“People need systematic access to glasses over time”: Stuart Keel of the World Health Organization

Ambika Samarthya-Howard

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Ambika Samarthya-Howard: Can you introduce yourself and tell me a little bit about the work you do?

Stuart Keel: I'm Stuart Keel. I am a technical officer working in the noncommunicable disease [NCD] department at the World Health Organization [WHO] in Geneva, with a particular focus on eye care, vision impairment and blindness. I have been in the program for the last five years. Historically for good reason, there was a very strong focus on blindness and specific diseases at the WHO. Cataracts in particular was a major focus, as it’s the leading cause of blindness, but there was also a strong focus on glaucoma, macular degeneration, diabetic eye disease, and so on.

📣 More recently, there has been a shift to talk more comprehensively about eye care and to be inclusive of all eye conditions, especially recognizing refractive error as the leading cause of vision impairment amongst child and adult populations. The remit of refractive error, including presbyopia, is now a very important focus of work for the WHO.

Ambika Samarthya-Howard: When you say more recently, do you mean two to three years ago? What initiated that shift?

Stuart Keel: The focus on refractive error more generally came about when WHO changed the definition of vision impairment to be inclusive of people who needed refractive error correction. That happened over 10 years ago. This resulted in refractive error gaining much more recognition on the global health agenda, however the focus was primarily on distance refractive error, myopia, hypermetropia, and astigmatism. More recently, the World Report on Vision published in 2019 and a World Health Assembly resolution adopted in 2020 have been more inclusive of presbyopia under the umbrella of refractive error.

Presbyopia was brought to further prominence in 2021 when the very first target on refractive error, including both distance refractive error and presbyopia, was adopted by countries at the World Health Assembly, in response to evidence on the well-established impact of presbyopia on quality of life and productivity. This target includes coverage of spectacles for near vision impairment, presbyopia, as well as distance vision impairment due to refractive error.

Ambika Samarthya-Howard: The WHO works on a very zoomed-out level, so many of your policies trickle down to everyone else, but sometimes it takes a very long time before they get integrated on the ground. What are the effects, if any, that you've seen from that?

Stuart Keel: I think from a focus perspective, NGOs and our stakeholders in the eye care sector have recently put a much greater emphasis on refractive error, including presbyopia, where historically the focus had more been on cataracts and other blinding eye diseases. So, while we have the global target, we see countries adopting their own, country-level targets for refractive error coverage. Now, in particular, given the huge need around uncorrected refractive error, including presbyopia, we're also seeing countries make concerted efforts to strengthen refractive error services.

The WHO has placed a very strong emphasis on moving this agenda forward, in particular with our May 2024 launch of the new SPECS 2030 initiative. This is an initiative to sustainably increase access to refractive error services, including presbyopia correction. The WHO's key function is to develop guidance and recommendations to support countries with their policies and to support integration of programs in the health and education sectors, including screening and primary eye care programs. We have a lot of guidance available to help countries, but now, with WHO's SPECS 2030 initiative, we're also sitting with governments and helping them kick off national efforts to sustainably increase refractive error services.

Ambika Samarthya-Howard: Can you tell me more about SPECS?

Stuart Keel: Globally, we have, at minimum, 2 billion people who need distance glasses, and around 2 billion people who need presbyopia correction, and this need is growing. We have an aging population that's driving increases in presbyopia, and we also have lifestyle factors that are increasing short-sightedness as the leading cause of distance vision impairment. Not only do we have this huge, ongoing need– because people don't just need one pair of glasses– we're also trying to change the mindset so everyone understands that this is not a one-off intervention. People need systematic access to glasses over time, and there are substantial inequities in access.

If we look at the percentage of glasses coverage presented in the WHO's report, it ranges from over 90% in high-income countries to lower than 15% in low-income countries. Recognizing the inequities, the huge need, and the fact that the need is growing, we recognize that a comprehensive approach is needed. While there have been a number of success stories in the

last decade, overall these efforts have not been effective in addressing the huge unmet need to correct refractive errors. This is where we believe the SPECS 2030 Initiative can play a key role

.  Over a two-year period, we engaged with the sector and experts to come up with a global strategy to support countries in achieving the new global target that they endorsed in 2021, which was a 40 percentage point increase in effective refractive error coverage by 2030.

