

“The thing that really works is good old mic-ing. We love rickshaw mics.” Follow Up Conversation with Jordan Kassalow and Ella Gudwin of VisionSpring on market penetration, scaling within existing systems and innovative partnerships.

Ambika Samarthya-Howard

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Ambika Samarthya-Howard: How are your projects going in Bangladesh? How much has the political situation there affected the projects?

Ella Gudwin: It was super disruptive at the end of July and all of August. August 7th was the official government changeover date, but there were all these aftershocks and instabilities, and we returned to work slowly. We followed when the kids went back to school, which was only two weeks later. That was when we had folks come back into the office or go out into their field roles. There've been a couple of very positive things. One is we were very clear with our messaging to our teams and partners that we're in it for the long haul. We're here for Bangladesh's bright future. Misha Mahjabeen, Country Director for Bangladesh, did a great job balancing the relief of the majority of the team that students had succeeded, but also this huge uncertainty about what it meant for government systems. I think the big unknowns are in the economy with the financial sector and debt, and how much money has been siphoned off from government agencies.

Ambika Samarthya-Howard: Did you have to stop your programming?

Ella Gudwin: We did. We stopped for a good six weeks in terms of the disruptions. We came back relatively quickly. The highest disruption, the longest lingering destruction is

in the Clear Vision Workplaces Program in the factories, because the factories are a very politicized zone. The workers get leveraged by political parties, people get told to come out and demonstrate. Many of the factory owners are also parliamentarians, some of whom kept their power, some of whom lost. We just have to tread very softly and quietly, but we're back now implementing in the factories. Long term, we're very optimistic. The big questions are if a debt crisis occurs in a particular area. I would say we are oddly relieved that the long-term head of eye care had students insist that he stepped down. He had basically purchased that seat and extended himself for at least two terms beyond when he was supposed to step down. He had the audacity when the government was changing over to not leave the post, and students started rolling up on certain people and being like, "Sir, this means you, you have to vacate this role." There's an opportunity for a new head of eye care. We don't know who that is yet, but we are hopeful for this opening because national eye care in Bangladesh was very stuck with this man at the helm. In all the uncertainty, teams are working very hard, and we see huge expansion opportunities. I think a cloud has been lifted in general, and we feel very good about the future.

Ambika Samarthya-Howard: One of the major things we talked about last time was the campaign that happened for five or six months, the media campaign, the eye camps. What was working and wasn't working with that campaign, what were your learnings, what would you have done differently if you did it again?

Ella Gudwin: The campaign didn't run solidly for five or six months, but it did have the two phases spread over the months.



We worked to get a campaign implemented across multiple organizations with very different views and experiences. VisionSpring's marketing function was new in the country. Essilor had a strong marketing function, but [other] organizations don't have strong marketing functions for this kind of thing. They have advocacy functions and policy functions and other things.

Ambika Samarthya-Howard: How do you differentiate an advocacy function from a marketing function?





Ella Gudwin: Marketing is focused on B2C [business-to-consumer] because it's focused on the customer, and advocacy is focused on policy and systems. You obviously leverage a marketing communications function for policy and advocacy work, but a marketing function is around the customer journey, going from awareness to walking that path from awareness, to recognition that you have the problem, to desire to

get it corrected, to actually buying. In terms of things that worked for the campaign, I'm very glad we broke it up in two phases. Testing and learning is really important.

There are a bunch of things that did not work in the first phase. There was some confusion about free glasses versus sales glasses. [For example,] "How are we handing out free glasses in a sales campaign?" We refined the language a little bit, which is very helpful. In the second phase, we doubled down on the channels that did work. We did a digital test, which was super helpful, and found that it totally doesn't work.

Ambika Samarthya-Howard: What's a digital test?

