Early Intervention in Paediatric Myopia

Guide to Advocacy

IAPB

Table of Contents

1. Introduction

Purpose of this Guide

This Advocacy Guide is designed to support governments, civil society organisations, professional bodies, educators, parent groups, and development partners to advocate effectively for early intervention in paediatric myopia.

It complements the Early Intervention in Paediatric Myopia Policy Brief by translating evidence and policy recommendations into practical advocacy messages, strategies, and tools that can be adapted to different national and local contexts. The focus of this guide is not on what should be done, but on how to influence change across policies, systems, and everyday environments where children live and learn.

This guide was developed through a review of the evidence, informed by the accompanying policy brief, and shaped by consultation with more than 70 practitioners and stakeholders from more than 25 countries how are working in paediatric myopia.

Why Advocacy for Early Intervention Matters

Myopia is one of the fastest-growing public health challenges affecting children and adolescents worldwide. What begins as blurred distance vision in childhood can progress to high myopia, significantly increasing the risk of irreversible vision loss later in life due to conditions such as retinal detachment, myopic maculopathy, and glaucoma.

Crucially, early intervention works. Evidence shows that timely action - including increased outdoor time, early detection, and access to proven interventions such as low-dose atropine and myopia-control optical devices - can delay onset and slow progression. Yet in many countries, myopia is still perceived as a minor or inevitable condition, addressed late and managed narrowly through corrective lenses alone. Advocacy is essential to shift this narrative:

- from managing myopia primarily through correction to a comprehensive approach that combines correction with prevention and early intervention;
- from individual responsibility to systems-level action; and
- from clinical concern to a whole-of-society issue.

Without deliberate advocacy, opportunities to protect children's vision, particularly during the critical early years, are missed.

A Cross-Sector Issue, Not Just an Eye Health Issue

Early intervention in myopia sits at the intersection of multiple policy and practice agendas, extending well beyond the traditional boundaries of eye care. As a result, effective advocacy requires engaging a broad range of actors across government, education, health, and development systems.

Myopia affects child health by influencing physical development, wellbeing, and long-term health outcomes, particularly when it progresses to high myopia later in life. It also has a direct impact on education, as uncorrected or poorly managed myopia can undermine learning, classroom participation, and children's confidence during critical developmental years.

Myopia is also an equity issue. Children from lower-income families and underserved communities often face greater barriers to early detection and access to appropriate care, increasing the risk that myopia progresses unchecked and contributes to avoidable vision impairment. Without deliberate policy attention, these gaps can widen existing health and educational inequalities.

Beyond childhood, the consequences of myopia extend into productivity and economic development. High myopia is associated with increased health-care costs and a higher risk of vision impairment during working age and older adulthood, with implications for workforce participation, social inclusion, and long-term economic resilience.

Positioning myopia within these broader agendas strengthens the case for early intervention and helps build coalitions across health, education, labour, and development sectors. Framing myopia as a shared challenge, and a shared opportunity for prevention and control, enables more coordinated, sustainable action that benefits children, families, and societies as a whole.

Who This Guide is For?

This guide is intended for anyone seeking to drive positive change in early intervention in paediatric myopia. The guide provides advocacy messages and strategies directed towards audiences with the ability to enact change, including policymakers and governments, the education sector (ministries, schools, and teachers), health systems and providers, parents and caregivers, and industry partners and donors. While many individuals within these groups may also act as advocates themselves, the primary purpose of this guide is to support intentional, targeted advocacy towards those who shape policy, service delivery, learning environments, and investment priorities.

The guide recognises that advocacy takes many forms, from national policy reform and cross-sector coordination to school-level initiatives and community mobilisation and offers guidance that can be adapted and scaled across different contexts, capacities, and stages of engagement.

This guide is grounded in the Core Action Areas set out in the Early Intervention in Paediatric Myopia Policy Brief. These action areas provide the strategic foundation for advocacy, spanning prevention, early detection, evidence-based management, and systems strengthening. While the policy brief focuses on what governments and systems should do, this guide focuses on how advocates can mobilise action across these areas - including through policy change, practice change, behaviour change, and shifts in social norms.

Advocacy Beyond Policy Change

Indeed, advocacy for early intervention in paediatric myopia extends beyond formal policy reform alone. While some audiences, such as governments and system leaders, have the authority to change laws, strategies, financing, and regulations, other audiences play equally important roles in shaping implementation, behaviours, demand, and social norms.

Parents, teachers, health providers, communities, and industry partners may not directly set policy, but they influence how policies are adopted, whether services are used, how environments are structured, and what is considered normal or necessary for children's eye health. Effective advocacy therefore requires engaging different audiences through different levers of change, including policy decisions, institutional practice, everyday behaviours, and collective expectations.

How to Use This Guide

This guide is designed to be practical and flexible. Readers do not need to work through it from beginning to end; instead, sections can be used individually or together, depending on advocacy goals, roles, and context.

Section 2:

Key Messages for Different Audiences introduces the core themes and priorities for advocacy with different audiences that have the ability to enact change, including policymakers, education leaders, teachers, health providers, parents and caregivers, and industry partners. Rather than providing scripted messages, this section outlines the key topics, framings, and considerations that should guide advocacy with each audience. Annex A: Message Bank then translates these themes into clear, concise, advocacy-ready messages. These messages are designed to be quoted, adapted, and used directly in meetings, briefing notes, presentations, media engagement, and campaigns.

Section 3:

Messaging Principles focuses on how to say it. It outlines cross-cutting principles to help advocates frame messages in ways that are clear, credible, and compelling, regardless of audience or platform. These principles support consistent, effective communication and help adapt messages to different cultural, political, and institutional settings.

Section 4:

Case Studies of Effective Advocacy provides real-world examples of how advocacy for early intervention in paediatric myopia has been applied in practice. These case studies illustrate different pathways to change and demonstrate how messages and strategies can be adapted to diverse contexts. Additional case studies emerging from the consultation process are available online.

Section 5:

Effective Advocacy Strategies focuses on how to deliver advocacy messages in practice. It outlines practical approaches for engaging different audiences, identifying appropriate channels and entry points, and selecting delivery mechanisms - such as policy processes, education systems, professional networks, community settings, and digital platforms - through which advocacy messages are most likely to be heard and taken up.

Section 6 and the Annexes:

Practical Tools support doing the work. They include ready-to-use messages, templates, and checklists to help advocates plan advocacy efforts, map stakeholders, define calls to action, and track progress over time. These tools are designed to be adapted for national, sub-national, school, or community-level advocacy. The Stakeholder Mapping Tool (Annex B) helps users identify and prioritise key audiences, while the Advocacy Planning Template (Annex C) supports translation of priorities, audiences, and messages into a clear advocacy plan.

Together, the sections and annexes move from message, to framing, to action, to implementation. Throughout the guide, users are encouraged to select and tailor elements based on their context, capacity, and objectives. The guide is not prescriptive; rather, it is intended as a practical resource to support intentional, targeted advocacy for early intervention in paediatric myopia.

