

APAC focuses on bridging eye care gaps

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Roche APAC Vision Health Survey in 2025 reveals a stark disconnect between vision health concerns and preventive action across Asia Pacific (APAC) – while 91 per cent of adults over 40 express concerns about their vision health, only 28 per cent report undergoing annual or more frequent eye exams. Despite significant advancements in eye care, technological breakthroughs, and increasing global awareness, vast inequities persist in access to quality vision services. Thus, there is a clear need to include eye care in public health plans with coordinated, and accountable pathways. Let's take a look at the current challenges and future possibilities for all stakeholders to prioritise and invest in eye healthcare in APAC.



Over 2.2 billion people globally live with some form of vision impairment or blindness, and alarmingly, at least 1 billion of these cases could have been prevented or are still unaddressed. The challenge is not merely about understanding the scope of the problem, but about transforming insights into practical, scalable, and sustainable solutions. Turning data, research, and innovations into meaningful action lies at the heart of efforts to advance vision health globally.

At the macro level, the World Health Organization (WHO) estimates that poor vision leads to over \$400 billion in lost productivity annually. The economic and social costs extend further when factoring in caregiving burdens and reduced independence among older adults. Many eye diseases that develop with age are impossible for individuals to detect on their own without proper vision screening, such as a dilated eye exam. As people get older, those who suffer from vision loss face an increasing overall burden from it.

Asia Pacific bears the burden of vision impairment more heavily than any other region. APAC represents 51 per cent of the global population, yet the region accounts for nearly two-thirds of moderate-to-severe vision impairment cases worldwide. APAC's population over 60 is projected to double to 1.3 billion by 2050, adding significant vision health risk. In fact, South Korea joined Japan on the list of countries with a super-aged society, defined as a population where more than 20 per cent of its citizens are aged 65 or older, in December 2024 and Singapore is set to do the same by 2026.

Furthermore, the region also has a high prevalence of diabetes and diabetes-related eye diseases – diabetes alone increases the risk of vision impairment by 25 times. These two factors make addressing preventable vision impairment particularly urgent in the region.

"There is both an urgent need and a clear opportunity for the healthcare community to develop more effective approaches to eye health. It means integrating vision care into existing healthcare frameworks like diabetes and ageing management and using technology to create more accessible pathways," said

Professor Andrew Chang, Vitreoretinal Surgeon and Ophthalmologist, Sydney Eye Hospital, and Secretary-General of the Asia Pacific Vitreo-retina Society (APVRS), Australia.

As mentioned in the APAC Vision Health Survey 2025, commissioned by Roche, two-thirds of global ophthalmologists are in 13 countries, with only three of those in Asia Pacific and a particularly severe shortage in Southeast Asia. The survey also reveals that despite widespread awareness of vision risks like ageing and diabetes, knowledge of specific retinal diseases remains critically low across APAC. For instance, the lack of awareness about the importance of eye exams is higher in Malaysia, South Korea, and Thailand. Also, diabetes-related vision loss most significantly impacts people from the Philippines and Hong Kong, with 89 per cent and 81 per cent respectively reporting daily challenges, as per the survey.

“Expanding access to vision care through technology, such as telehealth and artificial intelligence (AI), is critical for addressing barriers like geographical isolation and limited availability of specialists. These innovations enable earlier detection of conditions such as diabetic retinopathy, age-related macular degeneration”, said **Dr Paisan Ruamviboonsuk, Clinical Professor of Ophthalmology, College of Medicine, Rangsit University, Rajavithi Hospital, Bangkok, Thailand.**

Sharing his perspective on the current scenario, **Ahmed Elhusseiny, Area Head, Roche Pharmaceuticals, Asia Pacific, Singapore** said, “The economic and human costs of delayed intervention are simply too high. What’s clear is that we need innovative approaches to bridge the awareness-action gap and strengthen prevention efforts, helping more people access the care they need and preserve their vision for longer.”

National initiatives & gaps across APAC

As China approaches the final year of its 14th Five-Year National Eye Health Plan (2021–2025), technological advancements, especially in AI, are increasingly pivotal in the prevention and treatment of eye-related conditions. A prominent illustration of this technological advancement is the “CC-Cruiser” system, an AI-driven cloud platform designed for the diagnosis and treatment of cataracts, developed by the Zhongshan Ophthalmic Center of Sun Yat-sen University.

