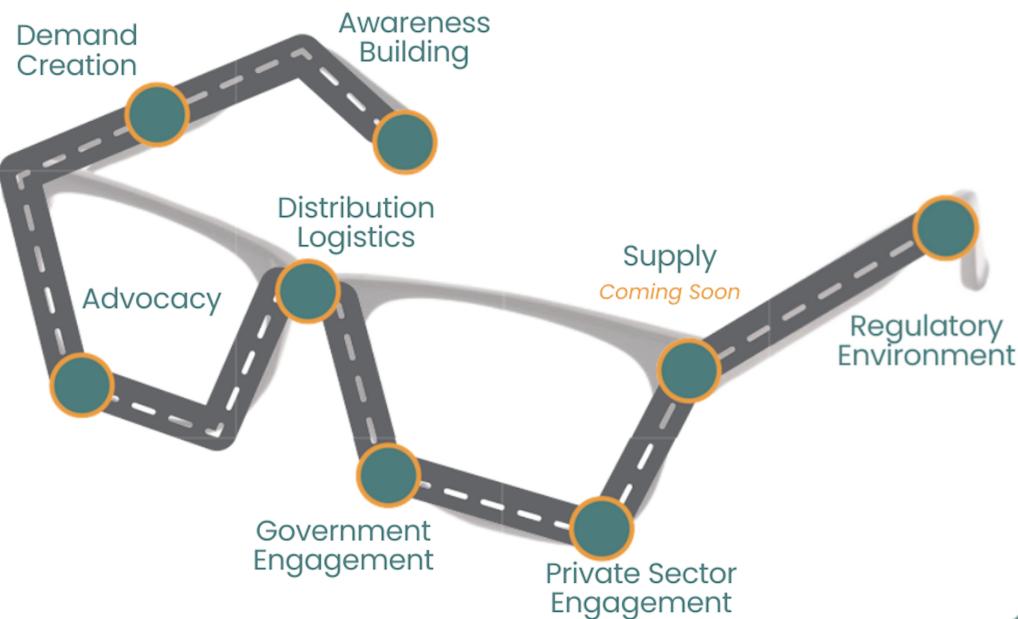


The Road to Scale

More than 1.8 billion people over the age of 40 experience near-vision loss from presbyopia, a condition that makes it harder to see up close. Yet nearly 800 million of them still lack access to the glasses that could help. The solution, which a billion people are already using, is simple and affordable: near-vision glasses (readers) that can be safely self-selected, manufactured for under US \$1, and sold over the counter.

In the last 40 years, many countries have made near-vision glasses available in pharmacies, shops, and supermarkets. With the right investment and delivery strategies, we can close the gap. Expanding access to near-vision glasses has the power to improve daily life, boost productivity, and enhance well-being for millions of people.

The Road to Scale outlines the core components needed to build and grow effective programs to reach those in need. These include awareness building, demand generation, supply chain development, distribution planning, policy, taxation, and engagement with governments, communities, and the private sector. Each path draws on real-world strategies and field experience to support scalable, sustainable solutions.



Awareness Building

Presbyopia is a common part of aging and, contrary to popular belief, easy to fix. So why do so many people go without help?

Clarify that presbyopia is easily treated without a prescription.

Many people believe that vision loss after 40 requires complex or expensive medical care. In reality, presbyopia can be addressed with simple, affordable near-vision glasses that do not require a prescription or clinical diagnosis. Raising awareness that the condition is both normal and treatable (without needing to see a doctor) can help reduce stigma and increase uptake.

"When our team came, we screened her, and gave her glasses. She said that normally, it takes her about one month to fill the container she uses to pick stones from the rice. Now, with glasses, it takes her about three days to fill it, because she can see well and her eyes are no longer stressed."

Anointed David O, Clinton Health Access Initiative (CHAI), Nigeria

"Before this, there was an awareness challenge. People tended to feel, I am aging, my knees are weak, I can't run that fast, and the same goes for my eyes—I'm losing vision capabilities, but that is how life progresses. As soon as we make them realize that this is not a challenge that can't be corrected, they start saying, I'll get my eyes checked annually."

Mohit Chelani, Head of Strategy at The/Nudge Institute

Develop clear messages that present presbyopia as a normal part of aging.

Over 90% of people over 40 experience presbyopia, a natural part of getting older that makes it harder to see up close.

Why call them near-vision glasses?