2. Key Themes for Different Audiences

Effective advocacy depends on focusing on the right issues and priorities for each audience and framing them in ways that resonate with their responsibilities, incentives, and decision-making context. This section outlines the core themes, considerations, and advocacy priorities relevant to different audiences with the ability to enact change.

Rather than providing scripted messages, the sections below describe the key topics and framings that should guide engagement with each audience. These themes are translated into clear, advocacy-ready messages in the Message Bank (Annex A), which can be quoted directly or adapted for use in meetings, briefing notes, presentations, media engagement, and campaigns.
Together, these audience-specific themes align with the Core Action Areas in the policy brief and highlight where different audiences can influence prevention, early detection, management, and system-level enablers.
Advocates are encouraged to tailor emphasis, examples, and language to local contexts, policy environments, and cultural norms.

Policymakers and Governments

For policymakers, myopia should be framed as both a public health priority and an economic issue. The rapid rise in paediatric myopia has long-term implications for population health, healthcare costs, and workforce productivity. Early intervention, including promoting outdoor time, strengthening early detection, and ensuring access to evidence-based interventions such as low-dose atropine and myopia-control optical devices, can delay onset, slow progression, and reduce the future burden of vision impairment and blindness.

Investing in early intervention does not replace the need for corrective services; rather, it strengthens the continuum of eye care, reducing avoidable downstream costs while protecting children's vision during critical developmental years. Integrating myopia into national child health, education, and universal health coverage agendas creates opportunities for coordinated, cost-effective action.

Education Sector - Ministries, Schools

For education leaders, myopia is directly linked to learning, participation, and student wellbeing. Regular outdoor time supports not only eye health, but also physical activity, concentration, and social development. Balanced homework policies and structured breaks from prolonged near work can help reduce myopia risk without compromising educational outcomes.

Schools are also essential platforms for early identification and referral, particularly for children who may not otherwise access eye care. Embedding eye health into school policies and routines positions education systems as active partners in protecting children's vision and supporting their long-term learning potential.

Education Sector - Teachers

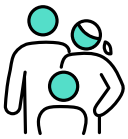
Teachers are well positioned as trusted messengers in children's lives. By reinforcing healthy habits such as outdoor play and regular breaks from near work, teachers help normalise behaviours that support eye health.

Teachers also influence how children and parents perceive vision care. Integrating simple eye-health messages into classroom routines and creating inclusive environments where glasses and eye checks are normalised, can reduce stigma and encourage early action. In this way, teachers act as multipliers, extending the reach of advocacy well beyond the classroom.

Health Systems and Providers

For health systems and providers, the emphasis should be on early detection and proactive management. Identifying myopia early and offering timely, evidence-based interventions can significantly reduce the risk of progression to high myopia and associated complications.

Myopia should be integrated into primary health care, child health, and noncommunicable disease platforms, supported by clear referral pathways and updated clinical guidance. Providers play a critical role not only in delivering care, but also in counselling families, addressing misconceptions, and reinforcing the importance of early and ongoing management.



Parents and Caregivers

For parents and caregivers, the key message is that myopia is not "just about glasses." While correction is central to refractive error care, undetected, unmanaged or progressive myopia can increase the risk of lifelong vision problems. Parents have a powerful role in shaping their children's eye health through everyday choices.

Simple actions, such as ensuring regular outdoor time, encouraging healthy visual habits, and seeking early eye examinations, can make a meaningful difference. When recommended by a qualified professional, early treatment options, including low-dose atropine, are safe and effective. Informed parents not only protect their own children, but also become advocates within their schools and communities.

Parents and caregivers also benefit from clear, consistent, and age-appropriate information to support everyday decisions related to children's eye health. WHO's MyopiaEd initiative provides evidence-based messaging designed to support awareness and healthy behaviours among children and families, reinforcing many of the themes outlined in this section.

Development Partners

In many countries, development partners, including multilateral and bilateral agencies, development banks, and philanthropic foundations, play an influential role in shaping policy dialogue, financing priorities, and technical assistance for child health and education. Their engagement is particularly important where early intervention in paediatric myopia requires system reform, cross-sector coordination, or catalytic investment.

For the development sector, early intervention in myopia represents a high-impact, preventive opportunity aligned with broader development priorities, including human capital development, education outcomes, disease prevention, and long-term system sustainability. Advocacy should emphasise the role of development partners in supporting enabling environments, through policy dialogue, capacity building, data systems, and catalytic financing, to integrate early intervention into existing child health and education platforms and support sustainable, country-led solutions at scale.

Industry and Donors

For industry partners and donors, early intervention in myopia represents a high-impact investment opportunity. The growing burden of myopia highlights the need for innovation, scale, and affordability in prevention and early intervention.

Strategic partnerships can expand access to interventions, strengthen delivery platforms, and support sustainable financing models. Investments in early intervention contribute to a healthier future workforce, reduced long-term health costs, and measurable social and economic returns, aligning with corporate social responsibility and development objectives.

While Section 2 outlines what to say to different audiences, the following section focuses on how to engage those audiences to achieve policy, system, and community-level change.

3. Messaging Principles

Effective advocacy for early intervention in paediatric myopia depends not only on what is communicated, but on how it is framed and conveyed. This section sets out a set of cross-cutting principles to guide how advocacy themes and messages are communicated across different audiences, platforms, and contexts.

The principles outlined below are not prescriptive. Rather, they are intended to support advocates in framing messages in ways that are clear, credible, and compelling, while remaining sensitive to cultural, political, and institutional settings. Applied consistently, these principles help strengthen understanding, build trust, and increase the likelihood that advocacy messages are heard, understood, and taken seriously.

Lead with Stories, Grounded in Evidence

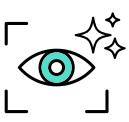
Personal stories make myopia visible and relatable, particularly when paired with clear evidence. Real-life examples, such as a child struggling to see the board, a parent navigating early diagnosis, or adults affected by the complications of high myopia, help humanise the issue and illustrate why early intervention matters. These stories should be grounded in evidence from the policy brief and broader research, ensuring that emotional resonance is supported by credibility.

Use Plain, Non-Technical Language

Advocacy messages should avoid clinical jargon and technical terminology wherever possible. Complex evidence can be translated into simple, accessible language, supported by visuals, infographics, or short explanations. Clear communication builds understanding and trust, particularly when engaging audiences outside the health sector, such as educators, parents, and community leaders.

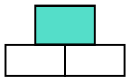
Emphasise the Continuum of Care

Messages should consistently reinforce that early intervention complements, rather than replaces, corrective services. Framing myopia within a continuum of care, spanning prevention, early intervention, appropriate correction, and ongoing management, helps align stakeholders with different roles and investments. This approach avoids false trade-offs and supports a shared vision of comprehensive, people-centred eye care.



