 **Khampasong Siharath:** When we celebrate the International Lao Women's Union, we established Women's Union Establishment Day. We included the spectacle distribution in our activity because it's a good way to motivate people to join. More people will come because they get benefits. They have the opportunity to receive eye screening, and they're receiving the spectacles while the doctor diagnoses their eye problem.

Ambika Samarthya-Howard: Before you met Eric, you were not giving out reading glasses?

Kannika Keohavong: We did, we bought some in Thailand.

Ambika Samarthya-Howard: It's better to get it from Eric because the price points are better, or the quality is better?

 **Kannika Keohavong:** The quality is better, and the price is okay. It's not too expensive and it's not too cheap, but okay. There's no logistic cost.

Khampasong Siharath: It's close to the normal price at the Lao market.

Ambika Samarthya-Howard: In the Laos context, both in Vientiane and in the province, how do you explain it to people? People know when they have an eye problem because their eyes hurt. Sometimes there's pus and it's red. When it's reading glasses, they might not even know it's a problem that can be solved. What's been working to educate people?

 **Khampasong Siharath:** That's why we organize the celebration, where the doctor does the eye screening, and the eye issues are different for each individual. We detect the spectacle power.

Kannika Keohavong: The doctor will give them advice about reading glasses first, to indicate if people need them or not. People like the spectacles and want to give them to their mother, grandmother, or other family members.

Ambika Samarthya-Howard: Is there a perception that it's going to hurt them, or a taboo, or resistance?

Kannika Keohavong: No. The doctor gives good advice.

Ambika Samarthya-Howard: Do you always use a doctor to give out the glasses?



Kannika Keohavong: Yes, all the time. Even if they don't need screening, we test from diameters 152 to 250. Then they register and they try the power that matches them, and we provide them.

Ambika Samarthya-Howard: Who does this?

Kannika Keohavong: I do sometimes, or I support a partner.

Ambika Samarthya-Howard: Who do you partner with in these provinces?



Kannika Keohavong: In central Laos, we partner with the Lao Women's Union and the National Health Insurance Bureau (NHIB). There is a health department in the Sainyabuli, Bokeo, Oudomxai, Luang Prabang, and Vientiane provinces.

Ambika Samarthya-Howard: Did you have those partnerships because they're just health partnerships?

Kannika Keohavong: Yes, besides the Memorandum of Understanding (MOU) with the Ministry of Health, Department of Healthcare, we have an agreement with the Lao Women's Union for five provinces, and a partnership agreement (PA) with the NHIB.

Ambika Samarthya-Howard: How did the Lao Women's Union become a partner? Because that's not a health group, right?



Kannika Keohavong: We wanted to give the women a role in our activity, and the Lao Women's Union supports the Primary Eye Care (PEC) training as well.



Khampasong Siharath: Gender equity is a requirement of our donor, the Australian government. The Lao Women's Union has strong horizontal and vertical management lines from central Laos to the community level in the provinces, which is important for equitable access to eye healthcare. Together with the health sector, they provide training and education for community members.

Ambika Samarthya-Howard: The Lao Women's Union is part of the government?

Kannika Keohavong: Yes.

Ambika Samarthya-Howard: Do you work with any non-government organizations in the provinces?



Khampasong Siharath: We try to work with the disabled people and the elderly people's organizations. When we organize a meeting or event, we invite them to join us. They can help us to disseminate information about eye healthcare services to people in their

community. We train them to become volunteers to support us in distributing information about eye health services.

Ambika Samarthya-Howard: How have those partnerships gone?

Khampasong Siharath: They went well.

Kannika Keohavong: We received a compliment from the minister as well.

Ambika Samarthya-Howard: They bring in the people that they're closest to who have disabilities or they're elderly, and they come to your events, but even outside the events, you give them glasses to distribute?

Kannika Keohavong: Everyone who joins the event can receive glasses. We need to see their age and if they're young, we test their eyes. We mostly give them to old women and men.

Ambika Samarthya-Howard: There's been no difference between women and men, right?

Kannika Keohavong: It's mostly men. We try to make a gender balance.

Ambika Samarthya-Howard: Do you know why it's mostly men?

Kannika Keohavong: Maybe because of the culture and the fact that in the village, they keep the women at home. The women still believe in the old beliefs. Even when the doctor comes to the village, they'll not allow the women to join.



Khampasong Siharath: Our program tries to motivate women to join the event.

Kannika Keohavong: That's why we partner with the Lao Women's Union staff. They motivate women to join the event.

Khampasong Siharath: We have seen that women have more problems with eyesight than men.

Ambika Samarthya-Howard: Do you know why that is?

Khampasong Siharath: Because the women cook, set the fire, and work in the garden. The sunshine impacts their eyes.

Kannika Keohavong: They're hardworking.

Ambika Samarthya-Howard: What we've been trying to understand is that if people can have reading glasses, they can stay in the job force. They can continue to be wage earners and continue doing their labor. It's less about health.

How do you bring in the wage component or the livelihood component?

Khampasong Siharath: We are thinking about that as well, alongside the main activity of eye care. Our consultant, who conducted the Gender Equality and Social Inclusion (GESI) research, recommended we consider supporting women in the community to raise their income.

The issue of access is that people feel constrained by financial problems. They don't have the money to travel or to pay for eye care services. He suggests that women generate their income.

Ambika Samarthya-Howard: Access is the biggest issue. When you do your field work, do you go door to door? How do your field distribution activities happen?

Kannika Keohavong: I'm so happy with the foundation because one time I went to Oudomxay, where someone had been having a problem for many years already. She couldn't see anything with both her eyes. It's like we give a new life to them to enjoy. She could meet her baby, her children, her husband, and her relatives, and she could continue working and supporting the family. It was when I first joined that I went into the field and experienced this. It's wonderful.

