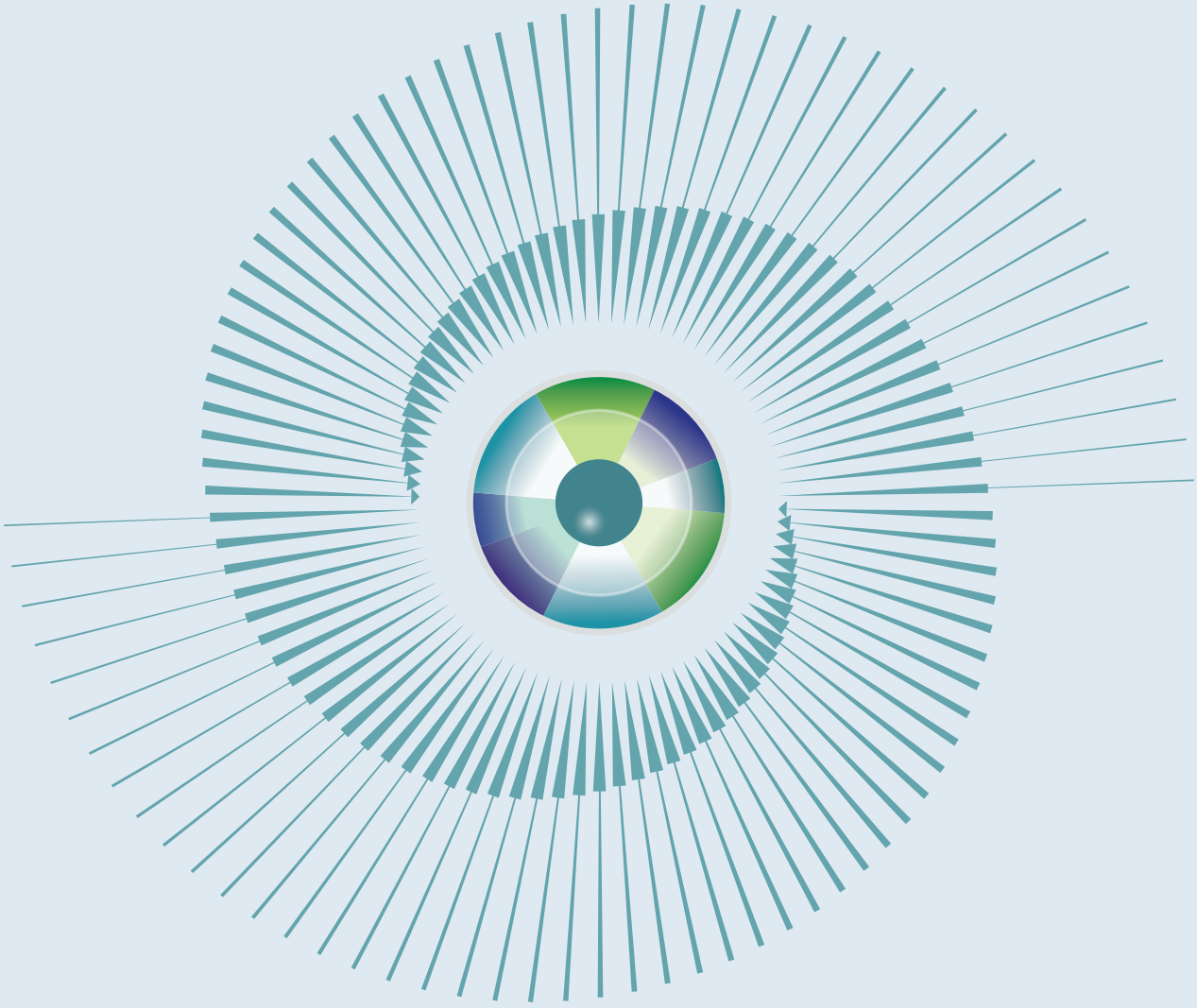
National Strategy for Eye Care



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Également disponible en français sous le titre :
La stratégie nationale sur les soins oculaires

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Publication date: June 2026

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Cat.: H22-4/48-2026E-PDF
ISBN: 978-0-660-99894-7
Pub.: 260104

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Minister's message

The **National Strategy for Eye Care**, the first of its kind in Canada, sets out a common plan for governments and partners to improve eye care for everyone. It focuses on preventing vision loss, improving access to care as well as support for people who are blind and partially sighted. It builds on important work already underway to advance eye health across the country.

