Tackling the Myopia Crisis:

A Consensus Statement on Uniting Frontline Care, Policy, and Thoughtful Innovation

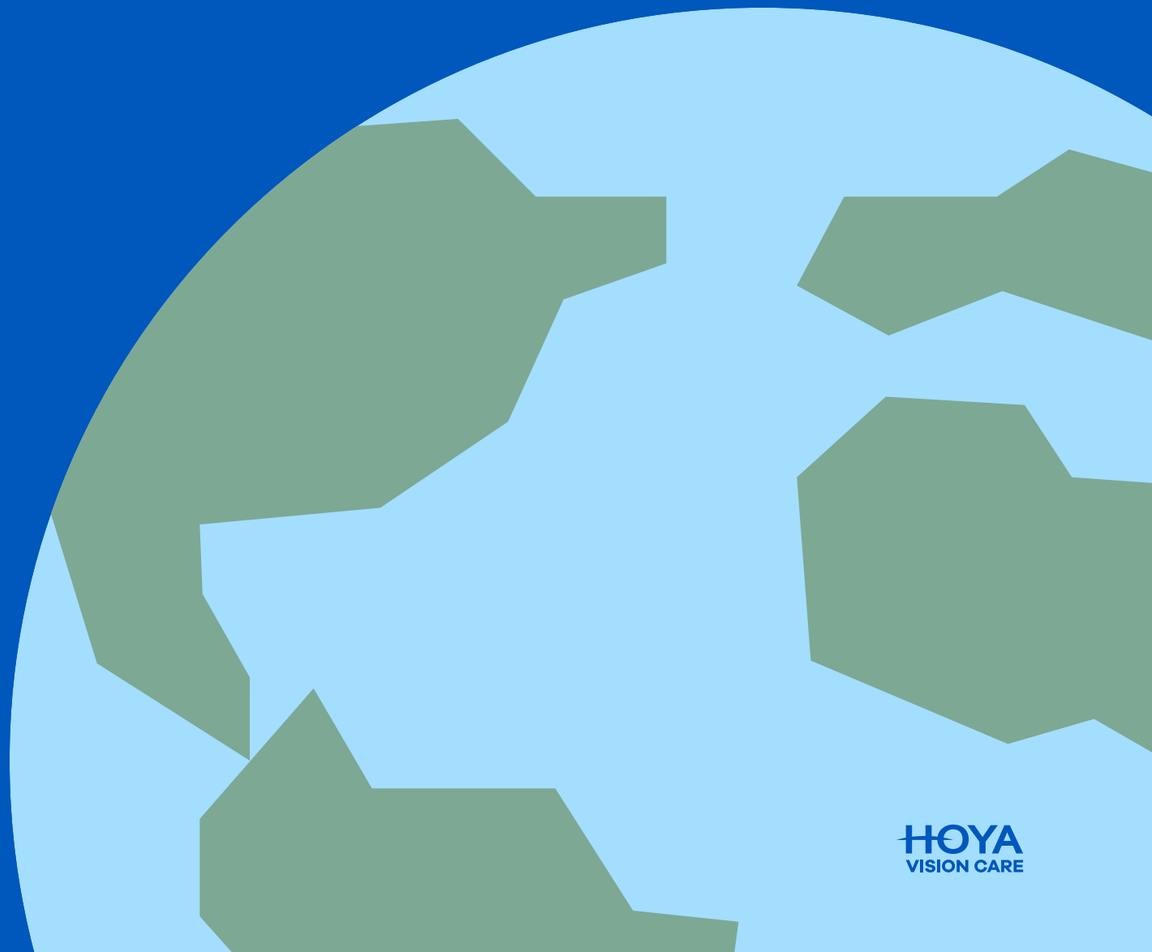
HOYA VISION CARE

Introduction

Myopia, also known as near-sightedness, has escalated into a global public health emergency. By 2050, nearly **5 billion people** will be affected,[1] including an estimated **740 million children,**[2] with economic losses from uncorrected myopia already exceeding **$244 billion USD** annually.[3]

Significant treatment and screening gaps persist: up to **60% of children** in low- and middle-income countries are undiagnosed, while barriers such as cost, long wait times, and limited awareness affect all regions.[4,5]

The problem is complex, and a holistic approach is critical to protect children's vision and reduce economic strain. Therefore, HOYA Vision Care, in collaboration with medical professional bodies, global experts, policymakers, and advocates, have developed this consensus statement. It covers actions which, if adopted, would reduce the impact of myopia on individuals and the global economy.