 **Ella Gudwin:** For example, a digital campaign on Facebook. We tested Facebook channels and we knew that it was a low likelihood. People engaged with the content but it did not convert people to come to the camp, or buy from a particular channel, or go to a specific place, or know where to go to get glasses. It was young people in their 20s who engaged with the content. The question was, would they relay [the information] to other family members? When we did the exit interviews from the counseling dispensing station we asked, "What brought you?" "My kids saw it on social media" was never an answer, but it was a good thing we tested it.

 The thing that really works is good old micing. We love rickshaw mics. They're cheap and effective, and it works every time, and so we doubled down on that. I think they changed up the cadence and frequency for the theaters and community plays. We found that those were really good for addressing myths, generating interest, stimulating awareness in the community, and bringing people together. It's unclear if those community plays drove people to a point of sale and distribution.

Ambika Samarthya-Howard: Did this community-building lead to the next step?

Ella Gudwin: It was a direct way to get high engagement on myths and stigma. The scripts were built around the difference between reading glasses and prescription glasses, where you can go to get it corrected, and that reading glasses don't need an optometrist, for example, because you can get it from your community health worker. Glasses don't make your eyes weaker. Getting correction early is beneficial. The script was built around addressing myths and barriers.

Ambika Samarthya-Howard: Are you going to do another campaign?

Ella Gudwin: Unclear. In 2025 we're doing the endline survey in Sherpur, which is basically to see what the eyeglasses coverage rate increase will have been. The

baseline survey in 2019 showed that 19% of people in Sherpur had glasses who needed them. Mathematically, we're quite certain we've gotten over 40%. Our hope is actually that we've gotten over 50% and maybe even approaching 60%, but the [endline survey] will tell us. The question is, will Sherpur be the first district to meet the World Health Organization SPECS 2030 target? We're hoping that's what it will tell us, but we're very much open that this might not be true. We want to understand what success looks like in Sherpur and in the endline survey.



Then the question becomes, is this strategy getting replicated in other districts? What's the fundraising plan for the CVC going forward? I think the lessons are very much tied into the VisionSpring zone approach. We are tweaking how we do our reading glasses program in 2025. We want to get to a point where we're doing a million glasses a year through community health workers and other health agents. Then pharmacies are another channel.



It will be a million pairs in Bangladesh alone. We've worked with Appleseed, and really looked at purchase conversion. Why do people choose to buy on the day and not [on the day?] It's not the price of glasses. It's not the money. One of the biggest barriers is price expectation, which is different from the actual price. Trust is important—a lot of people will take the initial diagnosis of the community health worker, then go find somebody else to validate and confirm. Some of it has to do with operations, how we penetrate a particular geography and how present and consistent we are. There's also the mix of men and women. It's very much still a female-centered channel. What can we do to pick up men to add additional customers with basically the same effort? The lessons significantly apply to the pharmacy channel as well, and are consistent between Ghana and Bangladesh. The pharmacies are more male, literally 65% male for pharmacies, 65% female for health workers.


Ambika Samarthya-Howard: Jordan, you mentioned you've been seeing a lot more momentum in the last 18 months or so. What has been the effect of that momentum? It's great that a lot of people are talking about it, but are more governments investing in it? What's happening in this time period that makes it so different?





Jordan Kassalow: There's obviously the resources that are coming to this space, and the potential for more resources to come. Then on the field level, there's more engagement in three or four different ways. There's more engagement in the leading NGOs [non governmental organizations] in this space on how to coordinate

activities. Even before the coordination, there have been half a dozen or so leading NGOs in our space who historically really were focused on other aspects of vision services, like trachoma and river blindness and cataracts, for example, the Fred Hollows Foundation, Sightsavers and Christoffel-Blindenmission. These are \$50 million, \$100 million organizations. Helen Keller International, who've been working in blindness prevention for decades, either didn't do anything or had a very small effort in the refractive error space. More NGOs are coming together.

Ambika Samarthya-Howard: Why and how do you think that happened?