Focus on Opportunities, Not Deficits

Effective advocacy highlights what can be gained through early action, rather than focusing solely on negative outcomes. Framing myopia in terms of improved learning, confidence, wellbeing, and long-term opportunity resonates more strongly than messages centred on loss or disability alone. Positive framing also helps reduce stigma and encourages proactive engagement from families, schools, and decision-makers.

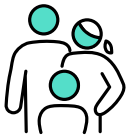


Start with Strengths and Build from What Already Works

Effective advocacy is also more likely to succeed when it starts by recognising and building on the existing strengths, commitments, and achievements of the audience being engaged. Acknowledging what is already working – for example, strong commitments to child health, high coverage of school health screening, or established education and health platforms – helps establish trust and positions early intervention in myopia as a natural extension of current priorities, rather than a new or competing agenda. Framing advocacy in this way allows decision-makers to see eye health as an opportunity to strengthen and enhance systems they are already investing in.

Make Every Message Action-Oriented

Advocacy messages should always point towards a clear and achievable action. Whether the call is to book an eye examination, increase outdoor time at school, integrate myopia into a national strategy, or support a partnership or investment, audiences should leave knowing what they can do next. Simple, specific actions increase the likelihood of follow-through.



Be Youth- and Family-Friendly

Messages related to paediatric myopia should be appropriate for children and families. Using relatable language, child-friendly metaphors, and inclusive visuals helps normalise conversations about eye health. Featuring diverse role models, including children, parents, teachers, and professionals who wear glasses, reinforces positive norms and reduces stigma.

Align with Broader Agendas and Values

Framing early intervention in myopia within wider priorities, such as child health, education quality, equity, productivity, and universal health coverage, strengthens relevance and political traction. Messages that align with existing goals and values are more likely to resonate with decision-makers and be integrated into ongoing policies and programs.

4. Case Studies of Effective Advocacy

The following case studies highlight successful advocacy initiatives that demonstrate different pathways to advancing eye health, from global awareness campaigns and patient-led advocacy to Indigenous-led, equity-focused systems change. Together, they illustrate how lived experience, community leadership, strategic communication, and partnerships can drive meaningful progress across prevention, early detection, and policy influence. These examples are not exhaustive, and additional case studies are available online on the IAPB website to further showcase effective advocacy approaches across regions and contexts.

Eye Health Aotearoa & Kāpō Māori Aotearoa

The advocacy initiative

Kāpō Māori Aotearoa is a member organisation of Eye Health Aotearoa Trust whose aim is the prevention of avoidable blindness and vision loss, via advocacy, awareness and education. The initiative emerged in response to persistent inequities in vision outcomes for Māori and Pacific Peoples in Aotearoa New Zealand, driven not only by barriers to access, but by health systems that are poorly aligned with Māori and Pacific Peoples' social structures, values, and lived realities.

The advocacy sought to shift eye health from an individualised, clinically driven model to one that recognises whānau, hapū, iwi, and wider family networks as central to health decision-making and care. The intended change was to embed Māori and Pacific Peoples' worldviews, rights, and leadership into eye health policy, campaigning, service design, and commissioning, moving beyond consultation toward Māori- and Pacific People-led solutions.

Target audiences and strategies

Target audiences included national policymakers, health system planners, funders, eye health providers, schools, and communities, as well as international advocacy platforms.

Key advocacy strategies included:

Whānau- and family-centred framing, highlighting how vision loss and prevention affect entire families and communities, which is particularly relevant for Māori and Pacific Peoples households where caregiving and decision-making are shared.

Lived-experience leadership, with Māori and Pacific Peoples' voices and experiences shaping advocacy priorities and messaging.

In-language and culturally appropriate awareness campaigns, including public education and World Sight Day activities designed to reach families and children in accessible, culturally resonant ways.

Bridging community insight and system advocacy, translating Māori and Pacific Peoples' priorities into national policy and global advocacy spaces, including discussions on refractive error and myopia.

Resourcing and partnerships

Kāpō Māori Aotearoa draws on public funding and sponsorships. It works closely with other kaupapa Māori organisations, disability advocates, and community leaders, alongside engagement with national policy processes focused on equity and Indigenous health outcomes. Collaboration across Māori and Pasifika health and community networks helped reinforce shared priorities while respecting distinct identities and governance structures. Eye Health Aotearoa draws on fundraising, sponsorship, donations, partnerships, and its role as a national coordinating body to lead awareness campaigns and policy engagement.

Impact and success factors

The advocacy has reinforced the importance of culturally appropriate engagement, including the use of accessible, in-language messaging and community-led approaches. A particular success has been increased awareness among families, especially parents and caregivers of children, about eye health, prevention, and early action.

The advocacy has also strengthened recognition that how eye health services engage with communities is as important as what services are delivered. Success factors included strong Māori and Pacific Peoples leadership, credibility grounded in lived experience, and reframing eye health as a collective, lifelong issue rather than a series of isolated clinical encounters. This has encouraged more culturally responsive approaches that are also increasingly relevant to Pacific Peoples families.

Challenges faced

Challenges included navigating entrenched biomedical and individualised care models that prioritise efficiency over relationships, as well as shifting perceptions from viewing family involvement as a barrier to recognising it as a protective factor. An additional challenge was ensuring Māori and Pacific Peoples leadership and intent were not diluted when scaling advocacy through mainstream, national, and global platforms, particularly within conventional eye care settings.

Relevance to early intervention in paediatric myopia

This case study underscores that early intervention in paediatric myopia must engage children within their family and cultural context. In-language, culturally grounded advocacy—particularly when directed at parents, caregivers, and schools—can support earlier awareness, prevention, and help-seeking for Māori and Pacific Peoples children. Partnerships between Indigenous organisations and national peak bodies are critical to achieving scale while maintaining cultural integrity.

More information

Click here to access - Eye Health Aoteoroa website.

Click here to access - Kapo Maori website.

Advocacy Case Study | Marie's Lived Experience

The advocacy initiative

Marie's advocacy emerged directly from her lived experience of being diagnosed with myopic macular degeneration (MMD), a sight-threatening complication of high myopia. Following her diagnosis, she became aware of the limited treatment options available for MMD and was struck by how little awareness of the condition exists, despite its status as one of the most common complications associated with high myopia. This lack of visibility and information left many patients, including Marie, feeling confused, frustrated, and isolated at the point of diagnosis.

In response, Marie began raising awareness of MMD by sharing her personal experience and seeking to make information about the condition more visible and accessible. Her advocacy focuses on highlighting the realities of living with MMD, improving understanding of the condition among both patients and professionals, and drawing attention to the long-term risks associated with unmanaged high myopia.