Members of the Tackling the Myopia Crisis panel who contributed to this Consensus Statement:

Dr Stuart Keel
Technical Officer, Vision and Eye Care Programme, World Health Organization

Marius de Beer
Chief Sustainability Officer, HOYA Vision Care

Jacqueline Grove
President of 20/20 Quest, National Vision's Charitable Foundation, CEO of The Coalition for Clear Vision

Prof. Serge Resnikoff
Chair, International Myopia Institute (IMI)

Prof. Dominique Bremond-Gignac
Professor of Ophthalmology, Head of Ophthalmology Department, University Hospital Necker-Enfants Malades and Paris Cité University

HOYA VISION CARE

Recommendations

We call for urgent, coordinated measures to elevate childhood myopia as a public-health priority and ensure equitable access to evidence-based care:

1. **Mandate universal pediatric vision screening for preschool age upwards.**

2. **Prioritize myopia management intervention upskilling in continuous professional educational programs for Eye Care Professionals.**

3. **Integrate healthy visual habits including mandated time outdoors, myopia awareness initiatives and myopia-focused educational activities within school curricula and community hubs.**

4. **Recognize that these measures should be implemented alongside wider policies to address childhood health inequalities, digital wellbeing, and universal health coverage, ensuring no child's future is limited by preventable vision impairment.**

HOYA VISION CARE

1. Mandate universal pediatric vision screening for preschool age upwards:

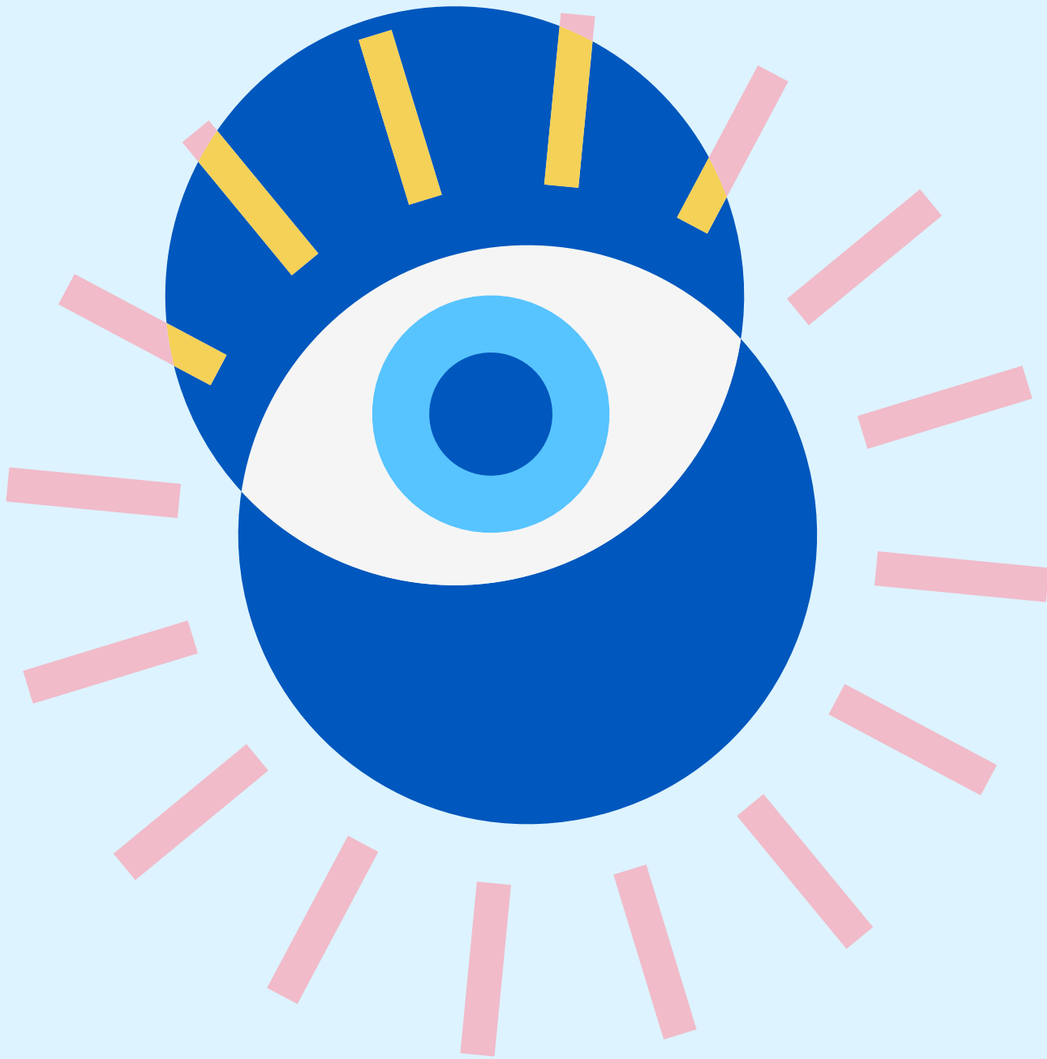
a. Implement routine annual vision screening for children aged 4–16 years within school health services, with timely follow-up care and provision of corrective measures as needed.