 **Jordan Kassalow:** It's a combination of things. Back in 2016, the World Economic Forum and EYelliance wrote a report on the state of the sector called "[Eyeglasses for Global Development: Bridging the Visual Divide](#)." At that point, there was really no engagement, or very vestigial engagement, from most of the embedded eye care community. In terms of why it's changed, it's a combination of things. A lot of their resources historically had come from neglected tropical diseases, like trachoma and onchocerciasis. There were large pools of resources, multilateral resources, resources from the World Bank, companies, and foundations to work on neglected tropical diseases.

The good news is there's been a lot of progress on that, so that is a fire whose flame is starting to dwindle a little bit, whereas the whole refractive space has gotten more attention. It has become very obvious that this covers half of the pie chart worldwide of visual impairment. The NGOs are starting to pay attention to it because, A, they've had some success in taking care of the other leading causes of visual impairment and blindness, and, B, they see the writing on the wall. That's where the action is going, and where the money is going.

  VisionSpring has done a lot to help that along, but if we've done one thing that's maybe even more powerful than the millions of people that we've served, is that we've been successful in framing that the refractive error area of work is all about global development, human capacity development, and human flourishing, looking at it from more of a development lens and a human capital development lens. That really has broadened the appeal of this work—not only to the people who are executing it but also the people who are potentially funding it.

Our hard work and our randomized controlled trials have [shown other organizations] that a pair of glasses translate into clear improvements in livelihoods, productivity and self-reliance. It's a manifestation of all the hard work that's been going on for decades to make our case, to show how doable it is, how impactful it is. The garden is now ready to

be picked. Those are some of the factors. Because of that broadened perspective, a group like The Nudge Institute or any other group can go to their government and say, this isn't just an eyeglass thing. This is a rural poverty alleviation program. You can get access to government officials who can move real money. You can go to the World Bank and move some real money.



Ella Gudwin: The idea for leveraged opportunities is something that we've been working on for a while now. It's not just that the World Bank is willing, it's also that there's been enough ground testing of models to pair implementation with funding. The other big one is that IAPB [the International Agency for the Prevention of Blindness] under Peter [Holland]'s leadership has really shifted to add refractive error to its work. The United Nations Friends of Vision work helped push the UN resolution of targets to the World Health Organization. A group of seven of us co-founded the UN Friends of Vision in 2018, and then formally in 2019. IAPB has been the backbone entity, and they have been tremendous.



The other changes are in the shift from blindness to vision impairment, which is literally an adjustment on the eye chart, i.e. what numbers people were measuring, what level was considered blindness. On the chart, people were looking at 6/18 and then it came down to 6/12. What measure of impairment mattered to people changed the case to make it a development issue. The most powerful thing is that this has proliferated the number of allies we have, and glasses are no longer the outcome, they're the input to other agenda items. This has completely shifted our ability to have a multi-sector approach and to have these collaborations across sectors.






Regarding government money, another good example is in Karnataka, India about vision-intensive occupations. Karnataka is a place that's focused on tea and coffee cultivation. We did a tour, visiting with the chief minister of the state, the Rural Health Mission, the Department of Labor, the Department of Tea Tribe Welfare and smallholder farmer associations, which provided the real groundwork to inform people about the potential to invest in vision correction for tea and coffee workers.

Fast forward, the National Program for the Control of Blindness and Vision Impairment at the state level in Karnataka was getting ready to release a tender. If I'm not mistaken, they tripled the size of the tender and they directed two-thirds of it into tea-growing areas. They even made a press release to announce they were directing the resource into tea-growing areas. We can't take credit for that. VisionSpring was not awarded the


bid for that. They broke it up into three bids and prioritized entities that were registered in the state. The other big development is just happening today. Assam is the launch state for the WHO 2030 strategy for SPECS. We have been doing tea-picker work in Assam, India since 2014. We did the [prospective] study and the same campaign in Assam, which then signed itself up.


Ambika Samarthya-Howard: What does it mean to be a launch state?