This Strategy is grounded in what we heard from people across the country. We listened to people with lived experience of blindness or partial sight, health professionals, researchers, industry representatives, Indigenous organizations, and other partners.

One message came through clearly: access to eye care is not the same for everyone. Where you live, how much you earn, and your background can shape your experience. People in rural, remote, and northern communities, Indigenous Peoples, newcomers, and those with lower incomes often face more barriers, including long travel distances, fewer providers, and cost. This Strategy puts people first, with a focus on care that is accessible, inclusive, and culturally safe.

There is a real opportunity to do better. This Strategy points to practical ways forward, strengthening partnerships, using new technologies, and supporting innovation, while helping people connect more easily to the care and services they need. By working together, we can improve access to eye care across Canada and make it more equitable for everyone.

As a next step, Health Canada will develop an implementation plan to bring this Strategy to life. Since eye health is a shared responsibility, I encourage partners across the country to adapt the Strategy to their communities and unique needs. Its success depends on our continued collaboration and efforts to advance eye health.

Thank you to everyone who shared their experiences, knowledge, and ideas – your voices have helped shape this Strategy and will continue to guide the future of eye care in Canada.

The Honourable Marjorie Michel, P.C., M.P.
Minister of Health

Executive summary

Vision health can be fundamental to Canadians' quality of life, supporting independence, education, employment, and full participation in society. Yet millions of Canadians live with preventable or treatable eye conditions, and access to timely, affordable, and coordinated eye care services remains uneven across the country. Demographic pressures, including an aging population, rising chronic disease, and increasing rates of myopia among youth, are expected to significantly increase demand for eye care services in the coming decades.

The **National Strategy for Eye Care** (the Strategy) proposes a pan-Canadian framework to improve the prevention and treatment of eye disease and strengthen vision rehabilitation services. It has been developed in accordance with the National Strategy for Eye Care Act (the Act), which requires the federal Minister of Health to develop a national strategy to support the prevention and treatment of eye disease, as well as vision rehabilitation, to ensure better health outcomes for Canadians, in consultation with the representatives of the provincial and territorial governments which share responsibility for matters related to health,* Indigenous groups, and other relevant stakeholders.

The Strategy has been shaped through an engagement process, which included outreach to National Indigenous Organizations as a key component. Over the course of this process, Health Canada held more than 50 dialogue sessions with over 100 stakeholders, including physicians (such as ophthalmologists), optometrists, opticians, people who are blind or partially sighted, individuals with lived experiences of vision loss, representatives from private industry, non-government organizations and other service providers, researchers, representatives of Government of Canada organizations, and representatives from provinces and territories. The engagement process culminated in a national conference held on February 4, 2026, which brought partners together to inform the development of the Strategy.

Learn more:

- National Strategy for Eye Care Act

* This Strategy, including the appendices, has been prepared by Health Canada in accordance with the Act, and does not necessarily reflect the views of provinces and territories, although they were consulted in its development.

State of eye care in Canada

- **High and growing risk of vision loss:** Some research estimates that 1.2 million Canadians live with significant vision loss or blindness, with millions more affected by conditions such as age-related macular degeneration, cataracts, glaucoma, diabetic retinopathy, and refractive errors. This number is expected to rise by 2050.[1]
- **Significant economic impact:** Vision loss carries an estimated cost of tens of billions of dollars annually due to health care expenditures, lost productivity, and reduced quality of life.[2] Preventative care and timely treatment offer substantial economic and social returns.
- **Inequitable access to care:** Access to eye care services varies widely by geography, income, and population group. Rural, remote, and isolated communities, Indigenous Peoples, newcomers, and low-income Canadians face disproportionate barriers, including provider shortages in some areas, travel distances, and affordability challenges.
- **Fragmented systems of care:** Eye care services are delivered across multiple providers and sectors but are not always well-integrated. Gaps in coordination between medical care, rehabilitation, and social supports result in complex and inconsistent care pathways.
- **Financial barriers:** Most vision care services outside of medically necessary physician-delivered care are funded privately. Approximately 90% of these costs (e.g., optometrist services, eyeglasses, etc.) are paid through private insurance or out-of-pocket expenses.[3] For individuals with fewer socio-economic resources, this can limit access to routine eye exams, corrective lenses, and assistive technologies.
- **Workforce and capacity pressures:** While Canada has a strong base of eye care professionals, shortages and uneven distribution, particularly in rural, remote and isolated communities, pose challenges to meeting future demand.
- **Data and awareness gaps:** Canada has a strong foundation of population-level data on vision and eye health (e.g., Statistics Canada's nationally representative surveys have vision questions). However, these data are not fully integrated or consistently leveraged for comprehensive eye health planning. Important gaps remain in areas such as causes, early detection, access to and use of supports, and public awareness of prevention.