We've defined the endpoint that we want to see in countries. Now we're working backward, and we have several key engagement strategies that we're working on to help countries achieve this goal. One is bringing stakeholders together to have coordinated advocacy. We have an official WHO network with over 40 organizations that have already come together in this space to create a common vision of the necessary actions, and that also have a specific strategy for evidence-based advocacy for refractive error. We have the normative guidance recommendations that the WHO, in its normal role, is developing. We've also started our engagement with the private sector at the global level to seek meaningful contributions.

 Then it's about bringing all of these global-level contributions down to the country level, and that's where we're investing most of our efforts in supporting governments. The WHO has over 150 country offices around the world that work closely with Ministries of Health to support them in moving their specific health agendas forward. To date, ten to fifteen countries have been identified to move forward with national or subnational SPECS 2030 Initiatives in 2024-25, with WHO country offices working closely with Ministries of Health and other ministries to support this process of creating sustainable refractive error services. That, of course, involves convening stakeholders, developing strategic plans, and then bringing in partners to help support the government in implementing the plans.

That's where we're at with the initiative at the moment, with most of these global goods, coalitions, and private sector engagements well under way. Now, it's about bringing that down to the country level. We see a real opportunity with presbyopia given that about half of the 2 billion people in need don't have access to this care. It's a lower-cost intervention compared to distance spectacles. The workforce competencies needed to implement these interventions are also less. Therefore, we see a big opportunity to reach this target by addressing presbyopia as one of the key strategies in the SPECS initiative.

Ambika Samarthya-Howard: Can you talk a little bit about the role of the private sector? Despite having RestoringVision and other supply forces that have been around for 20, even 30 years, I still find that when we try to do anything new in this space, the first question that arises is around supply. Is your private sector engagement specifically supply-focused, or does it encompass distribution?

 **Stuart Keel:** We've only just started embarking on the private sector engagement arm of SPECS 2030, and we had our first convenings of the key global players in the last few months.

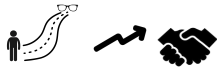
When I say global players, I mean Global North, big companies responsible for manufacturing and dispensing spectacles, myopia control interventions and also some of the contact lens players in this space. The objective of these early discussions was to discuss and receive feedback on opportunities for meaningful collaboration and contributions and outline the various mechanisms through which these private sector entities can contribute. That's what we're working on at the moment. We're putting together a series of asks to the private sector that address the challenges we have in front of us. Then, we'll go through further consultations with them to see how they can contribute.

Ambika Samarthya-Howard: What are some of your asks?

 **Stuart Keel:** Some of the asks are global-level asks, for example the provision of data from the private sector, given that the private sector is the main player in the provision of spectacles, as well as in manufacturing. Another may be around utilizing the expertise and resources of the private sector to improve awareness, health promotion and drive demand for services and spectacles.

At the country level, the asks will be quite different, depending on the country's needs. They'll all be focused on establishing sustainable public-private partnerships to help support those needs, whether it be building capacity for human resources, or equipment, or glasses themselves; essentially, it will be contributing at a national level, according to the needs of the country and the strategic plans that are put forward. It will vary. We are very well aware that most of the spectacles in the world are manufactured in one location. I want to emphasize that we're at the starting point of this engagement, and we think it will evolve over time.

Ambika Samarthya-Howard: Let's talk a little bit about India. You guys are working with the post offices there. I'm confused because even in developed countries, post offices are the worst places to try to get anything done because they're such bureaucracies.

 **Stuart Keel:** We see one of the biggest issues with access to presbyopia correction not being the cost or the manufacturing capacity, but rather the population demand, distribution and number of access points. We recently started a global collaboration with the Universal Postal Union. Now, we're planning the first country level project with India Post in 2025 to use the existing postal service infrastructure to relieve the issue of access points, particularly around reading glasses, but also around improving awareness and driving demand for services.

We see that generally, the postal services are fairly well-known, respected shops and respected locations within communities. They're sitting in rural communities as well, where we don't often have many or any access points. We see potential, but the proof will be in the next couple of years when we work through this collaboration and see whether this model succeeds. Whether this model ends up using postal workers to deliver and distribute the spectacles, or whether it's similar

to the pharmacy model, where the spectacles will sit within the postal service centers, is still to play out and be tested.

Ambika Samarthya-Howard: What other promising work are you doing in government? I'm specifically interested in anything you're doing in East Africa and Nigeria, but would be happy to hear about anywhere. Where are you putting your bets?

