



ADVANCING EYECARE IN NIGERIA: DRIVING INNOVATION AND PARTNERSHIPS FOR SUSTAINABLE DEVELOPMENT

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1. INTRODUCTION

I bring warm greetings from the Founder and Chancellor of Afe Babalola University, **Aare Afe Emmanuel Babalola, OFR, CON, SAN**, whose lifelong commitment to excellence in education, healthcare, and nation-building continues to inspire all of us at Afe Babalola University, Ado Ekiti (ABUAD).

Let me begin by sincerely appreciating the Optometrists and Dispensing Opticians Registration Board of Nigeria for convening this timely and highly important gathering, which speaks directly to the future of eye health, professional excellence, and sustainable development in our country. I wish to express my special gratitude to the **Registrar and Chief Executive Officer** for the confidence reposed in me to deliver the keynote address at this epoch-making occasion. I do not take this honour lightly, and I receive it with gratitude and a deep sense of duty.

This event is not only significant because of the subject before us, but also because it brings together minds, institutions, and stakeholders united by a common commitment to improving lives through better vision, better care, and better systems. That, in itself, is worthy of commendation.

As the Vice Chancellor of Afe Babalola University, Ado-Ekiti, I have come to appreciate even more deeply that no serious nation can speak of development in fragments. Education cannot be separated from health. Innovation cannot be separated from human well-being. Economic progress cannot be separated from the physical capacity of citizens to learn, work, create, and contribute meaningfully to society. They are all connected. When one is weakened, the others are affected. That is why eye health must no longer be treated as a narrow medical issue. It must be recognised as a serious development priority of International Significance.

In leadership, one learns that many of the limitations people face are not always caused by a lack of cerebral strength, talent or ambition. Sometimes they are caused by problems left unattended for too long. A brilliant student may appear slow in class simply because he cannot see clearly. A worker may lose confidence, efficiency, and earning power because of a visual condition that should have been treated early. Elderly persons may

gradually lose independence, not because old age has defeated them, but because eye-care came too late.

That is why this conversation is urgent, and its theme is most topical.

II. OUR REALITY

Nigeria carries a significant burden of avoidable visual impairment, and the figures are sobering. Nigeria's National Eye Health Policy states that blindness prevalence across all ages is about 0.78%, but among adults aged 40 years and above, the burden is far heavier. The national blindness survey found a blindness prevalence of 4.2% in that age group. More recent national planning documents, drawing on those survey foundations, estimate that more than 1.1 million Nigerians aged 40 and above are blind, with another 3.1 million visually impaired. In other words, about 4.25 million adults aged 40 years and above are living with visual impairment or blindness. Even more striking is the fact that about 84% of this blindness is avoidable. Cataract remains the leading cause, responsible for about 43% of blindness, while glaucoma accounts for 16.7%, making it one of the most serious causes of irreversible sight loss in the country.

The burden is not evenly shared. It falls more heavily on the poor, the less educated, and those living farther away from quality medical services. Nigeria's 2024–2028 National Eye Health Strategic Development Plan reports that blindness prevalence is 5.8% among non-literate Nigerians, compared with 1.5% among those who can read and write. Regionally, the North-East records the highest prevalence at 6.1%, while the South-West is lower at 2.8%. These figures remind us once again that eye disease in Nigeria is not only a medical issue. It is also shaped by poverty, geography, education, and inequality. In many communities, across many rural and underserved communities, patients visit health facilities when their vision has already been badly damaged. This is worsened by lack of access to quality eyecare services. Nigeria still faces shortages and maldistribution of trained personnel, weak referral systems, limited equipment, low public awareness, and heavy dependence on out-of-pocket spending. The national strategic plan reports roughly 610 ophthalmologists, 3,000 optometrists, 1,323 ophthalmic nurses, and 1,855 mid-level eye-care workers for the country, with most of them concentrated in urban centres.

The imbalance is also regional: the North-West holds about 40% of the eye-care workforce, while the North-East and South-East each have only about 9%. Cataract services reveal the access gap even more clearly. Nigeria's cataract surgical coverage has been reported at only 38.3%, and for about 36% of cataract-blind patients, the main barrier is simply the inability to afford surgery. The country's cataract surgical rate was last reported at about 317 persons per million population, far below the roughly 3,000 per million considered an acceptable level for Africa.

It is saddening to note with deep concern that this is not just a health problem. It is a national productivity problem. It is a social inclusion problem. It is a development problem.

III. INNOVATION

Today's digitalisation, modern facility, AI use for advanced diagnosis calls for further innovation in the eyecare global service generally and in Nigeria, most particularly.

When we speak of innovation, we must not think only of sophisticated machines or high-sounding technologies. Innovation, at its core, is about solving real human problems in better ways. Innovation becomes essential in making eyecare more accessible, less expensive, more efficient, and sustainable. It is about rethinking systems and not merely admiring challenges.