Ambika Samarthya-Howard: You said you have two people who are doing the field work today. When they do the field work, what is the field work like?



Kannika Keohavong: The government partner does a monitoring activity and brings a doctor to the village to give primary eye health training and screening. If they find cataracts, they will ask them to go to the hospital. Otherwise, when they go on outreach, they can do the surgery in the health center, and they can join. The cataract surgery is free of charge. If they travel to the hospital, we also pay an accommodation allowance for them.

Ambika Samarthya-Howard: You don't go to their house. They have to go to the hospital?

Kannika Keohavong: Yes, each time they do outreach in the district, the people have to join because the health center is where the cataract surgery is done. The doctor also does double-checks on people's eyesight after the surgery during field visits. We call it post-surgery monitoring.

Ambika Samarthya-Howard: So they're making sure the surgeries are effective and successful?

Khampasong Siharath: Yes.

Ambika Samarthya-Howard: The people who are doing your field visits are doctors?



Kannika Keohavong: A doctor and a nurse, and the project coordinator and project officer from our staff to record everything. Every year, we have a training where we invite Dr. Lira, a medical advisor from the United Kingdom, to train the doctors.

Ambika Samarthya-Howard: That's great. You're saying that for these events and for most of these things, it's mostly men who come out, but you're trying to get more women out. Are you also seeing that it's mostly older people? What do they do for a living?

Khampasong Siharath: They do mostly agriculture.

Kannika Keohavong: Farmers, housewives, and handicrafts people.

Ambika Samarthya-Howard: The health ministry of the government has a set of priorities. I assume that a lot of them are around everything from dengue, malaria, typhoid, diarrhea, malnutrition, etc. How did you advocate for eye care to be part of it?

Khampasong Siharath: Our main job is to support the National Ophthalmology Center (NOC) to promote eye health as a government priority. The government has 15 priorities at the central level, but eye health is not one of them.

We just completed our National Strategy Development Workshop, where we talked a lot about how to support the NOC in making eye health one of the [government] priorities.

Kannika Keohavong: [There are very few] eye doctors here. It's not very [popular].

Khampasong Siharath: There are 37 people in the whole country.

Kannika Keohavong: It's even harder to find students to study to become an eye doctor. That's why people don't see the importance.

Ambika Samarthya-Howard: How are you going to convince the government that it's important?

 **Kannika Keohavong:** After doing the projects, the doctor sees the number of eye problems and the need to follow up. Our collaboration with the NOC, National Ophthalmology Center, helps raise the issue with the government. It's progressing well. In the future, we will have this as a government priority.

Khampasong Siharath: Around 7,000 people with cataracts each year are still waiting for surgery in Laos. The foundation can provide only 3,000 cataract surgeries per year. The rest is backlog.

 **Kannika Keohavong:** Our organization provides training and scholarships for studying, but it's hard to find people to study. We get undergrads from the district for training for four months or a term with the NOC, so that when they're back in the district, in their village, they can support the health center.

Ambika Samarthya-Howard: The two things that I've heard that are very effective in terms of government advocacy are seeing eye care as part of the non-communicable diseases, because non-communicable diseases are always part of the 15 priorities.

The other thing that I've seen is effective is to say that presbyopia is not a health issue, but it's an economic issue. If you can get more people in the country with reading glasses, your economic and wage standards will go higher. Have you or the NOC tried any of those strategies?

Khampasong Siharath: We talked about it during the National Country Strategy Development. We spoke about Universal Health Coverage. If we promote the eye care services for the entire country, we increase our target to meet the expectation of Universal Health Coverage.

Ambika Samarthya-Howard: That's interesting. Both the problem and the opportunity with reading glasses are that they are very cheap, it's easy to screen for, and it's easy to get. The issue is access. They're not going anywhere because they don't know what they need, which is different from cataract, which is an eye problem. If you have any ideas on things that you've done that have been helpful, we are really open to hearing what's been working in this context.

Kannika Keohavong: From my observations, people don't dare to go to the hospital with their eye problem because it's expensive. They also think the glasses are expensive.

People think that if it's surgery, the doctor will take their whole eye out. After I joined them for a small 15 or 20-minute surgery, the doctor was careful with the eyes. After the surgery, the patient can see the light. Sometimes my tears come out as well, and I'm happy with them.



If we organize an event, people join early and sometimes travel 60 kilometers. They hear about it from friends.

We announced it on Facebook and television, reaching more than 1,000 people.

In the next five years, we plan to implement the refractive error program, linked to your glasses. And we will have an eye health school.

Kannika Keohavong: We targeted a school in the capital, Vientiane, as our pilot project for five or six schools in Vientiane, where we train a schoolteacher to do eye screening.

Ambika Samarthya-Howard: I know you're doing a lot of government partnerships. Have you worked at all with any corporations, or private enterprises, both government and NGO?

Kannika Keohavong: We work with Sight For All to support the NOC, and with the Eye Care Foundation, CBM, and the Fred Hollows.

Ambika Samarthya-Howard: Is the National Ophthalmology Center (NOC) new?

Khampasong Siharath: They have had this division for a long time; they separated from the hospital and set up the National Ophthalmology Center.

Ambika Samarthya-Howard: They're part of the national hospital?

Khampasong Siharath: Yes.

Ambika Samarthya-Howard: It's interesting you're saying that people after cataract surgery wear reading glasses. I didn't realize that there was a correlation.

Kannika Keohavong: Some doctors just provide glasses, but it's not the power plus, but minus, to protect from the sunlight.

Fred Hollows doesn't make sunglasses in Laos. Hopefully, in the future, we'll have a little Fred Hollows factory in Laos.

Ambika Samarthya-Howard: Thank you for your time.

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.*