 **Ella Gudwin:** It basically means the World Health Organization has 10 countries that have asked for significant technical assistance from WHO to implement the SPECS strategy. India is one of those countries, and then within India, they had to decide where to start.

  **Jordan Kassalow:** Fundraising is always a challenge. The issue area has been elevated because of the MacKenzie Scott grant and because LIF [Livelihood Impact Fund] has gotten into this work. They are talking to a lot of other entities that can release big dollars. It's now in conversation and consideration with groups that we haven't or couldn't have imagined attracting in the past. I think we're on the cusp of moving from millions to tens if not hundreds of millions of dollars coming into this space in the coming years. That's super exciting.

Ambika Samarthya-Howard: How do you compare the Ghana work and the Bangladesh work? Has the system worked differently?

 **Ella Gudwin:** Bangladesh was stuck because we had the eye care coordinator who [was not] advancing the national eye care agenda. I would say in Ghana, there's a lot of goodwill. I don't think we can underestimate the scarcity mindset that the governments have had to live with, and how little has been possible because they have been so resource starved. One of our jobs is to help give eye health coordinators the opportunity to lead in government and support them, because it's a very hard position for them to be in. I have huge empathy for that.

 What's been so interesting is what's happening in Kenya, because now you've got the Coalition for Clear Vision there with 19 organizations. The National Eye Care coordinators have a lot of energy. Livelihood Impact Fund has now come in with a challenge opportunity to say, what if we did a national campaign, what would that look like? There's a lot of movement, because there's resources that will be attached to a plan. It's not just a plan for a plan's sake.



Jordan Kassalow: When you rely on a government to make a government-led effort, the good news is that since it's government-led, it's local, and it's potentially more sustainable and durable. The bad news is, A, it could move at the speed of mud, and, B, it's very dependent on the characters that are in the ministries. The natural reaction to that from the NGOs is, we've got resources, we've got metrics to achieve. We've got to move fast. We've got to get our numbers so we can get our donors the results and impact that we want.

The NGOs tend to go fast without the governments, and then over time say to the governments, "Okay, now we want you to play." By then it's no longer government-led, it's government-followed. In an ideal world, we'd like the NGOs to coordinate around a government-led system with good leadership and good resources. Where that works, that's ideal. In the absence of that, what do we do? Do we keep moving on, and then hopefully the government will catch up and join? But by that time, the government feels like they don't really have ownership of it, and they don't necessarily want to engage as much. That's the meta challenge of working with governments in this area.



Ella Gudwin: There's a related topic to working with governments. I'll use Uganda as a wonderful example. We've got terrific partners, including the government in Uganda right now. It's actually not the eye care department, it's the community health service division. We've been working with them for five to six years. We got some funding from the Vision Catalyst Fund, and so there's a five-partner effort with the government in the middle. It was their idea. Then we organized a workshop to bring reading glasses into a primary care setting including community health workers. It's VisionSpring, CHAI [Clinton Health Access Initiative], Dr. Arunga's Eye Hospital, Peek [Vision], BRAC, the ministry of eye care and the community health department.



The other hard thing is it assumes the government can be a payer at scale and/or a doer at scale, but what happens when the government doesn't have money? India's government has money, but the Ugandan government doesn't have money right now. Even if this pilot stage is successful, where's the money coming from? Where is the other big funding for the government going to come from? What do we have to talk to the Ministry of Finance about? What do we have to talk to the Department of Labor about?

Ambika Samarthya-Howard: Back to the Uganda example, are you there right now as a pilot project?



Ella Gudwin: Yes. We're all working in one district together to build the system for the government and create a demonstration district. How would it work? What does it cost? What are the tools and the training and the supply chain? What are the health information management system changes? All the practices that need to be created for the government to say, "Okay, we've made it work in one district." Then the next would be like, "Well then, how does it go national?"

Ambika Samarthya-Howard: The Ghana work is not in the pilot phase anymore, right?