Strategic response

The Strategy is guided by principles of equity, inclusion, reconciliation, collaboration, value, and meaningful engagement with people with lived experience. It recognizes vision loss as both a health and social issue and emphasizes the importance of person-centred, accessible, and culturally safe care.

Five interdependent pillars define the areas for action:

1. **Building Stronger Partnerships and Breaking Down Silos**
   Strengthen collaboration across governments, health providers, and social systems to improve coordination, data sharing, and integrated care pathways.
2. **Raising Awareness**
   Improve public and professional awareness of eye health, prevention, early detection, and available supports, while addressing stigma and misconceptions about vision loss and blindness.
3. **Connecting Canadians with the Resources They Need**
   Enhance equitable access to eye care services, rehabilitation, and assistive technologies.
4. **Turning Data into Action**
   Improve the collection, integration, and use of eye health data to support evidence-based decision-making, track outcomes, and reduce inequities.
5. **Embracing New Technologies and Innovative Solutions**
   Leverage advances in artificial intelligence, telehealth, and emerging therapies to improve early detection, expand access, and enhance system efficiency.

Looking ahead

The Strategy provides a roadmap for collective action while respecting provincial and territorial responsibilities for health care delivery. Its success will depend upon sustained collaboration among governments, Indigenous partners, health professionals, community organizations, and individuals with lived experience.

Implementation will focus on advancing health equity, strengthening partnerships, and fostering innovation across the eye care system. A progress report will be tabled in Parliament within five years on the effectiveness of the Strategy and on the state of eye disease prevention and treatment in Canada.

Introduction

Vision can play an essential role in learning, employment, mobility and participation in daily life. When eye disease and vision loss are not treated or prevented in a timely way, the effects do not just affect clinical outcomes. They can also impact independence, safety and overall quality of life.[4] However, there are steps that governments and other stakeholders can take to facilitate independence and full participation in society for people who have experienced vision loss or blindness, such as vision habilitation or rehabilitation services, or providing assistive devices.

Across Canada, preventable and treatable eye conditions affect millions of people, and access to eye care services remains uneven across regions and populations. Eye care services are facing increased pressure from:

- population aging
- rising rates of chronic disease
- the growing prevalence of conditions such as myopia

These pressures reinforce the need for coordinated national leadership.

The National Strategy for Eye Care (the Strategy) has been developed in accordance with An Act to establish a national strategy for eye care (the Act). The Act requires the Minister of Health to develop and implement a national strategy in consultation with provincial and territorial governments, Indigenous groups and relevant stakeholders, to develop the Strategy to support the prevention and treatment of eye disease, as well as vision rehabilitation, in order to improve health outcomes for Canadians. The Act also requires the Minister of Health to prepare and table a report on the effectiveness of the Strategy and on the state of eye disease prevention and treatment in Canada, within five years of the tabling of the initial report in Parliament. This report must also set out the Minister's conclusions and recommendations regarding the Strategy.

The development of the Strategy was informed by outreach, discussions, and engagement sessions with people who are blind, people who are partially sighted, individuals with vision loss, caregivers, clinicians, researchers, service providers, Indigenous partners, and provincial and territorial representatives. Their perspectives highlighted the importance of affordability, timely access to care, coordinated rehabilitation pathways and improved awareness of eye health.

Read a summary of what we learned in Appendix A

A coordinated national approach is essential to improve outcomes and reduce avoidable vision loss. This Strategy establishes a common policy direction and can help chart a clear path forward. It offers a shared vision, highlights critical system gaps, and provides a starting point for future collaboration across governments, health systems, communities and other key partners. By guiding coordinated efforts, the Strategy supports sustained progress in advancing eye health and improving quality of life for Canadians.

The Strategy acts as a guide to coordinating efforts, and supports progress in advancing eye health and improving quality of life for people in Canada.