Shifting the language from "reading" glasses to "near-vision" glasses broadens the appeal. You don't need to be literate to benefit; you just need help seeing up close.

Build confidence through clear communication.

Glasses are flying off the shelves, and most programs are experiencing stockouts because of surging demand. Where concerns about wearing glasses do appear, they offer an opportunity for field workers to build trust, answer questions, and help normalize everyday use.

In India, for example, people often ask whether near-vision glasses can cure cataracts or worry that wearing them will make them look old. Training staff to anticipate these questions and explain clearly what glasses can and cannot do not only addresses misconceptions but also reinforces confidence and makes glasses feel like a normal part of daily life.



"Most of the questions are regarding how these glasses will help. Will my presbyopia vanish soon after I start wearing these glasses? Or, how long will it take to cure my eyes? Or, will it be useful for my cataracts without surgery?

Build relationships with trusted **community and religious leaders** who hold influence locally and can help launch new access points.

"It's a marketing campaign from the perspective of having interactive radio shows where you have people come and talk to them in their language, with their testimony. It's more talking to the community, talking to the religious leaders. An Imam in the mosque... When he says, 'Go get the eyeglasses,' people believe in him. And we have been going through these channels."

Nasser Diallo, Clinic+O 



These are all the concerns that people raise. They expect more from the spectacles than they provide."

Padmavathi, Entrepreneur at The/Nudge Institute 

Engage community mobilizers to share **key messages** and provide timely updates on screening and distribution points.

"Because we're going through a well-established community health worker system, those community health workers have strong relationships with the communities that they're serving. So when they're bringing a new product offering to the community, there's already trust there that this is something positive... So with the community health workers doing the work, either door by door or by holding small-scale neighborhood screenings, and then delivering the reading glasses, initially people come to that because they already have this trusted relationship."

Maggie Savage, EYElliance 

Demand Creation

Demand is a question with several layers: Do people know they need near-vision glasses? Will they pay for them? And will they use them?



Prime the market, using media and mobilizers, to **manage people's expectations** about receiving near-vision glasses **at no cost**.

Providing a free presbyopia screening and a first pair of glasses at no or low cost is essential for getting people into glasses and building sustained demand. People highly value their sight, and once they can see, they seek out subsequent pairs. Because their vision may continue to change with age, it's important to set the expectation that future



pairs will need to be purchased.

Uptake is highest when glasses are free. In pilots that tested prices from under \$1 to around \$3, uptake dropped significantly when the cost exceeded \$1.50.

Research shows that 5 years on, over 90% of customers in India who had bought a low-cost pair were still wearing near-vision glasses, and importantly, over 60% purchased a replacement pair.

Near-vision glasses cost under \$1 to manufacture and only a few dollars to distribute. To ensure access, **set a price point that is affordable** for the target population, and subsidize the cost if needed.

"There isn't as much lack of awareness around the problem as we think there is. The lack of awareness is regarding how cheap the solution is."

Amit Gupta, COO at The/Nudge ↗

Leverage trusted access points, such as **pharmacies, health facilities, and religious centers**, and test different price points for glasses along with incentives to motivate those distributing them.

"Once a religious leader approves of something, people are more likely to assess it, or the uptake is more likely because their religious leaders have approved it. That approach also breaks the barrier of religion. Working with religious leaders is a strong point for CHAN."

Dr. Oteri Okolo, Christian Health Association of Nigeria (CHAN) ↗

Create an immediate "aha" moment.

Entrepreneurs in India have learned that demonstrations are the fastest way to overcome doubt. Asking someone to thread a needle, read a newspaper, or sort through seeds before and after putting on glasses makes the benefits undeniable. That instant experience of clarity helps transform skepticism into a willingness to buy. The impact is strongest when glasses are dispensed right away, so the positive impression isn't lost in delay.

"It was very clear to me that door-to-door is the key. Glasses need to be offered them and there because that 'aha' moment has just happened. You need to capitalize on that and leverage that."

Ankur Sanghai, Head of the Entrepreneur Model at The/Nudge ↗

Advocacy

How do you get community leaders on board? Advocacy, built on trust, time, and real evidence that near-vision glasses improve lives, is key to earning their support and ensuring programs succeed.



Invest early in relationship-building to strengthen community advocacy.