Ella Gudwin: Ghana's project is not with the government; however, we're doing pharmacies there alongside the government including the pharmacy association, and with the support of the Ministry of Health. We're not doing systems-building inside the Ghanaian government the same way we're doing in Uganda right now.

Ambika Samarthya-Howard: Why did you choose to systems-build in Uganda?



Jordan Kassalow: That becomes a question of where the money comes from. From what we've seen—we're still trying to prove the case but we're starting to see some proof—is when it comes to vision services for children, it can come through multilateral funds that support national education sector plans like the Global Partnership for Education (GPE) and the World Bank—part of the multilateral resources that can be used for eye care to deliver vision for children.

In terms of reading glasses, there was no natural pot of giant funds from the multilateral sector until recently. We've seen this case happen in Ethiopia and Liberia so far. The multi-billion global fund for general health has started to fund in a different way. It used to be much more balkanized and in silos, but now the money is a little bit more fungible.

The Ministries of Health in both Liberia and Ethiopia have used some global fund monies to train the community health workers to distribute eyeglasses. Some of the training costs are being covered by the global fund. That might be one of the answers to how to get these government community health worker models funded by larger pools of resources external to the government, but with the explicit goal of funding the government to do health work.



Ella Gudwin: Money can follow momentum. One reason to start in a district or to get a kernel of activity going is to demonstrate government interest, leadership and

intent, and show how it can be done, to basically create a vessel for much bigger money to flow in. We like to say money follows strategy and momentum. We have to build these vessels to draw the additional resources in.



Jordan Kassalow: The early indication from these government community health worker models is that they're really appreciated by both the community and the health workers themselves. They feel they have added value to parts of the community that historically we haven't been able to serve, those who have a lot of influence in those communities, like middle-aged men, as well as the customers who really want the glasses. It's a product and service that the local rural communities are really valuing.

Ella Gudwin: The community health worker organizations are doing things like influencing the national package of services for community health workers. They're much better positioned to advocate for basic vision correction to be incorporated than we are.



Jordan Kassalow: Yes. Last Mile Health and CHAI are in the game, and others who have historically played on the community health worker model side and have a long and rich history working with governments. It all seems to be moving nicely.

Ambika Samarthya-Howard: What's the time period of the Uganda pilot that you're in right now?

Ella Gudwin: It's two and a half years to three years.

Ambika Samarthya-Howard: How do you decide where to pilot things, country to country?

Ella Gudwin: It's opportunity ripeness. Not all countries are the same in terms of readiness.

Ambika Samarthya-Howard: What are the ingredients for opportunity ripeness?




Ella Gudwin: It would vary depending on what the effort is. Right now, we've got several proposals. The question is pilot versus replication and scale-up. You've got things at all different stages. In Uganda, the community health worker program had already been going on for five years. We already had close to 2,000 community health workers screening and dispensing. Is there some record of delivery in the country already? You don't want to be flying lots of people in. You want to be using

the local capabilities. How eager is the government to work with you and play that lead role? What are their partners and skill sets that we can leverage? You don't start in South Sudan, there's only three optometrists in the whole country. They might not even be there anymore.


You've got to have some level of eye care infrastructure that we're leveraging, matching with donor interest and finding the donor that's going to be interested and ready, to inform the funding mapping that happens.

Ambika Samarthya-Howard: When you hear about the work that The/Nudge Institute is trying to do in India, do you think you should also be in India with them?

 **Ella Gudwin:** We're completely behind that report. Nudge spent a week with us in India in March. They came again to see our supply chain center. We were one of the core sources of content for that report, and we're going to co-implement the pilot.

Nudge is in the unique position of not being an eye care organization. If an eye care organization did the advocacy work, we'd be seen as self-interested. We can't do it, but they could do it. We and a couple of others were core sources of the content. Nudge basically scooped up all the knowledge from several of us, packaged it up, and then we're able to use their specialist power to advocate, but we will be on the ground floor for implementation.