On the other hand, public ophthalmology services across Australia are under-resourced to meet the needs of the population they serve, with long waitlists to access outpatient and inpatient (elective surgery) services.

Looking at Japan, the country is in the final stages of approving the first induced pluripotent stem cell (iPS cell) treatment for coverage under its national health care system. The treatment targets a rare but currently incurable eye disease (retinitis pigmentosa) that causes vision loss over time.

Japan has also very recently approved the production and marketing of the first eye drop for controlling myopia progression, but it is not included in the national health insurance drug price standard and is not covered by health insurance.

With three major blinding diseases- macular degeneration, diabetic retinopathy, and glaucoma- on the rise due to population ageing, the Korean Ophthalmological Society (KOS) and the Korean Retina Society (KRS) have proposed the ‘National Eye Reassurance Project’.

Reports have stated that the annual socioeconomic cost of macular degeneration in Korea is estimated to be 694.3 billion won (\$504.1 million), of which formal medical expenses are about 410.2 billion won, informal medical expenses are 90.7 billion won, caregiving expenses are 40.1 billion won, and productivity losses are about 132.5 billion won.

As WHO recommends preventing blinding diseases through fundus examinations, this test is only included in examinations at university hospitals and some private screening centres in Korea, and not included in the national health examination.

On this note, **Dr Seung Young Yu, Professor, College of Medicine, Kyung Hee University, South Korea** said, “Integrating fundus examinations into routine diabetes management is crucial for the early detection of conditions such as diabetic macular edema which can lead to vision loss. With enhanced public awareness, integrated diabetes care pathways, and supportive policies, vision health can become a routine part of overall healthcare across APAC.”

But in Singapore, for instance, a fundus examination-based diabetic retinopathy screening programme is in operation. Additionally, Singapore National Eye Centre (SNEC) has been designated as the World Health Organization (WHO) Collaborating Centre for the Prevention of Blindness and Vision Impairment, marking the first centre of its kind in Southeast Asia. As a result, SNEC is supportive in building the capacity of the eye care workforce in Southeast Asia and provides safe and accessible ophthalmic and optometry services.

Furthermore, the Health Ministry in Malaysia is planning to increase ophthalmology services, particularly in the rural areas. A few months ago, the Tun Hussein Onn National Eye Hospital, Malaysia’s first and only dedicated eye hospital, in partnership

with the Ministry of Health Malaysia, hosted its inaugural Cataract Carnival, which provided free cataract surgeries.

“Innovation and collaboration are essential to transform vision care in Asia Pacific. Through collective efforts across the healthcare ecosystem, we can break down barriers to build a future where preventable vision loss is effectively managed”, said **Dr Kenneth Fong Choong Sian, Consultant Ophthalmologist, Vitreoretinal Surgeon, Malaysia.**

Focusing on India, the National Programme for Control of Blindness and Visual Impairment has been into existence for a very long time. However, according to experts, the country right now has only 1.8-1.9 ophthalmologists for every 100,000 people, while the actual requirement is approximately 8-9 per 300,000 people. This shortage poses a significant challenge to meet the growing demand for eye care services in India.

Amidst these challenges, a positive development was announced earlier this year by the Vietnam government, that Trachoma, once affecting 90 per cent of Vietnamese people, has officially been declared eliminated after seven decades of national effort. Trachoma is an infectious disease which causes trichiasis in 15 per cent of patients, leading to blindness in 2 per cent of the rural population.

Simultaneously, UAE has recently launched its first National Eye Disease Epidemiology Study, under the leadership of Emirates Society of Ophthalmology and Emirates Medical Association, to advance eye disease research, enhance patient care, and map the prevalence of ocular diseases across the nation.

Adding to the list, Thailand has taken a major step forward to overhaul its national eye health by launching the ‘WHO SPECS 2030 initiative’ with a clear focus on Service design, Personnel development, Public education, Costing, Surveillance and research.

As vision health continues to emerge as a neglected crisis in APAC, countries must work towards integrating eye care into national health strategies and policies, emphasising preventive services; invest in training and capacity building to develop a skilled and well-distributed eye care workforce; and utilise the power of digital solutions, such as telehealth and AI-assisted screening, to address geographical barriers and bridge care gaps.

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