

Thematic Brief: Eye Health Workforce

Key Messages

- The **global burden of vision impairment** cannot be addressed without a sufficient, well-distributed, and appropriately skilled vision workforce.
- **Significant shortages, maldistribution, and skill-mix gaps exist** across ophthalmology, optometry, mid-level eye care personnel, and community-based cadres.
- **Workforce challenges disproportionately affect** low and middle-income countries and underserved populations, exacerbating inequities in access to care.
- Evidence shows that **team-based models, task-sharing, and integration** into primary health care can expand coverage and efficiency.
- **Strategic investment in the eye care workforce is essential** to achieving Universal Health Coverage (UHC) and the goals

Why This Matters

Vision impairment affects more than 2.2 billion people globally, yet most cases are preventable or treatable with existing interventions. The *Lancet Global Health Commission on Global Eye Health* identifies **workforce constraints** as one of the most **critical barriers** to delivering effective, equitable eye care worldwide. Even where services such as cataract surgery or refractive correction are cost-effective, they remain inaccessible without trained personnel to deliver them.

As countries seek to strengthen health systems and expand UHC, building an eye care workforce is a strategic investment. Eye care contributes to healthy ageing, education, workforce productivity, and social inclusion. Without deliberate workforce planning, however, demand for vision and eye care services will continue to outpace supply—particularly as populations age and chronic eye conditions increase.

The Problem

- **Workforce Shortages:** Many countries face an insufficient number of eye care professionals, particularly ophthalmologists, optometrists, and mid-level cadres, relative to population need.
- **Maldistribution:** Eye care workers are often concentrated in urban areas, leaving rural and marginalised communities underserved.
- **Skills and Scope Gaps:** Training pathways may not align with population needs, limiting capacity for prevention, primary eye care, rehabilitation, and long-term management.
- **Fragmentation:** Eye care services are frequently siloed from primary health care and broader health workforce planning.
- **Limited Data and Planning:** Inadequate workforce data hampers effective planning, regulation, and investment.

What Works: Evidence and Solutions

- **Team-Based Eye Care Models:** The *Lancet Commission* highlights the effectiveness of multidisciplinary teams that include ophthalmologists, optometrists, nurses, technicians, community health workers, and rehabilitation specialists.
- **Task-Sharing and Task-Shifting:** Appropriately trained mid-level and primary care workers can safely deliver screening, basic refraction, follow-up care, and referral, expanding reach and efficiency.
- **Integration into Primary Health Care:** Embedding eye care within primary care systems supports continuity, early detection, and equitable access.
- **Education, Regulation, and Retention:** Strengthening training institutions, accreditation, career pathways, and incentives improves workforce quality and sustainability.
- **Use of Technology:** Tele-ophthalmology, AI and digital tools can support supervision, training, and service delivery, particularly in remote settings.

Policy Options

1. **Strengthen National Eye Care Workforce Planning**
Integrate eye care cadres into national health workforce strategies, including forecasting, education, and deployment.
Benefits: Improved alignment between population needs and workforce supply.
2. **Expand and Optimise Skill Mix Through Team-Based Care**
Promote task-sharing and multidisciplinary models across the eye care pathway.
Benefits: Greater efficiency, coverage, and cost-effectiveness.
3. **Invest in Training, Retention, and Equitable Distribution**
Support education institutions, continuous professional development, and incentives for rural and underserved service.
Benefits: Sustainable workforce capacity and reduced inequities.

Recommended Actions

- **Recognise Eye Care as Essential within the Health Workforce:** Explicitly include eye care cadres in national workforce and UHC policies.
- **Adopt Competency-Based, Team-Oriented Training Models:** Align education and scope of practice with population eye health needs.
- **Strengthen Primary Eye Care Capacity:** Enable primary health workers to deliver basic eye care and community-based workers to screen for eye problems
- **Improve Workforce Data and Governance:** Collect, analyse, and use data to guide planning, regulation, and investment.
- **Leverage Digital and Innovative Delivery Models:** Support tele-eye health, AI and blended service models to extend reach.

Expected Impact

- Expanded access to essential vision services.
- Reduced avoidable vision impairment and blindness.

- More efficient and resilient health systems.
- Improved equity in service delivery across populations and regions.

Conclusion

A strong, well-planned eye care workforce is fundamental to achieving global eye health goals. The evidence is clear: without sufficient and appropriately skilled personnel, proven eye care interventions cannot reach those who need them most. By investing in the education, deployment, and integration of the eye care workforce, governments can unlock substantial health, social, and economic benefits and move decisively toward universal eye health.

References

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