

Quo Vadis Optometry?

A Call for Integration of Optometry into the Global Health Systems

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The question "Quo Vadis?" - ***Where are you going?*** - is crucial for any profession at a crossroads. For optometry, this question is even more pressing. Despite our important role as the first line of defense against vision loss, our profession remains undervalued. In many parts of the world, we are excluded from formal national health planning. This oversight is not just a minor issue; it is a significant barrier to achieving global eye health equity and hinders public health.

The main challenge for optometry is our fragmented and often unrecognized status. In most countries, we are not part of national health systems. This separation creates a critical gap in care, forcing patients to navigate a complicated and often expensive path from a vision problem to a solution. Without a primary eye care entry point, patients may miss out on essential preventative and diagnostic services. They often seek help only when their conditions have advanced and become more difficult to treat.

The World Health Organization (WHO) and various international bodies have long acknowledged the need for a well-defined and integrated eye care workforce. Yet national health plans often overlook this need.

Optometry in the United States

In the United States, optometrists are part of the eye care team in the Department of Veterans Affairs and Federally Qualified Health Centers. We are commissioned officers in the US Public Health Commissioned Corps. We also participate in the Indian Health Service System. The American Optometric Association works with agencies such as the Centers for Disease Control and Prevention to promote eye health. However, much of our work is not fully documented or acknowledged. For example, the ***Healthy People 2030*** initiative sets national health goals for the decade. There are eight objectives related to eye care. None of these core objectives is classified as being met or improved. The reason is that we lack baseline or updated data to demonstrate a clear trend or improvement. One of them (reduced vision loss in children and adolescents) is officially classified as getting worse. This lack of data impedes a full recognition of our contribution. It makes it harder to show our full value to policymakers and public health officials.

Optometry at the global level

Globally, we have countries that have successfully integrated optometry into their national health systems. In nations like the United Kingdom, Australia, and Canada, optometrists are acknowledged as primary health care providers within the public health system.

Similarly, there are success stories in developing countries. Mozambique, with help from international partners, has effectively integrated its newly trained optometrists into the national health system. Other African countries, such as South Africa and Ghana, are increasingly placing optometrists in public health facilities. In Colombia, optometrists are included in the national health plans and hospitals. In Mexico, optometrists have a limited but increasing role in the public health sector.

So: Quo Vadis, optometry?

The answer is clear: we must move toward full inclusion. Inclusion requires a two-pronged strategy. First, on both global and national levels, we must advocate policy changes that formally include optometry in healthcare systems and public health planning. Second, as a profession, we need to continue proving our value. This involves improving data collection that accurately represents our contributions. It also means expanding our scope of practice, participating in more community-focused health initiatives. We should build stronger partnerships with other healthcare professionals. The future of optometry depends on being seen as an essential part of universal health coverage. By working together, we can ensure that everyone, regardless of location or economic status, has access to the gift of sight.