Learn more:

- An Act to establish a national strategy for eye care

Description of common eye diseases and conditions

The Act requires the Strategy to describe the various forms of eye disease. To that end, there are numerous forms of eye disease that can affect the vision health of Canadians. Preventative eye screenings can detect many before they become a serious problem. Some of the most common forms of eye disease include:

- **Age-Related Macular Degeneration (AMD):** Macular degeneration is an eye disease that damages the macula, the small central part of the retina responsible for sharp, detailed vision. Dry AMD is the more common form and occurs when the macula gradually thins, leading to slow, progressive central vision loss. Wet AMD is less common but more severe, caused by abnormal blood vessels leaking under the retina, leading to more rapid vision distortion or loss. Injections of a class of drugs called anti-VEGF are used for wet AMD. Nutritional supplements (AREDS2), lifestyle changes (such as stopping smoking and controlling blood pressure), and low-vision aids may help manage certain stages of AMD. Existing treatments can slow the disease, but they cannot fully restore lost vision.
- **Cataracts:** A cataract is clouding of the eye's natural lens, leading to blurry vision, glare, and reduced colour clarity. It commonly develops with age but can also result from injury, certain medications, or medical conditions like diabetes. The only effective treatment is surgical removal of the cloudy lens and replacement with a clear artificial lens.
- **Diabetic Retinopathy:** This condition occurs when high blood sugar damages blood vessels in the retina. This can lead to leakage of fluid or blood in the early stages, which may be asymptomatic. In later stages, new blood vessels grow, leading to potential blindness. Routine screening exams are essential for detection. Treatment includes controlling blood sugar and using laser therapy, anti-vascular endothelial growth factor (VEGF) injections, or surgery to manage retinal damage.
- **Glaucoma:** Glaucoma is a group of conditions that damage the optic nerve, often due to increased eye pressure. It causes gradual peripheral vision loss, but if untreated can lead to blindness. It usually develops without symptoms at first, which is why regular eye exams are important. Treatments can include eye pressure–lowering drops, laser therapy, or surgery, depending on severity.

- **Keratitis:** Keratitis is inflammation or infection of the cornea that can cause pain, light sensitivity, and loss of vision. It can result from injury, contact lens use, or infection. Keratitis is treated with topical medications but may require systemic medication or surgery, depending on the underlying cause and severity.
- **Uveitis:** Uveitis is inflammation of the eye's middle layer (uvea), leading to pain, redness, and vision loss. It is often linked to autoimmune conditions or infections. Diagnostic delay can result in severe vision loss. Uveitis is managed with steroid eye drops or systemic medications, along with treatment of any underlying condition.

Common eye conditions requiring correction include:

- **Myopia:** Myopia, also called nearsightedness, is a common vision condition where distant objects appear blurry while close objects remain clear. It happens when the eyeball is too long or the cornea is too curved, causing light to focus in front of the retina instead of directly on it. Myopia often begins in childhood and tends to worsen during the teenage years. Extremely high myopia can lead to secondary eye disease and vision loss. Myopia can be corrected with glasses, contact lenses, or refractive surgery, and certain treatments may help slow its progression in children.
- **Hyperopia:** Hyperopia, also called farsightedness, is a common vision condition where distant objects may appear clearer than close ones. It occurs when the eyeball is too short or the cornea has too little curvature, causing light to focus behind the retina instead of directly on it. Mild hyperopia is common but higher levels of hyperopia can lead to eye strain, headaches, or difficulty with sustained near work, and in children it may contribute to eye alignment problems (such as crossed eyes) or reduced vision if untreated. Hyperopia can be corrected with glasses, contact lenses, or refractive surgery, depending on age, severity, and individual needs.
- **Presbyopia:** Presbyopia is an age-related vision condition in which the eye gradually loses its ability to focus on close objects. It occurs because the natural lens of the eye becomes less flexible over time, making it harder to change shape for near vision. Presbyopia typically becomes noticeable in the early to mid-40s and progressively worsens with age, often leading to difficulty reading small print or seeing objects up close. It is a normal part of aging and not a disease. Presbyopia can be corrected with reading glasses, bifocals, progressive lenses, contact lenses, or, in some cases, surgical options.

- **Astigmatism:** Astigmatism is a common vision condition caused by an irregularly shaped cornea or lens, which prevents light from focusing evenly on the retina. Instead of a perfectly round shape, the cornea or lens may be more oval, leading to blurred or distorted vision at all distances. Astigmatism can occur on its own or alongside myopia or hyperopia and is often present from birth. Symptoms may include blurry vision, eye strain, headaches, or difficulty seeing clearly at night. Astigmatism can be corrected with glasses, contact lenses (including toric lenses), or refractive surgery, depending on its severity.