Gaining the support of village heads, women's associations, religious leaders, and other trusted local figures takes time, but it is essential for effective advocacy. These relationships help build trust, dispel misconceptions, and open doors for more successful demand creation and distribution efforts.

"Each time the mobilizer goes out to share information, they are always willing to come. Their closing time is 3:00, and when they want to close, people will be begging them to extend the time because they really want the glasses. They are excited, and they believe that because these glasses are coming from CHAN, they're genuine."

Grace Kange, Christian Health Association of Nigeria (CHAN) ☺

Dispel myths and build understanding about who benefits from near-vision glasses.

Many people, including community leaders, may believe that glasses are only for those who can read or that they weaken vision over time. Advocacy efforts should focus on clear, culturally relevant messaging that explains how presbyopia works, how near-vision glasses help, and why they're beneficial for anyone struggling to see up close, regardless of literacy or age.

"There's a misconception that wearing glasses will make a child's eyes start to go bad at an early age. With children, it's not presbyopia. A child can have refractive error and need glasses. However, most parents are very reluctant."

Dr. Oteri Okolo, Christian Health Association of Nigeria (CHAN) ☺

"And for near-vision [glasses], we are trying to promote that there is no specialist doctor needed. The pharmacist can help you with this. So gradually we are trying to break the hurdle through the CVC campaign and other campaigns, and we are succeeding."

Anupam Sengupta, VisionSpring ☺



Advocate to de-medicalize presbyopia.

In many countries, near-vision glasses can



near-vision glasses can be easily accessed over the counter and are proven safe to self-select. However, in dozens of countries across Africa, Asia and Latin America, guidelines restrict access to near-vision glasses by limiting distribution to optical stores, despite near-vision glasses being harmless and easy to use. Reframing near vision loss as an issue of livelihood and wellbeing, rather than a medical problem, helps open the door to more flexible distribution models and broadens public acceptance.

“It’s just going to the community, talking to them, and approaching this from the perspective of wellbeing, not from the perspective of health care. If you want to see your children graduate, if you want to see your grandchildren, you have to have eyes.”

Nasser Diallo, Clinic+O 

Distribution Logistics

Getting glasses to people takes planning: What’s causing the bottlenecks? How can distribution meet people where they are? And what makes access smooth, fast, and reliable?



Leverage **established networks and channels**, such as community health workers and pharmacies, and integrate them into existing infrastructure and procurement processes.

In Kano, Nigeria, the Clinton Health Access Initiative (CHAI) integrated near-vision glasses distribution into its existing vaccine program to address low childhood immunization rates. Glasses were offered as an incentive to encourage mothers and caregivers to bring their children for vaccination. This approach not only encouraged immunization for children but also improved access to vision care for mothers and caregivers.

Provide **incentives** to motivate mobilizers and help overcome transportation barriers.

“We have incentives. ... We reward the top three people [field mobilizers] per team. And actually, it helped during the second phase of the pilot, when we introduced it in Nairobi, because it’s what helped to keep a current number of agents, who’ve been able to help us achieve the current sales.”

Naomi Kiiru, Digital Divide Data 

“There’s a lot of time wasted in travel. If I can reach a particular location in half an hour, it’s good, but without a bike, it might take one and a half hours, because

I have to get a lift."

Nithya, Entrepreneur at The/Nudge ↗

In countries where the public health system is already engaged in presbyopia efforts, expanding beyond **facility-based distribution** is key to increasing access.

Investing in community-based distribution models can help reach populations without easy access to health centers and encourage more people to seek screening.

"When we realized that the conversion of people requiring spectacles and the ones who are actually purchasing is very low, we trained our community health volunteers on health education and how to conduct health education within the community. And we actually supervised that whole process. They [did outreach at] all the community gatherings, either in marketplaces or Chief Barazas, the religious groups. Anything that is a gathering, they would go there and train them about eye health."

Alice Mwangi, Operation Eyesight ↗

Create or strengthen **feedback loops** between distributors and organizational leadership.

Open lines of communication help surface operational challenges early.



Create a **physical design template** for on-site distribution to reduce bottlenecks.

Many organizations spend valuable time troubleshooting workflow issues at distribution events. A clear design template can streamline setup, reduce confusion, and ensure that more time is spent on screening and distribution rather than managing crowds or queues.

Establish **regular coordination meetings** among implementing organizations.

Standing meetings create space to align on strategy, share resources and contacts, coordinate transportation, and avoid overlapping efforts.