Permit me to call upon our highly skilled eyecare professionals gathered here today. The time has come to rethink our systems and embrace innovation.

We must adopt global best practices while adapting them to Nigeria's unique realities. Through collaboration and sustainable partnerships, we can transform eyecare for all Nigerians.

Digital health presents an enormous opportunity. Tele-ophthalmology can connect specialists with patients in remote areas, defiling space and time. Today, it is common knowledge that Artificial intelligence can support the early detection of retinal disease. Portable diagnostic tools can take

screening closer to the grassroots. Electronic medical systems can improve continuity of care and patient management.

Nigeria must not stand still while the world advances. Let us scale our own solutions that fit our own context and meet Nigeria's needs. Distinguished professionals, innovation must not end with technology. We must also innovate in service delivery, financing, training, local production, and inclusion.

At Afe Babalola University, the conviction for excellence is not merely theoretical. It is part of us and we constantly seek to sustain it. The Afe Babalola University Multi-System Hospital (AMSH) stands as a masterpiece of what healthcare in Nigeria should look like when vision, commitment, and excellence come together. Founded by the Internationally renowned Aare Afe Emmanuel Babalola OFR, CON, SAN, a man of uncommon vision and uncommon courage, the hospital reflects a standard of healthcare delivery that speaks to quality, dignity, and global relevance.

It is not just a hospital; it is a statement. It is a statement that Nigeria can build world-class institutions. It is a statement that healthcare can be modern, integrated, compassionate, and trusted. It is a statement that medical tourism should not be outward-looking but inward encouraged, as excellence is and can be built here at home. Within that broader medical excellence, we are proud of the quality of care available across our services at AMSH. This includes eyecare service, which forms an important part of our commitment to sound healthcare delivery with community outreach.

With utmost gratitude to the Founder, Funder and sole financier of ABUAD and AMSH, we are constantly reminded that if we truly desire transformation, we must be willing to invest into institutions and systems that reflect the future we want.

IV. RETHINKING ACCESS

Establishing facility of worldclass eyecare services is not enough, we ask ourselves "how many could have access to specialist centres which are mainly in cities and out of reach to the masses?"

Eyecare should not remain limited to specialist centres alone. Basic screening must become part of primary healthcare. School-based eye checks should become routine. Community health workers should be trained to identify warning signs and refer patients appropriately. Cataract outreach should not be treated as occasional charity; it should be part of a structured and sustained national system of care.

There is also room for local problem-solving through local production. We should encourage the design and manufacture of affordable spectacle frames, lenses, and optical materials within Nigeria. This will not only reduce costs for patients but also strengthen the local industry, create jobs, reduce import dependence, and support national self-reliance. When health policy and industrial policy work together, the nation benefits on both fronts.

Let us have our own Gucci or Versace-like spectacles designer which we can christen “NigiFrames” (from the word Nigeria).

FINANCING

We must also face the question of financing with the highest sense of responsibility, honesty and courage.

A person should not lose sight of the fact that diagnostic tests, treatment, and medical interventions are expensive and out of reach for the majority of Nigerians. Essential eye services must be better integrated into National budgets, health insurance schemes, and even state funding for low-income people. Public-private partnerships in financing should not be just a phrase but a purpose for NGOs and government organisations. Social investment and targeted subsidies can help expand access to cataract surgery, spectacles, expensive treatment and the like. Corporate institutions can support outreach, training, equipment, and patient care through social responsibility initiatives.

Eyeballcare must be a joint concern. Let us be clear: restoring sight is not charity. It is a smart development policy. When sight is restored, productivity is restored. When blindness is prevented, poverty is reduced. When vision is protected, human potential is preserved. Why should we

wait until blindness, severe sight impairment, and other non-reversible ailments set in

CAPACITY

Nigeria also needs a stronger professional capacity. We need more qualified, competent ophthalmologists, optometrists, opticians, ophthalmic nurses, and allied health professionals. But beyond numbers, we need quality training, continuous development, stronger curricula, research collaboration, and deliberate incentives for service in underserved communities.

As a university leader, I feel strongly that universities must not remain passive observers of national challenges. We have the finest intellects, and we are expected to provide the right answers. The Universities and training institutions must produce not only graduates but competent professionals. As we do this, we should engage in impactful research and international collaborations to build capacity for shaping politics and practice. We recognise the Immense role of the Optometrists & Dispensing Opticians Registration Board of Nigeria(ODORBN) in performing the enormous task of coordinating professionals across Nigeria. We must become institutions whose work touches lives far beyond our campuses.

THE POWER OF PARTNERSHIP

As a leader, I have come to understand the power of partnership, and I do not take it lightly.