Target audiences and strategies

Marie's advocacy activities primarily engage people living with MMD or high myopia, as well as the broader eye health and research communities. A key strategy has been the creation and moderation of an informal, private Facebook group that provides peer-to-peer support for individuals affected by MMD. This space enables patients to share experiences, exchange practical information, and reduce the sense of isolation often associated with a rare or poorly understood condition.

In parallel, Marie actively reaches out to the scientific and research community to encourage greater attention to MMD as an area requiring further study. She has also established a YouTube channel as a publicly accessible platform to raise awareness of MMD, share patient perspectives, and provide insight into the lived experience of the condition. Together, these channels combine personal storytelling with community-building and outreach to professional audiences.

Resourcing and partnerships

Marie's advocacy efforts are largely volunteer-led and self-initiated, without formal funding or organisational backing. However, her public-facing work, particularly through her YouTube channel, has attracted the attention of established eye health organisations. As a result, the Macular Society identified her advocacy and informed her of opportunities to speak at corporate and charity events, providing a pathway for her lived experience to reach wider audiences.

These opportunities have enabled Marie to contribute a patient voice to discussions that are often dominated by clinical or research perspectives, despite the absence of formal partnerships or structured resourcing.

Impact and success factors

Marie has been invited to speak at several events, reflecting growing interest in patient perspectives on MMD and high myopia. While the advocacy effort remains in its early stages, there is a sense that awareness of MMD, and of the long-term risks associated with high myopia, is gradually increasing.

A key factor contributing to this progress has been Marie's willingness to openly share her experience as a patient. This openness has helped humanise a condition that is often discussed only in technical terms and has resonated with both affected individuals and stakeholders interested in hearing directly from patients. Emerging interest from key players in listening to patient voices has further supported the visibility of the issue.

Challenges faced

One of the most significant challenges has been sustaining momentum over time. Advocacy activities are carried out by a small number of volunteers who are geographically dispersed, making coordination and continuity difficult. In addition, Marie has encountered frustration arising from the broader lack of interest in MMD, particularly when compared with other eye conditions that receive greater attention despite similar or lower prevalence.

These challenges highlight the structural difficulties faced by patient-led advocacy initiatives, especially those addressing conditions that remain under-recognised.

Relevance to early intervention in paediatric myopia

Marie's experience provides a powerful illustration of the long-term consequences of high myopia. Individuals living with MMD represent, in her words, "walking cases" for the importance of early intervention. Her advocacy underscores the message that failure to address myopia progression in childhood can lead to sight-threatening complications later in life.

This lived experience reinforces the case for early intervention strategies in paediatric myopia, not only to reduce immediate vision impairment but also to prevent irreversible damage and disability in adulthood.

More information

Click here to access - Myopic Machular Degeneration website.

Click here to access - Private Facebook group | Myopic Macular Degeneration: Patients for a Cure.

Click here to access - YouTube channel: I have MMD

Advocacy Case Study | Know The Glow

The advocacy initiative

Know The Glow is a global advocacy and awareness initiative focused on early detection of paediatric eye conditions through parent and caregiver education. The initiative was prompted by a simple but widely missed reality that many serious vision conditions are first visible at home, often long before a child reaches a formal screening or eye exam, if parents know what to watch for. Know The Glow began by raising awareness of the “Glow”, leukocoria, an abnormal white or asymmetric reflection in a child’s eye often seen in photographs, and has evolved into a broader early detection platform. The initiative aims to shift early identification upstream by empowering families, educators, and frontline healthcare workers to recognise visual warning signs of more than 20 vision conditions sooner and to act earlier. With myopia becoming a growing concern all efforts toward increased awareness of early signs of childhood blindness are helping identify more at-risk children in time.

Target audiences and strategies

The primary audiences for Know The Glow are parents and caregivers, followed closely by teachers, early childhood professionals, community health workers, and paediatric-facing NGOs. Secondary audiences include clinicians, advocacy organizations, and policymakers who influence public health messaging. Advocacy strategies centre on simple, visual, and culturally adaptable messaging delivered through social media, digital toolkits, community partnerships, and localized awareness campaigns. Rather than focusing on clinical language, Know The Glow emphasizes observable signs and real-world behaviours that families can recognize in daily life, empowering them to take early action.

Resourcing and partnerships

Know The Glow works in close partnership with hospitals, universities, local NGOs, global vision organisations, and medical advisory experts to deliver practical awareness tools where they are most needed and to be a first step in the referral pathway. Resources are adapted collaboratively,

through accurate local translation, the use of glow photographs of children's eyes, and alignment with existing health and referral systems. Know The Glow digital-first materials are designed to be shared easily by frontline providers and community partners, allowing campaigns to be launched, customized, and expanded without costly infrastructure, particularly in low-resource settings.

Impact and success factors

Know The Glow has reached families and healthcare workers across multiple continents, contributing to earlier referrals, increased awareness of paediatric eye health, and strengthened community-level engagement. One key success factor is accessibility. By using photographs, everyday behaviours, and clear calls to action, the initiative meets families where they already are. Another factor is trust. The messaging does not diagnose but encourages timely exams, reinforcing existing health systems rather than competing with them, and helping to find in time more children at risk of the multitude of blinding paediatric vision conditions like myopia, amblyopia, strabismus, and the potentially fatal retinoblastoma, cancer of the retina. Know The Glow's motto is "See it once, be alert. See it twice, be active".

More information

You can access the Know The Glow website by clicking here.

5. Effective Advocacy Strategies

Clear and compelling messages are essential, but effective advocacy also depends on the approach used to deliver these messages. This section focuses on the practical delivery of advocacy, outlining approaches for engaging different audiences, selecting appropriate channels and entry points, and positioning messages within policy processes, systems, and everyday settings where decisions are made. Selecting the right audiences is a critical first step in effective advocacy. The Stakeholder Mapping Tool (Annex B) provides a practical way to identify priority stakeholders and tailor engagement accordingly.

Rather than prescribing specific outcomes, the strategies in this section are intended to help advocates navigate real-world contexts - including government processes, education systems, health services, community settings, and digital platforms - so that advocacy messages are more likely to be heard, understood, and taken up.

Monitoring progress and adapting strategies over time is essential for effective advocacy. The Monitoring and Learning Checklist (Annex D) provides practical guidance on tracking change and supporting learning.

Policymakers and Governments

Advocacy with policymakers should prioritise formal decision-making processes and policy entry points. This includes engaging during strategy development cycles, budget planning, guideline updates, and inter-ministerial coordination mechanisms. Advocates should identify where myopia can be integrated into existing national priorities, such as child health strategies, education reform agendas, noncommunicable disease plans, and universal health coverage frameworks.

Multi-ministry engagement is critical. Convening or participating in dialogues that bring together health, education, labour, and development actors can help align responsibilities and reduce fragmentation. Clear, time-bound policy asks - for example, inclusion of myopia in school health programs or national eye health plans - support accountability and follow-through.