Stuart Keel: We have a relatively small team at WHO, but we have very high ambitions with this SPECS initiative and we have very strong collaborations and partners in place. Our focus in the next years is country implementation. After the launch in May 2024, we put the call out through our regional office for countries that are interested in moving forward with a national or subnational SPECS initiative and working on refractive errors. Through that, we have a list of 10-15 countries that will have moved forward with launching, having planning meetings, or taking some step forward with the SPECS initiative in 2024-25.

At the moment, we have a lot of concentration in Asia, and in particular East Asia, because this is where uncorrected refractive error and myopia are the biggest issues. We'll be working with a couple of countries in Africa early next year. Discussions are ongoing with the Ministry of Health in Mozambique and Liberia, and there will likely be other African countries that move forward with the SPECS initiative in 2025.

If we take a step back and look at our eye care support more generally, we have a number of requests from countries for help with various actions in eye care. For example, WHO has supported several countries in Africa to do situation assessments for eye care and supporting the development of strategic plans for eye care.

Ambika Samarthya-Howard: Can you share a specific example or two of what that implementation looks like? Do you start the process by conversations with the Ministry of Health? Can you take me through a timeline?

 **Stuart Keel:** Yes, that is the starting point, and it's important to clarify that the WHO is not generally an implementer. Rather, upon requests from countries, we help support them in convening stakeholders and planning for eye care services. We also link up with relevant partners that *do* help support implementation. This may involve supporting country workshops with Ministries of Health on WHO technical products and recommendations and guidance, or helping them to do situation assessments of eye care and refractive error to support the development of their strategic plan. Sometimes, we're giving them guidance on technical issues and policy-related issues in their countries.

Ambika Samarthya-Howard: I'd love to hear some insights that you've gained doing this work, particularly throughout these diverse geographies. Many people are betting on the fact that, if we can get enough penetration in the market, people will start to need and want a second pair of glasses, and then the market will be much more sustainable. How do you feel about that,

and about the sustainability of the field in general? Once this market is infiltrated, do you think that funders will no longer be needed, and it'll become a private sector like it is in the West?

 **Stuart Keel:** That's a good question. I have heard a lot of discussion about this in the last few years. What is this tipping point for spectacle coverage, where sustained investment and demand generation activities will no longer be required? At this point in time, I don't have the answer to this important question but I think the proof will be in the research and evidence generated over the next couple of years. We can likely take some examples from other health interventions.

Ambika Samarthya-Howard: There is a strong relationship between health and livelihoods. Recently, one of the more tractable things happening, especially in India and East Africa, is that rather than going through the Ministry of Health, they're going through the Ministry of Rural Development, or housing cooperatives. How does that impact SPECS and what do you think about that in terms of other health issues?

 **Stuart Keel:** I think that's a very important point. It has been recognized at the level of the WHO and the UN. The adoption of the first UN General Assembly Resolution on Vision in 2021 highlights the impact of correcting vision on the sustainable development goal #3 of achieving overall health and wellbeing, as well as its impact on many of the other sustainable development goals including those relating to education, workplace productivity, equity, etc. I think at that level, yes, it's certainly recognized and it certainly comes through as an important focus for the WHO SPECS 2030 Initiative. What is integral to all of this is strengthening the provision of eye care within universal health coverage in countries, and there are various avenues to do that.

 A key focus of the WHO SPECS 2030 Initiative is, in addition to coordinating with the Ministry of Health, ensuring those other relevant ministries are around the table, even at the very early planning stages. As an example, in the recent launch of the WHO SPECS initiative in Thailand, they had a huge number of stakeholders and ministries that attended, not just the Ministry of Health. It was coordinated by the Ministry of Health, but they had Labor and Education attending the meeting, among others, and thinking about strategies around how to move this forward together. We're trying to bring this theme from the global level resolution down to make sure we have integration and better cross-sectoral collaboration when it comes to eye care and refractive error.

Ambika Samarthya-Howard: I'm curious about where and how eye care sits within the WHO as a whole, and how wages have impacted that. When we talk about things like malaria and infant diarrhea, we're talking about life and death and mortality issues. The minute you start getting into things around what could make life feel better and what could be wage-dependent, it's a very different lens. How do you, as an organization, prioritize?

Stuart Keel: I think it's a very important point. We're a relatively small program within a large organization. Of course, there are huge health programs in the organization that are linked to mortality, while vision and eye care are generally linked to morbidity. However, I think that narrative and the profile of eye care and refractive error has shifted over the last 5 years. We can see that with the recent adoption of four global WHO and UN resolutions focused on eye care, with countries championing these resolutions themselves.

