

# Global Summit for Eye Health Commitments Guidance

## Purpose

This document serves to function as a brief overview of what a good commitment at the Global Summit for Eye Health would look like. The below takes into account recommendations from the [policy framework](#) and the accelerator interventions from the [case for investment](#). It also outlines some examples of quality commitments that could be made.

This should be used as a guidance document for national level advocacy and when supporting governments and other stakeholders to develop their commitments. This document is not intended to be shared with government stakeholders but is designed to be used by IAPB members in engagement with governments and other stakeholders. The commitment examples provided are illustrative rather than prescriptive.

## Who are the key stakeholders for the Global Summit for Eye Health?

The primary stakeholders are governments. This engagement can be with multiple ministries or through a cross-governmental task force. The policy asks table illustrates some examples of how different ministries can be engaged in the commitment making process.

### Other stakeholders include:

- Bilateral and multilateral donors
- Philanthropic organisations
- UN organisations including WHO regions and country offices
- Civil society organisations (including international and national non-profit organisations, both IAPB members and non-members)
- Private sector actors which include those who work in diagnostics, pharmaceutical, assistive technology, digital innovation etc
- Research institutions
- Professional associations

## What is a commitment?

The [Global Summit for Eye Health](#) aims to mobilise political and financial commitments that accelerate progress on eye health as part of broader health, education, and development agendas.

Commitments may be broad or highly targeted, depending on national context and priorities. These can include system-wide approaches to comprehensive eye care, as well as specific policy, regulatory, or programme commitments for example in school eye health, presbyopia screening and regulation, workforce development, financing mechanisms, or service delivery models.

While individual commitments may focus on particular populations, conditions, or interventions, they should collectively contribute to strengthening eye health within health systems and advancing inclusive development, economic participation, and health equity. Clear and specific commitments are encouraged, as they support transparency, accountability, and progress tracking.

The deadline for Commitments is World Sight Day, 8 October 2026. Commitments should be entered into the commitment portal and counted towards the overall commitments made.

The Global Summit for Eye Health frames action across two complementary but distinct domains:

1. **Policy requirements** that governments and partners need to establish, and
2. **Priority investment accelerators** where targeted financing can drive rapid, measurable impact.

## Policy Requirements

These represent the enabling conditions needed to sustain and scale eye health within national systems:

- **Integration:** Embedding eye health within primary health care, education, and broader health system strategies
- **Financing:** Securing sustainable domestic and external financing for eye health services
- **Monitoring:** Strengthening data, surveillance, and accountability mechanisms
- **Regulation:** Establishing and enforcing standards for services, products, and providers
- **Workforce:** Developing, training, and retaining an adequate eye health workforce
- **Partnerships:** Coordinating action across government, civil society, private sector, and development partners
- **Inclusion:** Ensuring equitable access for underserved and marginalised populations

## Case for Investment: Priority Accelerators

These represent **high-impact investment opportunities** that can rapidly expand access and improve outcomes:

- Expand screenings in the community.
- Give out reading glasses on the spot.
- Increase capacity in the workforce.
- Boost surgical productivity in teams.
- Remove barriers to access.
- Make cataract surgery even better.





## What constitutes a good commitment:

These guidelines are to illustrate what an ideal commitment would look like. It is not to say that commitments that do not meet all the below criteria will not be accepted or included. As outlined above commitments should consider a holistic approach that takes equity and inclusion into account to expand access to comprehensive eye care.

### Ideally commitments would be:

- New i.e. not one made previously
- SMART i.e. specific, measurable, achievable, relevant and time bound.
- Based on cross governmental discussion
- Has had an assessment of capacity to meet the commitments
- Aligned with national policies and plans or extends to new policies and plans
- Specifically financed

In addition, countries could align their commitments with international targets or conventions e.g. the SDGs, the UNGA Resolution Vision for Everyone or the eREC and eCSC targets. This would allow ease of reporting in Voluntary National Reviews and to the World Health Organisation for progress towards the 2030 eye health targets.