Education Leaders

Advocacy with education leaders is most effective when it aligns with operational realities within education systems. Entry points include curriculum reviews, school health policies, student wellbeing frameworks, and guidance on homework and screen use. Framing early intervention as supportive of learning outcomes and classroom performance helps position eye health as an enabler rather than an added burden.

Demonstration projects and pilot programs can be powerful tools, particularly when paired with monitoring data and teacher feedback. Engaging teacher unions, school leadership associations, and parent–teacher bodies can help build ownership and support system-wide uptake.

Health Systems and Providers

Within health systems, advocacy should focus on strengthening pathways rather than creating parallel structures. Key strategies include integrating myopia screening into child health visits, clarifying referral pathways between primary care and eye-care services, and supporting the adoption of updated clinical guidance.

Professional societies, academic institutions, and regulatory bodies are important allies. Continuing professional development, peer learning, and guideline dissemination help translate evidence into routine practice. Providers can also act as system-level advocates by identifying gaps, barriers, and inequities and feeding these insights back to decision-makers.

Teachers

Teachers play a critical role in normalising and reinforcing early intervention behaviours. Advocacy strategies should focus on practical integration, such as embedding outdoor breaks into the school day, incorporating eye health into wellbeing initiatives, and creating inclusive classroom environments.

Supporting teachers with simple resources and institutional backing increases sustainability. School-wide approaches, rather than relying on individual champions alone, help ensure that eye health becomes part of routine practice.

Parents and Caregivers

Advocacy targeting parents and caregivers is most effective when it leverages trusted, everyday touchpoints. Schools, early childhood centres, workplaces, community groups, and digital platforms provide opportunities to reach families with consistent, practical messages.

Advocacy targeting parents and caregivers is most effective when it is reinforced through trusted and accessible channels, including schools, community groups, and digital platforms. The World Health Organization's MyopiaEd toolkit offers structured, age-appropriate messaging that can be used to support parent engagement and reinforce behaviour change once awareness and enabling conditions are in place.

Empowering parents with clear action - such as seeking early eye examinations, advocating for outdoor time at school, or supporting healthy visual habits at home - helps shift social norms. Encouraging parents to share experiences and information within their networks can amplify reach and build collective demand for early intervention.

Development Partners

Engagement with development partners is critical to enabling early intervention in paediatric myopia at scale, particularly in settings where system reform, cross-sector coordination, or catalytic financing is required. Advocates should focus on positioning early intervention as a

systems-strengthening and equity-enhancing opportunity, emphasising how myopia prevention, early detection, and management can be integrated into existing child health, education, and noncommunicable disease programmes rather than delivered through stand-alone initiatives.

Development partners can also play an important role as convenors, financiers, and enablers of change. Advocacy efforts may include engaging development partners in policy dialogue, supporting the use of catalytic or blended finance to unlock domestic investment, and strengthening enabling environments through technical assistance, data systems, and monitoring. By supporting coordination, learning, and accountability across sectors and countries, development partners can help translate global evidence and guidance into sustainable, country-led action.

Industry and Donors

Engagement with industry and donors should focus on strategic alignment and shared value. Advocacy can highlight opportunities to support scale, innovation, and access through public–private partnerships, financing mechanisms, and corporate social responsibility initiatives.

Transparent collaboration, aligned with national priorities and equity principles, strengthens credibility and long-term impact. Global and regional platforms provide opportunities to elevate commitments and coordinate action.

Social Media and Youth Campaigns

Digital advocacy strategies should prioritise reach, relatability, and repetition. Co-creating content with young people, educators, and community organisations increases relevance and authenticity. Short, positive, and visually engaging formats help reinforce key behaviours and normalise early eye care.

Online advocacy should complement, not replace, offline engagement, reinforcing messages across multiple settings and audiences.

6. Practical Tools (Annexes)

This section provides practical tools to support advocates in planning, delivering, and tracking advocacy for early intervention in paediatric myopia. The tools are designed to be adaptable across contexts and can be used individually or together, depending on advocacy goals, capacity, and timeframes.

Annex A. Advocacy Messages and Asks

Using Advocacy Messages Effectively and Grounding Them in Local Evidence

Advocacy for early intervention in paediatric myopia requires engaging different audiences through different levers of change. Some audiences shape policy and financing; others influence implementation, everyday practice, behaviour, and social norms.

The advocacy messages and asks in this annex are designed to support influence across policy, systems, institutions, and communities. They are intended to help advocates articulate why early intervention in paediatric myopia matters and what different audiences can do to act, rather than to serve as public-facing behaviour-change communication.

For messaging aimed directly at children, parents, and the general public, advocates may wish to also align with or draw on MyopiaEd, a toolkit developed by the World Health Organization that provides tested, age-appropriate messages to support healthy eye-care behaviours.

Ground messages in local and child-specific evidence

Advocacy is most persuasive when messages are grounded in reliable, locally relevant evidence, particularly evidence that reflects the situation of children in a given country or setting. While the messages in this annex are designed to be broadly applicable, advocates are strongly encouraged to adapt them using national and sub-national data wherever possible.

Child-specific data is especially powerful in advocacy for early intervention. Decision-makers are more likely to act when evidence clearly shows: how many children are affected or at risk, whether prevalence is increasing among school-aged populations, and what the implications are for education, equity, and future health and societal costs.

Where available, advocates should prioritise credible child-specific sources, such as national surveys, school health or vision screening data, routine health information systems, or peer-reviewed studies conducted in-country. In applying this evidence, advocates are encouraged to draw on the most recent and reliable national or global data available, adapt figures and examples so they align with the priorities of their intended audience (for example, education outcomes, workforce productivity, or health system sustainability), and combine quantitative data with qualitative examples and lived experience to strengthen resonance and impact.

Where local data on child eye health is limited, national, regional, and global estimates can still be valuable in illustrating scale, urgency, and opportunity, particularly when framed as a rationale for improved data collection and monitoring.

Information on the prevalence of refractive error and vision impairment for all countries is available through the IAPB Vision Atlas, which provides regularly updated, country-level estimates.

Information on the economic case for investing in eye health, is available through the IAPB Value of Vision: The case for investing in eye health. At the time of writing, return-on-investment estimates are available 111 countries and can be used to support national-level advocacy where relevant data exists.

Advocates may find it useful to adapt messages using simple, locally grounded statements such as:

"An estimated [X] children in our country are affected by refractive error."

"Uncorrected refractive error is among the leading causes of vision impairment in school-aged children nationally."

"Investing in early vision screening and intervention could generate significant economic returns for our country."

Or

"Refractive error affects an estimated [X] people in our country."

"Uncorrected refractive error is one of the leading causes of vision impairment nationally."

And

"Investing in vision screening and early intervention could generate a return on investment for our economy."