In my academic career, and especially in my position as a Vice Chancellor, I have come to cherish and understand the secrets of partnership. Down the history lane, it has been confirmed over and over that no institution, no government and indeed no nation, can achieve any meaningful progress alone. One of Aare Afe Babalola's principles of success is that "No one does it alone" He often tells us that we need one another to become a strong force for good, for sound knowledge, impactful innovation, and for revolutionary transformation (Aare Afe Babalola).

That is why at Afe Babalola University, we do not take partnerships lightly, as we consider them a strategic instrument for growth,exposure,

and sustained excellence. Over the years, we have built meaningful collaborations with renowned institutions across the world in order to expose our students and faculty to the best of knowledge, research, and practice.

For instance, we partnered with **Johns Hopkins University in the United States**, and for the past 4 years, some of our 500-level medical students have been the beneficiaries.

We have established collaborations with various institutions in **China**, and we are currently engaging with a top-tier AI organisation in research on the use of **artificial intelligence in Medicine**. We also have partnerships with **SIIT in China**, with **King's College in the United Kingdom**, and in Africa, with institutions such as the Durban University of Technology (**DUT**). These are only a few examples from a much wider global network that cuts across continents.

Permit me to share the lesson here, which is simple but profound: partnership expands vision, accelerates learning, increases capacity, and enhances global reputation and visibility. Hence, partnerships enable institutions to achieve together what would have been far more difficult to achieve alone.

If this is true in education, research, and institutional development, then it is equally true in eye care services. For eyecare to advance meaningfully in Nigeria, partnerships must move beyond ceremony and become structured. It must move beyond promises and become practice. It must move beyond occasional collaboration and become a sustained framework for individual care that builds and that leads national progress.

POLICY AND ENFORCEMENT

If we are serious, then policy must reflect that seriousness.

We need measurable national targets for reducing avoidable visual impairment. We need dedicated budget lines for eye care services, equipment, and workforce development. Eye health indicators must be embedded within national health monitoring systems, with a stronger referral path and vision screening at all educational stages.

Let us turn policies into national concern with clear commitment and enduring structures.

EQUITY

We must also keep equity at the centre of our thinking. Rural populations, women, children, older persons, persons with disabilities, and vulnerable communities often face the greatest barriers to care. A national plan that leaves them behind cannot be called successful. The real strength of any healthcare system is not measured only by how it serves the privileged, but by how faithfully it reaches the vulnerable.

Sustainable development demands that we build systems that are geographically accessible, financially affordable, socially inclusive, and human-centred.

THE PROFESSIONAL VISION

Let us now imagine the Nigeria we want.

A Nigeria where every child receives regular vision screenings, and no child's education is limited by undetected sight problems. A Nigeria where cataracts would no longer steal dignity or sentence the elderly to blindness. Let our country detect diabetic eye diseases early and have resources to reach out to rural communities with quality healthcare services. Our universities, hospitals, practitioners, and policymakers must work together in a shared ecosystem of knowledge, ethical considerations, and devoted service.

Clearsight is not a privilege for few, it must be a realistic expectation for all.

V. CONCLUDING REMARKS

When the distinguished registrar approached me to deliver the keynote speech, my heart skipped with anxiety, and the first thought that came to my mind was that I am a legal professional, and not a medical professional, why me? Distinguished ladies and gentlemen, I must specially appreciate the Optometrists & Dispensing Opticians Registration Board of Nigeria for the important work it is already doing in regulating standards,

strengthening professional practice, supporting accreditation, safeguarding training quality, and helping to protect the Nigerian public from poor practice and quackery. These are vital responsibilities that matter greatly to the future of eye health in our country. As I now know why me, I want to most warmly thank the astute leadership of the Registrar and Chief Executive Officer of ODORBN, **Dr Obinna Edwin Awiaka**, for the role he is playing at this important time in the life of the profession.

Sir, your responsibility and the board's are enormous, but you have demonstrated the highest level of commitment to the profession. At the same time, if I may say so with utmost respect and sincerity, this is also the moment to call on the government and all stakeholders to encourage ODORBN to do even more. The present times demand even greater reach, greater vigilance, and greater innovation. The Board must continue to deepen public awareness on eye health, strengthen its war against quackery, expand support for quality training and continuing professional education, and build even stronger bridges among regulators, universities, teaching hospitals, and practitioners. **It must continue to raise standards, but it must also help expand access.**

Let us remember: good health must never remain the privilege of a few, but the sacred duty of all who can extend a hand to others. In this duty, we find not only compassion, but the true measure of our humanity.

Let us move from discussion to implementation, from fragmented efforts to coordinated actions, from isolated interventions to lasting systems, and from good intentions to measurable impact.

Thank you for listening.

God bless the Optometrists & Dispensing Opticians Registration Board of Nigeria.

God bless Afe Babalola University Ado-Ekiti

God bless Nigeria