## Examples of good commitments

| Category           | Commitment   | Commitment  | Commitment  |
|--------------------|--|---|---|
| <b>Integration</b> | The Government of [country] in conjunction with the Ministry of Health commit to ensuring there is a person trained in eye care screening working under a government funded position in all community and primary health facilities by 2030.<br>(Accelerator #1, 3, 5) | The Ministry of Education in [country] will embed in teacher training curricula for understanding and identifying the signs of refractive error by 2029.<br>(Accelerator #1)  | By 2030, In (xxx country) all the newborns will have their eyes screened, by integrating eye health screening within the Newborn Care.<br>(Accelerator #1, 5)   |
| <b>Financing</b>   | The Government of [country], by 2029, will include eye care services including assistive technology in the mainstream health financing and insurance system.<br>(Accelerator #5)   | [Donor] commits [amount] supporting access to eye care in [country/countries] by working with [civil society organisation] for 2027 and 2028.<br>(Accelerator #5)   | The Government of [country] will increase domestic resourcing to eye care services by [x] amount by the 2028 budget.<br>(Accelerator #5)  |
| <b>Monitoring</b>  | Starting in 2027, effective refractive error coverage will be integrated into the health management information system of [country]. Progress towards the eREC target will be reported each year to the WHO.<br>(Accelerator #2, 3)                                    | [Research institution] will work with the government in [country] to conduct a RAAB/ECSAT in [district] in 2027.<br>(Accelerator #2, 3, 4, 5)   | The Government of [country] will gather population level data on the status of eyecare nationally through collaboration with eye care practitioners and research institutions in 2027. This will also serve to gather eREC and eCSC data to report to the WHO.<br>(Accelerator #1, 2, 3, 4, 5, 6) |
| <b>Regulation</b>  | The Government of [country] commits to amending current regulations to formally permit the over-the-counter sale of reading glasses in non-optical retail settings.<br>(Accelerator #2, 5)   | Commencing in 2027, [Country] commits to a phased implementation of tele-refraction services across [X] pilot districts, achieving full national coverage by 2029. This rollout will be supported by a modernized regulatory framework that legalizes tele-refraction and ensures seamless data integration with existing national health information systems.<br>(Accelerator #3, 5) | [Professional organisation] will work with the government of [country] to regulate for expanded scope of practise for optometrists who meet qualification standards.<br>(Accelerator #3, 5)   |

| Category           | Commitment  | Commitment  | Commitment  |
|--------------------|---|---|---|
| <b>Workforce</b>   | The Ministries of Health and Education in [country] will increase optometrist training places by 30 per year with the aim of meeting the WHO target of 1 optometrist per 250,000 population by 2035.<br><br>(Accelerator #3)                  | The Ministry of Health and Education in [country] commit to developing and rolling out professional and continuing education on eye care for primary and community health providers by 2030.<br><br>(Accelerator #1, 3) | [To optimize the eye care workforce, [Institution] and the Ministry of Education will formalize an independent prescribing qualification by 2029. This initiative will be anchored by legislative amendments to expand professional scope of practice in accordance with WHO global guidelines.<br><br>(Accelerator #4) |
| <b>Partnership</b> | [Company] will support the Government of [country] to expand access to eye care services in x regions by 2028.<br><br>(Accelerator #1, 2, 3, 5)   | [Company] will offer logistics expertise and warehouse space, to support a pooled procurement and distribution hub for essential eye care devices.  | [Research institution] will work with the government of [country] to implement a mechanism to monitor myopia progression in adolescents at a population level over the next 5 years.<br><br>(Accelerator #1, 3)   |
| <b>Inclusion</b>   | [Civil society organisation] commits to embedding inclusion in their eye health programmes by collecting, analysing and using data disaggregated by gender, age and disability to inform decisions from 2027 onwards.<br><br>(Accelerator #5) | [Private sector company] will focus on developing a cost-effective method for detecting macular odema in rural and low-income settings for the next three years.<br><br>(Accelerator #5)                                | Ministry of Health of [country] will consult with civil society, including organisations of persons with disabilities when developing the new national eye care strategic plan in 2028.<br><br>(Accelerator #5)   |



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