Advocacy audience	What this audience influences and core action areas	Message	Ask
Policymakers & Governments	Areas of influence: Policy, regulation, financing, coordination Core action areas: Prevention, Early Detection, Control, and Systems Strengthening	Childhood myopia is a growing public health and economic issue. Acting early protects children's vision and reduces long-term health-care costs. If myopia is treated as minor or inevitable in childhood, governments pay the price later through avoidable health-system costs. Daily outdoor time in schools is one of the most effective and lowest-cost ways to delay the onset of myopia. School-based vision screening helps identify children at risk early and connect them to care before myopia progresses. Ensuring access to evidence-based myopia control strengthens the continuum of care and protects long-term vision. Embedding myopia across child health, education, and UHC agendas enables coordinated, cost-effective action. Without early intervention, rising childhood myopia will place increasing pressure on health systems as populations age. Tracking myopia prevalence and service coverage allows governments to plan better and show results. Equitable access to early myopia care prevents vision problems from widening health and education gaps. Countries that act early on myopia position themselves as leaders in child health and prevention.	Position myopia as a priority within child health, NCDs, education, or eye health strategies, demonstrating foresight and fiscal responsibility. Frame myopia as a preventable risk factor in policy narratives, signalling early preventive leadership rather than late-stage management. Mandate or formally recommend minimum daily outdoor time in schools as a visible, population-wide prevention measure. Support standardised school screening linked to referral pathways, showing government is acting early rather than paying later. Endorse inclusion of proven myopia interventions in national guidelines or essential service packages. Integrate myopia into existing multisectoral strategies to demonstrate joined-up government. Use early intervention as a cost-containment strategy supporting long-term system sustainability. Include myopia indicators in routine monitoring systems to enable planning and public reporting. Embed explicit equity goals in myopia-related policies and monitoring. Make public commitments or targets on early intervention to build visibility and legacy.

Advocacy audience	What this audience influences and core action areas	Message	Ask
Education Leaders	Areas of influence: System rules, standards, and learning environments Primary Core Action Areas: Prevention and Early Detection	Children cannot learn well if they cannot see well. Vision is foundational to education quality. Unrecognised vision problems are often mistaken for learning or behavioural difficulties. Daily outdoor time supports eye health while improving attention, physical activity, and wellbeing. Balanced homework and screen-use policies protect eyesight without compromising learning outcomes. Schools are often the first place where vision difficulties are noticed. Early identification helps ensure children do not fall behind for reasons unrelated to ability. Teachers are trusted observers. Their role is noticing and referring.	Recognise eye health within learning, wellbeing, and student-support frameworks. Position early vision identification as part of inclusive education policies. Embed minimum outdoor time within school timetables or guidance. Issue guidance on visual load and screen use. Support school-based vision screening with clear referral pathways. Link eye health initiatives to inclusion and equity policies. Provide simple guidance and tools for teachers.
Teachers	Areas of influence: Daily routines, classroom practice, and social norms Primary Core Action Areas: Prevention, Early Detection (through observation and referral)	Children rarely say they can’t see clearly They disengage, struggle, or fall behind. Regular outdoor breaks and pauses from near work support both eyesight and concentration. Vision problems are often mistaken for learning or behaviour issues. Normalising glasses and eye checks reduces stigma and supports inclusion. Teachers are trusted observers. Noticing and referring early can change a child’s learning trajectory. Teachers are not expected to diagnose vision problems.	Be alert to changes in participation, attention, or performance that may signal a vision difficulty. Normalise outdoor time and visual breaks as part of everyday classroom routines. Consider vision as a possible factor when children struggle, and flag concerns early rather than attributing difficulties solely to behaviour or ability. Create a classroom environment where glasses and eye care are treated as normal and positive. Share concerns with parents or follow school referral processes when vision issues are suspected. Focus on observing, communicating concerns, and supporting referral, rather than trying to assess vision.

Advocacy audience	What this audience influences and core action areas	Message	Ask
Health Systems & Providers	Areas of influence: Clinical practice, access, and quality of care Primary Core Action Areas: Early Detection and Control, and Systems Strengthening (guidelines, training pathways)	Early intervention helps protect eyesight for life. Identifying myopia early reduces future complications and irreversible eye disease. Myopia care works best as a continuum. Prevention, detection, correction, and management together. Strengthening myopia detection also supports earlier identification of other childhood vision conditions. Inconsistent approaches create confusion for families and uneven outcomes.	Prioritise early detection and counselling in routine paediatric care. Adopt early detection protocols within child health and primary care services. Strengthen referral pathways and follow-up systems. Use myopia pathways to strengthen broader paediatric eye-care detection. Support standardised, evidence-based myopia management guidance.
Parents & Caregivers	Areas of Influence: Behaviour, demand, and social pressure Primary Core Action Areas: Prevention, Early Detection, and Control (through uptake/ adherence)	Myopia is not just about seeing the board. If it progresses, it can affect eyesight for life. Children often don't realise or say they can't see clearly. Parents are usually the first to notice. Squinting, sitting close, headaches after reading, or difficulty seeing the board can signal a need for an eye check. Parents and caregivers are powerful advocates for environments that support children's eye health.	Seek early eye examinations and follow professional advice. Act early when concerns arise. Arrange an eye examination when these signs appear. Use your voice to encourage schools, communities, and local leaders to prioritise outdoor time, eye health awareness, and early screening.

Advocacy audience	What this audience influences and core action areas	Message	Ask
Development Partners	Areas of influence: Policy direction, financing at scale, system readiness, and cross-sector coordination Primary Core Action Areas: Prevention, Early Detection, Systems Strengthening	Early intervention in paediatric myopia is a development issue, with implications for education outcomes, human capital, and long-term economic productivity. Many countries lack the data, guidance, and capacity to act early on myopia. Development finance can play a catalytic role by enabling governments to act early and at scale. Sustainable early intervention depends on enabling environments, including policy coherence, data, and cross-sector coordination.	Position early intervention in myopia within education, NCD prevention, and human capital development agendas, rather than treating it solely as a clinical eye-care issue. Support countries with technical assistance for policy development, service integration, workforce training, and data systems that enable equitable early intervention. Use catalytic or blended financing to support policy reform, system integration, and domestic resource mobilisation for early intervention in paediatric myopia. Support policy dialogue, technical assistance, and data systems that help countries integrate early intervention in myopia into national health and education platforms.
Industry & Donors	Areas of influence: Scale, affordability, systems support, innovation, and investment Primary Core Action Areas: Control, Systems Strengthening, and Early detection (technology, platforms)	Early intervention in myopia represents a high-impact investment opportunity with long-term health, social, and economic returns. The growing burden of myopia requires innovation that can scale affordably and be embedded within health and education systems. Clear policy signals and system readiness create the conditions for sustainable markets, responsible innovation, and long-term impact. Public–private partnerships can accelerate early intervention when aligned with national priorities and equity goals. Investing in early intervention aligns with corporate social responsibility and development goals by delivering measurable, long-term impact.	Prioritise early intervention in myopia within eye health, child health, or education investment portfolios, positioning it as prevention rather than late-stage treatment. Invest in solutions and delivery models designed for affordability, system integration, and scale from the outset, particularly in underserved settings. Contribute evidence, data, and technical expertise to policy dialogue, and support enabling environments that reduce uncertainty and allow early intervention markets to develop responsibly. Engage in policy-aligned public–private partnerships that support government leadership and system-wide solutions. Align early myopia investments with CSR, ESG, or development frameworks, demonstrating shared value beyond short-term outputs.