b. Targeting a **40% increase** in effective of corrective services for children by 2030 per SPECS 2030, ensuring screening leads to actual treatment.[6]

c. Increase universal access for pediatric eye care screenings through reimbursement and national health organization discounts, using France's groundbreaking public health initiative to tackle rising childhood myopia rates as a blueprint.

d. Engage in dialogue with the private sector to promote effective and meaningful contributions to scaling up the coverage of refractive services.[6]

e. Establish national clinical guidelines for myopia management interventions in alignment with WHO[6] and WSPOS[7] frameworks.



HOYA VISION CARE

2. Prioritize myopia management intervention upskilling in continuous professional educational programs for Eye Care Professionals:

a. Deliver continuous professional development programs for dispensing optometrists and opticians on up-to-date myopia management protocols.

b. Mandate myopia management education across optometry and ophthalmology training worldwide.

c. Create standardized patient education materials to enable patients to gain a greater understanding of their own eye health and make these available for free to all optical practices.

d. Establish peer-to-peer education and mentorship programs for Eye Care Professionals.

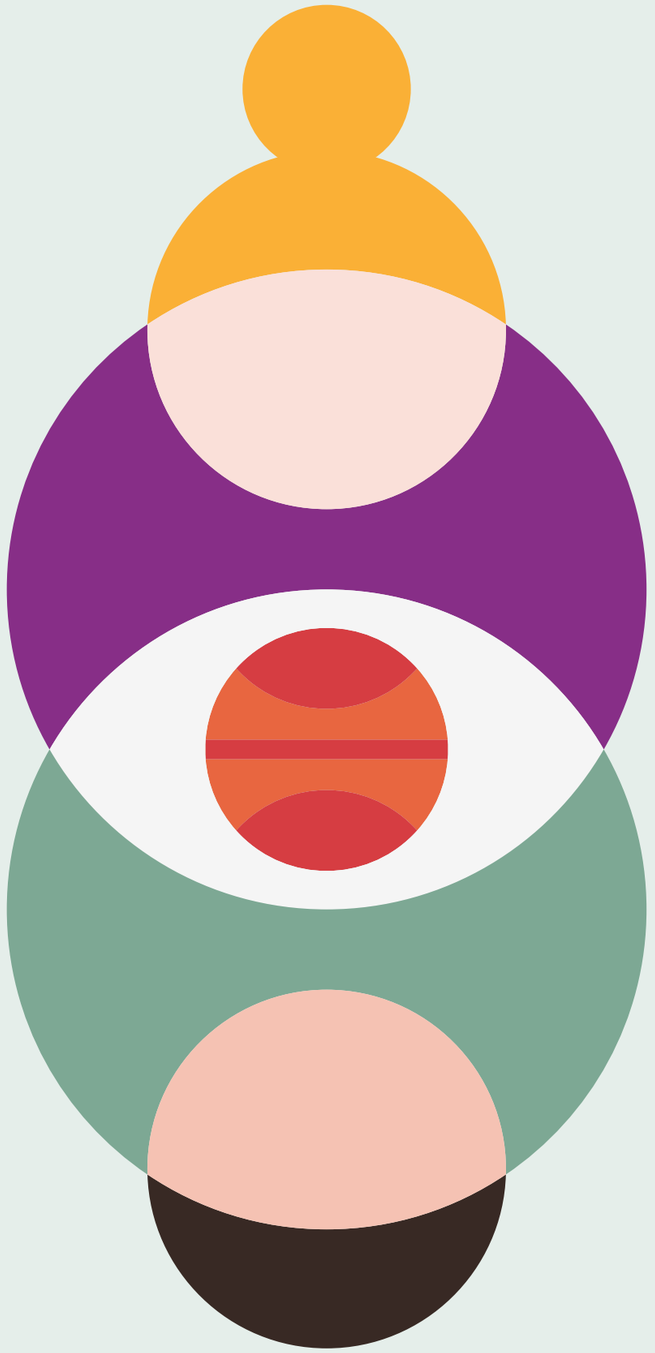
3. Integrate healthy visual habits including mandated time outdoors, raise myopia awareness initiatives and myopia-focused educational activities within school curricula and community hubs:

a. Mandate a minimum of 2 hours of outdoor time daily in preschool, primary, and secondary school curricula.[8]

b. Implement national limits to sedentary screen time of no more than 1 hour daily, including classroom lessons and digital homework allocations.[9]

c. Provide teachers and community hub leaders within all age groups with educational resources, including lesson plans and interactive online hubs, to teach children about myopia symptoms and the importance of vision screening.

d. Establish community engagement programs through healthcare institutions to deliver educational workshops on vision-protective behaviors at schools and community hubs, including targeted education for parents, caregivers, and children regarding the impact of digital lifestyles.



HOYA VISION CARE

4. **Recognize that these measures should be implemented alongside wider policies to address childhood health inequalities, digital wellbeing, and universal health coverage, ensuring no child's future is limited by preventable vision impairment.**

The future of children’s vision health must be put first by combining technological development in vision care and policies that promote vision-friendly behavioral changes. We all have a social responsibility to ensure the problem of myopia is tackled as widely as possible.

Together, through preventative measures, raising awareness, and delivering education, in combination with strong public-private partnerships, we can curb myopia’s rise and provide a fair chance at vision health for every child.

HOYA VISION CARE

Contact

Pamela Pedrucci
HOYA Vision Care Corporate Brand and Communications Director
pamela.pedrucci@hoya.com

Elizabeth Bocarro
HOYA Vision Care Global PR and Media Manager
elizabeth.bocarro@hoya.com

Marius de Beer
HOYA Vision Care Chief Sustainability Officer
marius.debeer@hoya.com

References

1. Holden BA, et al. Global Prevalence of Myopia and High Myopia and Temporal Trends from 2000 through 2050. Ophthalmology. 2016;123:1036–42.
2. Liang J, et al. Global prevalence, trend and projection of myopia in children and adolescents from 1990 to 2050: a comprehensive systematic review and meta-analysis. Br J Ophthalmol. 2025;109:362–71.
3. Brien Holden Vision Institute. Uncorrected myopia cost global economy US$244 billion in lost productivity in 2015. 2019. Available at: https://bhvi.org/news/uncorrected-myopia-cost-global-economy-us-244-billion-in-lost-productivity-in-2015/ (Accessed: November 2025)
4. Fricke TR, et al. Global cost of correcting vision impairment from uncorrected refractive error. Bull World Health Organ. 2012;90:728-738.
5. HOYA Vision Care. Global Eye Health Survey: Barriers to Vision Care in China, France and Canada. Tokyo: HOYA Vision Care; 2023.
6. World Health Organization. SPECS 2030. Available at: https://www.who.int/initiatives/specs-2030 (Accessed: November 2025)
7. World Society of Paediatric Ophthalmology and Strabismus Myopia Consensus Statement 2025. Available at: https://wspos.org/myopia-consensus-statement-2025/Accessed: November 2025)
8. Ho CL, Wu WF, Liou YM. Dose–Response Relationship of Outdoor Exposure and Myopia Indicators: A Systematic Review and Meta-Analysis of Various Research Methods. Int J Environ Res Public Health. 2019;16:2595.
9. World Health Organization. To grow up healthy, children need to sit less and play more. 24 April 2019. Available at: https://www.who.int/news/item/24-04-2019-to-grow-up-healthy-children-need-to-sit-less-and-play-more

HOYA VISION CARE

HOYA VISION CARE | Improve life through vision