However, going back to an earlier point, I think, of course, we have that challenge—How do you prioritize eye care in an environment where there are other health agendas that are linked to mortality? This is where we need to draw on those strong links that really resonate with decision makers, for example the impact on child development, education and economic gains that can be achieved with simple vision correction. Despite all of this, it's pleasing to see country demand for improving eye care services and refractive error services, in particular in more middle resource settings.

Ambika Samarthya-Howard: That makes total sense because they have enough resources to move the needle, but not enough resources to have solved it themselves.

Stuart Keel: Yes, exactly.

Ambika Samarthya-Howard: When you're talking about these 10 countries who've come up to you, has there been anything surprising or anything you think would be valuable for us to know?

Stuart Keel: It's quite early stages because we only launched in May, and we've only started the country work, launches, and initial planning meetings. We had three launches and stakeholder meetings in November: in India, Malaysia, and Thailand. The promising thing here is that it wasn't just the launch of an initiative. There was a two-day planning meeting, where all country stakeholders came to talk about priorities and next steps. The WHO is playing a role as a convener within these countries, and playing a role to support all these ministries of health in moving this agenda forward and developing strategic plans. Then, the idea is to utilize these broader stakeholders, including NGOs and the private sector, to support the government in enacting the strategic plan.

Ambika Samarthya-Howard: You say you convened stakeholders beyond the Ministries of Health in these countries. Who else is a stakeholder in, say, India?

Stuart Keel: The other stakeholders have included private sector entities, international and local NGOs, professional associations and others beyond the usual suspects from eye care. For instance, in India, The/Nudge, who has done a lot of work on the issue of presbyopia correction in the India context, attended the meeting and have been involved in a range of discussions.

Ambika Samarthya-Howard: What does the future look like? Not the long-term future, but the next six to eight months, the next year?

 **Stuart Keel:** WHO, working with a range of stakeholders and organizations over the last few years, have set the groundwork. We now have the guidance and technical tools to address the key challenges, the networks of stakeholders have been established. Now, it's time for country action. Our biggest priority in the coming year will be to increase our country support in a similar fashion to what we are doing in countries like India, Malaysia, and Thailand, with their launches of SPECS. We want to really ramp this up over the next year or two.

It's very promising to see the increasing interest in this work from various other sources and stakeholders, such as the Livelihood Impact Fund. We now have other key stakeholders getting involved in this space, such as ATscale, which is under UNOPS with their investments into eye health and spectacles and also .

Ambika Samarthya-Howard: What do you think are going to be the biggest challenges?

Stuart Keel: One of the initial key challenges in moving the agenda in countries is related to in-country coordination and availability of resources. We hope that WHO, as well as other key stakeholders, can fill this role of supporting ministries, to sustainably plan, to increase refractive error services, and to be a convener of stakeholders. We see that this role is quite pivotal, especially in the first few years of engagement.

Another important challenge, but also opportunity, is making sure that we engage widely and all relevant stakeholders from different health programs and sectors are consulted at a country level.

Ambika Samarthya-Howard: The minute you try to do something large-scale in government, you can't control the speed. Everything just takes a really long time. But right now, there's a feeling of momentum in the sector. There are a lot of key players finally coming together, but we have to act quickly. Sometimes I talk to folks and everything's really well-thought out, and when I ask "When are we going to start?" They say they'll start once they get a green light. I've been in those situations. That green light can take years.

 **Stuart Keel:** Yes, that's an important point. I think we need success stories and there are examples that we can draw on. For instance, some countries have made great progress in a particular area, such as in making sure that all children are covered in terms of spectacles being included within health service packages. Pakistan is also a great example in recent years of how comprehensive multi-stakeholder engagement can dramatically scale up refractive error services over the last decades.

Ambika Samarthya-Howard: What's happening in Pakistan?

Stuart Keel: They demonstrated tangibly, with solid, robust data, that they were able to increase refractive error coverage over a set period of time through various actions, including public-private partnerships and strengthening primary eye care service delivery.

Ambika Samarthya-Howard: That's what we're seeing in some places, too. For example, in Peru, RestoringVision is increasing coverage with their pension care. It's extremely hard to do, there are a lot of dependencies, but it's fantastic. Now we're just waiting for them to roll it out and scale in other places.

Stuart Keel: That's interesting. We wrote up a short case study on this work in Pakistan for one of the WHO reports, which I can share.

Ambika Samarthya-Howard: Thank you, Stuart, for your time and your insights.

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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.*