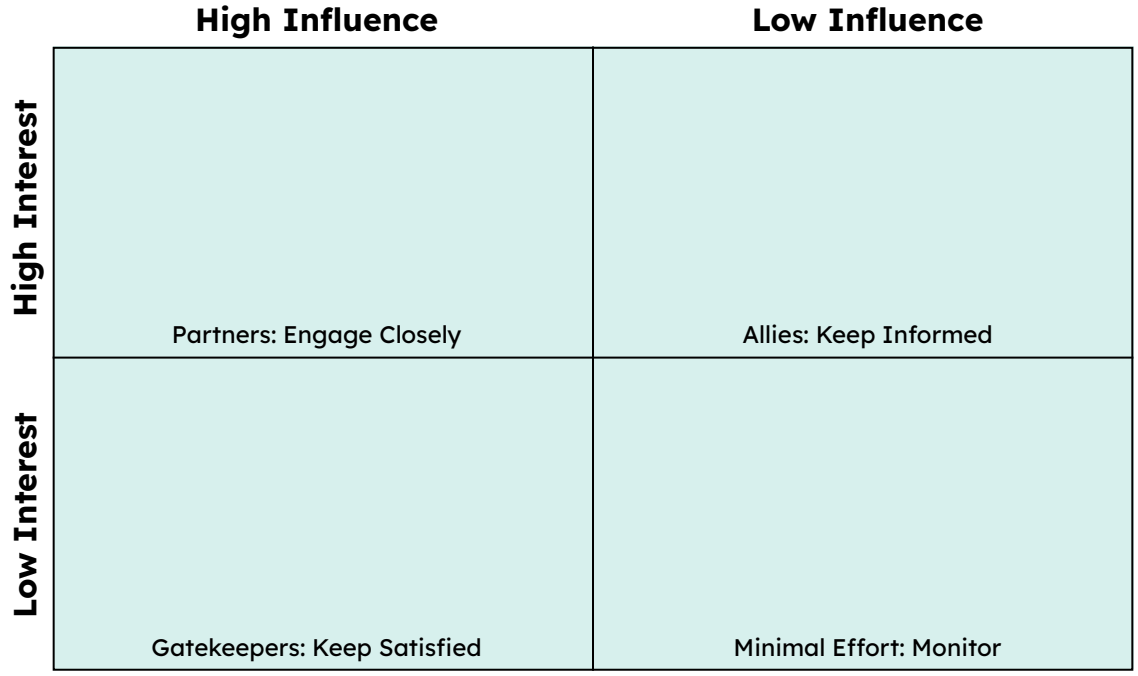
Annex B. Stakeholder Mapping Tool

Effective advocacy depends on engaging the right stakeholders in the right way. The influence–interest framework is a simple and widely used tool for identifying who matters most for a given advocacy objective and how to prioritise engagement.

The framework maps stakeholders according to their level of influence (their ability to enable or block change) and their level of interest (their degree of engagement with early intervention in paediatric myopia). Mapping stakeholders in this way helps advocates focus effort where it is most likely to have impact, tailor messages appropriately, and identify potential champions, allies, and sources of resistance.

Stakeholder mapping should be treated as a living exercise. As advocacy progresses, stakeholders' levels of influence or interest may change, and the map should be updated accordingly. As a general guide, stakeholders with high influence and moderate or low interest are often priority targets for advocacy.

List key stakeholders in the matrix according to their level of influence and interest. Use the results to prioritise engagement, tailor advocacy approaches, and identify potential champions, allies, and sources of resistance.



Annex C. Advocacy Planning Template

Element	Guiding questions	Notes
Advocacy objective	What specific change are you seeking (e.g. policy, system practice, behaviour, or social norms)? Where relevant, which core action area(s) and policy recommendation(s) from the policy brief does this objective relate to?	
Target audience(s)	Who has the authority or influence to enable this change? Refer to the Stakeholder Mapping Tool (Annex B) to identify priority audiences.	
Key theme(s) and messages	Which advocacy themes from Section 2 and messages from the Message Bank (Annex A) are most relevant to this objective and audience?	
Entry points and timing	Where and when can influence be applied? (e.g. policy cycles, budget processes, school terms, key events)	
Allies and partners	Who can support, legitimise, or amplify this advocacy effort?	
Advocacy delivery approaches	How will messages be delivered? (e.g. meetings, briefs, media, community engagement, digital platforms)	
Timeline and responsibilities	What actions will be taken, by whom, and by when?	
Risks and mitigation	What barriers or sensitivities may arise, and how can they be managed?	

Annex D. Monitoring and Learning Checklist

Advocacy outcomes are often incremental, non-linear, and influenced by multiple actors. This monitoring and learning checklist is informed by established approaches used to plan and evaluate advocacy and policy influence, including theory of change, outcome mapping (which focuses on changes in behaviours among key actors), and advocacy and developmental evaluation approaches designed for complex systems.

Rather than attributing change to a single intervention, the checklist supports tracking contributions to change across policy influence, institutional practice, service delivery, behaviour change, and social norms. It is intended to support learning and adaptation over time, as well as accountability.

Advocates are encouraged to select indicators that are realistic for their context and capacity, and to revisit and update them as strategies evolve.

Below is a practical checklist to help advocates monitor progress and support learning over time. It is designed to be flexible and proportionate, recognising that advocacy efforts differ in scale, scope, and capacity. The checklist can be used to select a small number of priority indicators, to track change across different audiences and levers of influence, and to inform reflection and adaptation as advocacy strategies evolve. It's important to note that:

- Not all domains need to be measured at once. Select indicators that align with your advocacy objectives and stage of progress.
- Early advocacy efforts may focus on engagement, awareness, and practice change, while policy and system outcomes may emerge later.
- Use findings to adapt strategies, refine messages, and identify where additional effort or partnerships are needed.