Professional attire and accessories can help **signal credibility**.

In India, entrepreneurs realized that small details in how they presented themselves made a big difference in how they were perceived. Standardized kits, white lab coats, and even something as simple as replacing a plastic bag with a proper bag changed how seriously customers took the service. These visible cues signal legitimacy and professionalism, making it easier for people to trust the seller.

"I also feel that sometimes people have a negative reaction when they see me with a plastic carry bag which I use to hold things. So I ordered a nice bag, which is a

Adapt to local preferences.

In India, this meant offering bifocals as the default option. Entrepreneurs selling glasses quickly learned that single-lens glasses were not popular. Customers disliked wearing them low on their nose and constantly taking them on and off. By contrast, customers reported that bifocals felt natural, could be worn all day, and were perceived as more fashionable.

"Almost 80% to 90% of the sales we do are bifocals. The 10% to 20% which are single reading glasses are mostly bought by these people such as tailors with specific professions where they need single reading lenses only."

Ankur Shanghai, Head of Entrepreneur Model at The/Nudge Ⓜ

bit more standardized. Village people also have a more positive reaction towards the work I do."

Nithya, Entrepreneur at The/Nudge Ⓜ

Government Engagement

You can't go big without government: Is eye health on the agenda? Who's responsible for reaching remote communities, expanding coverage, and making efforts last?

Align services with government programs and priorities to expand reach and effectiveness.

"The Clinton Health Access Initiative's (CHAI's) secret sauce is really enabling governments to add more services. We had no interest in going country to country and starting with no relationships. ... They [CHAI] are in so many countries; they're often co-located in ministries of health. We think working with them is the most efficient path to scale."

Elizabeth Smith, Co-Founder of EYElliance Ⓜ

Integrate presbyopia screening and dispensing services into existing services and budget lines.

Rather than create stand-alone eye health programs, bundle near-vision glasses distribution into existing services such as maternal and child health, immunization campaigns, or non-communicable disease screenings. This approach minimizes disruption, reduces costs, and makes it easier for governments to adopt and scale efforts.



"The Ministry already had plans to include non-communicable diseases, including eyecare, so the presbyopia content does not really add much workload. Actually, it might increase their acceptability because you are actually putting commodities in their hands. When they go do screenings, they [are able] to actually provide definitive care with those glasses. It might even drive demand for other services because reading glasses are a valuable commodity in rural areas, even in urban areas."

Abraham Zerihun Megentta, Last Mile Health ⓧ



Frame presbyopia as a workforce and productivity issue.

Near-vision glasses directly support adults' ability to continue working and contributing to local economies. By tying presbyopia services to labor productivity, stakeholders can position eye care as part of broader government priorities around economic growth.

Recent studies have found that providing near-vision glasses can lead to significant improvements in both vision and income. In one large-scale study in Bangladesh, participants who received glasses saw a 33% increase in median monthly income, while the control group's income remained the same. The greatest income gains were seen among participants who had not previously been earning. (Sehrin et al., 2024)

Make the case to government officials with clear, localized data.

Use evidence from pilots or program data to show unmet need, high demand, and strong community uptake of near-vision glasses. Highlight how low-cost interventions like presbyopia screening and distribution can yield outsized benefits in terms of health, productivity, and quality of life.

Private Sector Engagement

Why does the private sector matter? It gets glasses to people faster by using places they already trust.

Leverage pharmacies as trusted, community-based distribution points.

People already rely on pharmacies for everyday health needs and medical advice, especially in areas with limited access to doctors. With targeted training and support, pharmacists' established roles as a trusted touch-point in communities positions them well to expand access to near-vision glasses.

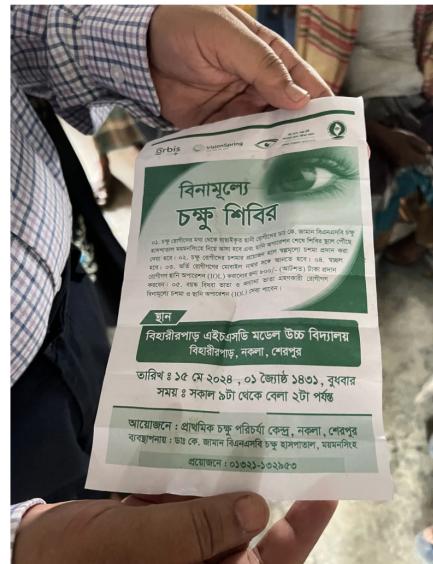
quickly and sustainably.