Ambika Samarthya-Howard: How as leaders in the field do you decide, yes, let's partner with these people. Some of it's pre-existing relationships, but when things are more exciting, there's just a lot more options.

 **Ella Gudwin:** I think the other thing is focus. We all have strategies. VisionSpring has nine countries of focus. There's a lot going on in Malaysia. We're not jumping on Malaysia, it's not in our core focus. There are other things happening in Botswana with Peak, but that's not a focus for us. I think each of us have different strategies for figuring out where we work. VisionSpring is deeply committed to market penetration in the nine countries that we're in, including India and Nigeria, which are the two biggest outside of China. It is a lot to keep track of. It felt like everything was moving very slowly up until 2018 and then it just got faster and faster. Part of the reason we all are showing up in meetings and conferences is because we're swapping a lot of information. Some of us have check-ins every two months just to ask, "What's on your plate?" There's been a real effort among us to try to keep each other informed.

Jordan Kassalow: Yes, it's hard to keep track of. That's a good problem we hoped to have for many, many years, but the stone is starting to roll down the hill now.

Ambika Samarthya-Howard: What are you thinking 2025 is going to look like for your project? What would be two things in 2025 that you're testing to see if it could make incremental change?



Ella Gudwin: We are looking at different levels of different stages, things that are scalable versus the things that are test and iterate in the research and development stage, something like Nudges' early R&D, but if we don't get that right early as a group, then we can't unlock the big funds into the future. That's a relatively small activity with a big consequence. If we get the funding we hope we'll get in 2025, it will be the year that the pharmacies go from a pilot to incubate the R&D stage, to second-level replication. We're in 500 pharmacies now. I'd like to see us get to a thousand in the next two years.

Ambika Samarthya-Howard: Specifically in Bangladesh or everywhere?

Ella Gudwin: Bangladesh, Ghana, and Nigeria, then go from there with the reading glasses program for improved livelihoods. Another program also focused on reading glasses is ready for what we call a 2.0, so we're looking at big scale-up opportunities there. The other big thing for us is, how do we help other organizations? How do we build our own capability to help other organizations do what we do, with more guidance, more support, and a little more structure to facilitate other doers.



Jordan Kassalow: My engagement with VisionSpring is to work with Ella and the team to try to achieve all of the VisionSpring goals. Most of my work with VisionSpring at this point is just helping the development team bring in some money, plus periodic strategic touch-base support of Ella and the board level. Wearing my EYElliance hat, I think the big thing for 2025 for EYElliance will be doubling down on private sector opportunities to bolster the private sector and get the entrepreneurs supported for both financing and non-financing barriers and challenges. We're working hard on that. Regarding the ecosystem plans, I'm working with Jeremy [Hockenstein] and others on getting more big donors to come to the table. Can we make the case for providing only two powers of reading glasses versus four or five or six to simplify the SKU [stock-keeping unit] inventory management and supply chain management.

Ambika Samarthya-Howard: Where are you trying that out?

Jordan Kassalow: We're figuring it out right now. Jeremy asked me to work with him on replicating the Nudge model in some other countries, namely China in particular. Can we do a replication of what Nudge was able to achieve with the Indian government with China? I've been working through some of my China contacts to try to get to the right people. Who could be the corollary for Nudge in China, and how can we basically take the Nudge report and "China-ize" it? Translate it into Chinese, put in the numbers that relate to China versus India, and then get the right group, i.e. Nudge, to talk to the government. This will have to be fully China-owned and we have to be invisible in the background, more or less.

Ambika Samarthya-Howard: That's really fascinating. It's been wonderful talking to both of you.

ICON LEGEND



Advocacy



Money



Supply



Demand generation



Partnerships



Technology



Distribution channel



Regulation



Training



Media campaigns and marketing



Screening

Ambika Samarthya-Howard 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.*