Domain	What to look for	Example indicators	Evidence source	Notes
1. Reach and engagement (Outputs)	Are the right audiences being reached and engaged?	Number and type of stakeholders engaged (by audience group); Number of briefings, meetings, workshops, or school engagements; Media or social media reach and engagement (if applicable)	Meeting records, attendance lists, analytics	
2. Awareness and norm shifts (Early outcomes)	Are awareness, attitudes, or norms beginning to shift?	Increased understanding of early intervention among parents, teachers, or providers; Use of agreed advocacy messages by partners or institutions; Reduced stigma around glasses, eye checks, or myopia management	Short surveys, interviews, observation	
3. Behaviour and practice change (Outcome mapping)	Are key actors changing what they do in practice?	Schools increase outdoor time or visual breaks; Parents seek earlier eye checks or follow up referrals; Providers adopt new counselling, screening, or referral practices	School policies, self-reports, service records	
4. Policy and process influence (Policy pathways)	Is advocacy influencing formal processes or decisions?	Myopia referenced in policy drafts, strategies, or guidelines; Evidence cited in official statements or consultations; Cross-sector working groups or coordination mechanisms established; Budget lines proposed or approved	Policy documents, meeting minutes, budgets	
5. System and service outcomes (Longer-term/ lagging)	Are systems and services changing in ways that support early intervention?	Screening coverage or referral completion rates; Improved access or affordability of interventions; Equity indicators (e.g. coverage by gender, geography, SES)	Routine data, surveys, programme reports	

Acknowledgements

This policy brief was developed through consultation with a wide range of experts, practitioners, and stakeholders working in eye health, education, public health, and policy. The authors gratefully acknowledge the contributions of the following individuals, whose participation in the roundtables helped strengthen the content and relevance of the brief:

Holly Aindow, IAPB, United Kingdom; Anna Barba Giró, Eyes of the world Foundation, Spain; Thais Brescia, Vida Vista, Japan; Mario Bustos Rubilar, WHO Regional Office for the Western Pacific, Philippines; Alfonso Cevallos-Zúñiga, Futbol Mas, Spain; David Chang, Santen, Singapore; Stuart Cockerill, Cooper Vision, United Kingdom; Chrissie Cowan, Kāpō Māori Aotearoa NZ, New Zealand; Tarewa Cowan, Kāpō Māori Aotearoa NZ, New Zealand; Jonathan Craig, Vision 2020 Australia, Australia; Simon Darvill, IAPB, United Kingdom; Jack Deal, IAPB, United Kingdom; Nadiya Deferne, Santen, Switzerland; Khamsay Detleuxay, Lao PDR Ministry of Health, Lao PDR; Xiaohu Ding, Zhongshan Ophthalmic Center, Sun Yat-sen University, China; Frederic Ernst, Santen, Germany; Marie Farenc, Self-employed, United Kingdom; Li Lian Foo, Singapore National Eye Centre, Singapore; Timothy Fricke, Australia College of Optometry, Australia; Ja Kyung Goo, Vision Care, South Korea; Gail Grant, AbbVie, United Kingdom; Anna Grau Erra, Santen, Switzerland; Siofra Harrington, Centre for Eye Research Ireland, Ireland; Xiangui He, Shanghai Eye Disease Prevention and Treatment Center, China; Xingru He, He Vision Group, China; Azra Herceg, IAPB, Slovenia; Frank Hida, IAPB, Brazil; May Ho, Fred Hollows Foundation, Australia; Khamkhoune Holanouphab, National Ophthalmology Centre, Lao PDR; Tấn Phúc Huỳnh, The Fred Hollows Foundation, Vietnam; Raju Kaiti, Nepal Eye Hospital, Nepal; Rieko Kamiya, Nidek, Japan; Gahyun Kim, Korean Foundation for the Prevention of Blindness, South Korea; Holden Kim, LabSD, South Korea; Jae Yoon Kim, Vision Care, South Korea; Ryo Kubota, Kubota Vision, Japan; Elizabeth Kurian, Mission for Vision, India; Ippei Kurihara, Santed, Japan; Gregory Lee, Santen, Singapore; Pavasut Leedasawat, Chulabhorn International College of Medicine, Thammasat University, Thailand; Ruiyang Li, Zhongshan Ophthalmic Center, Sun Yat-sen University, China; Zhixi Li, Zhongshan Ophthalmic Center, China; Lingyi Liang, Zhongshan Ophthalmic Center, Sun Yat-sen University, China; Haotian Lin, Zhongshan Ophthalmic Center, Sun Yat-sen University, China; Lina Lu, Shanghai Eye Disease Prevention and Treatment Centre, China; Thị Quỳnh Lan Lương, Eye Care Foundation, Vietnam; Maggie Mangot, Port Moresby General Hospital Eye Unit, Papua New Guinea; Kenji Morishima, Tsubota Lab, Japan; Wei Yan Ng, Singapore National Eye Centre, Singapore; Siro Shinto Nozaki, Vida Vista, Japan; Kyoko Ohno Matsui, Tokyo Medical and Dental University, Japan; Nabin Paudel, Retina International, Ireland; Ngọc Phạm, Orbis International, Vietnam; Prerna Puri, IAPB, India; Serge Resnikoff, International Myopia Institute, France; Mohamad Aziz Salowi, Malaysia Ministry of Health, Malaysia; Indra Prasad Sharma, IAPB, Bhutan; Eisuke Shimuzu, OUI, Japan; Marina Shiroma, Vida Vista, Japan; Raul Sousa, UNICEF, Portugal; Kah Ooi Tan, nthalmic, Singapore; Raba Thapa, Tilganga Institute of Ophthalmology, Nepal; Minh Anh Trần, Hanoi Medical University, Vietnam; Megan Webber, Know the Glow, USA; Liqiong Xie, Zhongshan Ophthalmic Center, Sun Yat-sen University, China; Xiao Yang, Zhongshan Ophthalmic Center, Sun Yat-sen University, China; Yahan Yang, Zhongshan Ophthalmic Center, Sun Yat-sen University, China; Sumrana Yasmin, Sightsavers, Pakistan; Hin Moi Youn, IAPB, South Korea; Sile Yu, He University, China; Mayinuer Yusufu, IAPB, China. (Names listed alphabetically, by surname).

We are particularly grateful to all presenters and contributors who generously shared case studies and insights that strengthened the relevance and practical focus of this brief.

The views expressed in this document do not necessarily reflect the views of all contributors or their affiliated organisations.

Authorship

This policy brief was authored by the International Agency for the Prevention of Blindness (the IAPB) and led by Dr Fabrizio D'Esposito, Head of Region & Thematic Initiatives, Drew Keys, Director of Regions Engagement, and Amanda Davis, Chair of the Refractive Error Strategy Group.

This initiative was sponsored by Santen.

Photo credits

Front Cover	I love my Eyeglasses; by Abdullah Almajed for King Khaled Eye Specialist Hospital
Inside Cover	See the world without glasses; by Vera Shcherbakova
Page 5	Children are one third of our population and all of our future; by Ellen Karns for OneSight
Page 9	School eye screening, up close; by Emma Fullerton for Light for the World
Page 14	Photo collage of Marie; by the Fred Hollows Foundation
Page 15	Marie; by the Fred Hollows Foundation
Page 16	Prevent Childhood blindness; by Know The Glow
Back cover	Our children's eyes, our greatest treasure; by Jamshyd Masud for LRBT

Icon credits

The Noun Project

IAPB

www.iapb.org