"I believe the key for scaling will be reaching out to pharmacies because, in poor countries, people usually rely on pharmacies rather than on doctors. That is how it is."

Eric Wong Poh Sang, Laotian distributor and retail owner ♂

Use **consignment** models to reduce risk and encourage uptake.

To ease private sellers, like pharmacists, into selling near-vision glasses, NGOs can offer products on consignment, allowing them to stock inventory without upfront costs. While not sustainable long term, this short-term strategy can help gain buy-in for what is initially a slower-moving product.



Position presbyopia services as a **business growth opportunity**.

Framing near-vision glasses as a way to expand offerings can help pharmacies attract new customers, especially women, who may be underrepresented among their current clientele. Offering a variety of reader types and testing space-efficient display methods can further support integration and visibility.

"The way they're thinking of reading glasses is... they need to make \$10 or whatever the local currency is from that space right now selling soap, and if they can make \$12 off the space selling reading glasses, they'd love to, but if they can only make \$5, they're not doing it... [Pharmacists] evaluate reading glasses in a much more pedestrian, profit-oriented way. So then, you need to turn it into [something] like every other consumer product. You need to be efficient in the space you're asking for and get a good turn."

Kevin Hassey, Board Chairman of RestoringVision, Board Member of VisionSpring and President of 20/20 Quest Foundation ♂

"The pharmacist is definitely an entrepreneur; they have strong opinions, they know what's best for their business, and I think that's been a lesson over many years as we've run different programs. But I think that what that fundamentally means is that if you align their incentives with the incentives of the program overall, they're willing to do whatever is needed and in the best interest of the patient."

Jessica Vernon, co-founder and CEO of Maisha Meds ♂

Regulatory Environment

Retire **prescription requirements** that block scale.

Some public distribution schemes, even in countries where near-vision glasses are demedicalized, still require a doctor's prescription before dispensing free or subsidized glasses. This is because governments use prescriptions as a safeguard against fraud and misuse of public funds. In countries where there are few optometrists, these rules can create a bottleneck that makes it difficult to reach scale.

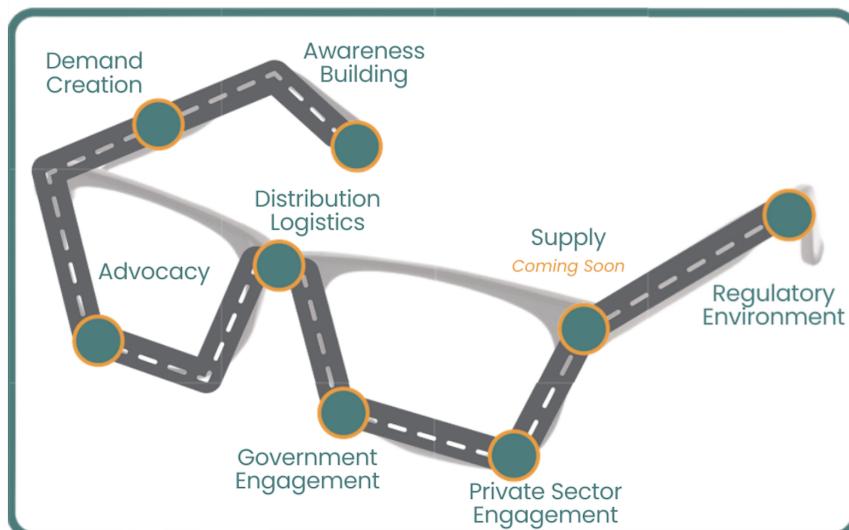
Use digital verification to maintain accountability without doctors.

Simple apps can capture basic data (e.g., ID, age, location) to validate distribution and prevent misuse, replacing the need for paper prescriptions.

"The government wants to make sure that if you are distributing free glasses, the service is not being misused. By requiring a doctor's prescription, they are ensuring that those who need glasses are getting them, and the service is not being misused. You can put all of that in your app, which is being used to collect the data and digital workflow, so you are collecting their Aadhaar ID, their age, where they got the glasses. ... We are trying to convince the government that they don't need to depend on those 8,000 optometrists in the country. There are other ways to validate this process."

Amit Gupta, COO at The/Nudge ↗

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