The term "eye care," for the purpose of the Strategy, includes a variety of ocular-related health services. For example, it includes medically-necessary services provided by a physician, such as a surgery by an ophthalmologist, which could be covered under a provincial or territorial health plan in accordance with the Canada Health Act.

The term also encompasses a variety of ocular-related services which may or may not be covered by provinces and territories. It could include preventative eye exams, diagnostics or prescriptions provided by an optometrist, referrals by primary care physicians, and the provision of eyeglasses by opticians. Eye care also includes habilitation and rehabilitation services, such as those provided by occupational therapists, to help individuals with vision loss, low-vision, or blindness adapt to their unique circumstances and regain independence. For instance, low-vision rehabilitation focuses on enhancing remaining vision, while vision loss rehabilitation teaches practical skills to enhance independence, safety, and mobility after loss of sight. Habilitation services are crucial for those born blind or with early-life vision loss, focusing on developing skills from a young age.

However, eye care is not limited to strictly medical services. During the engagement process, stakeholders emphasized that a comprehensive vision care regime also includes a range of social supports for individuals with vision loss or blindness. These could include efforts to address mental health, social isolation, inequalities in employment, and more, to ensure that people who are blind or partially sighted have the ability to function independently in society.

> "Those of us who are born legally blind also deserve to have easy access to life skills education, so we can live our best lives."
>
> – Marcia Yale, National President, Alliance for Equality of Blind Canadians

Learn more:

- Canada Health Act

Professions delivering eye care services

Eye care is not delivered by a single health care provider or profession. Some of the key professions that deliver eye care services include:

- **Ophthalmologists:** Ophthalmologists are medical doctors specializing in eye and vision health who diagnose and treat complex eye diseases, perform eye surgery (such as cataract or retinal procedures), and manage advanced medical eye conditions.
- **Family Physicians / Primary Care Providers:** Family doctors and nurse practitioners can identify and manage general health issues affecting vision, provide initial assessment of eye symptoms, offer referrals to optometrists or ophthalmologists, and help coordinate care for systemic conditions like diabetes that affect eye health.
- **Optometrists:** Optometrists are primary vision-care professionals with a four-year Doctor of Optometry degree who perform comprehensive eye exams, diagnose refractive errors and many eye diseases, prescribe glasses and contact lenses, and provide ongoing management of non-surgical eye conditions.
- **Opticians:** Opticians are regulated professionals who interpret prescriptions from optometrists or ophthalmologists to dispense, fit, adjust, and repair eyeglasses and contact lenses.
- **Orthoptists:** Orthoptists are specialists who assess and treat disorders of eye movement and binocular vision, often working alongside ophthalmologists to manage conditions like strabismus, double vision, and pediatric vision issues.
- **Ocularists:** Ocularists fabricate, fit, and maintain ocular prostheses (artificial eyes) for individuals who have lost an eye due to disease or injury, ensuring comfort, cosmetic appearance, and proper socket health.
- **Rehabilitation Specialists:** These professionals (sometimes optometrists with additional training or rehabilitation or habilitation occupational therapists) help individuals with vision loss maximize remaining sight using adaptive techniques, devices, and training to support daily function, or help individuals born with blindness or vision loss develop crucial skills.

The lived experience of vision loss in Canada

Vision loss is a significant health and social issue in Canada. It affects people at all stages of life, and may be congenital, progressive, sudden, temporary or permanent. It includes:

- children who need corrective lenses
- adults whose vision changes are related to age
- people with significant vision loss or blindness, including those who were born without sight

The experience of blindness and partial sight varies depending on:

- the underlying cause, age of onset, and rate of progression
- access to timely diagnosis, treatment, and rehabilitation

It is important to understand vision loss and blindness as both a clinical and a social issue. While medical treatment is essential, many people who are blind or partially sighted are not "sick" patients in need of a cure. They are people who need training, tools, accommodations, and accessible environments to participate fully in society. As such, it is critical that they have coordinated access to:

- rehabilitation services
- assistive technologies
- mental health supports
- employment accommodations

However, fragmentation across health, rehabilitation, and social systems remains a persistent barrier. Eye care services often operate in silos, with inconsistent referral pathways and limited integration between providers and across provinces and territories. As a result, individuals and families often have to navigate complex systems on their own.

The COVID-19 pandemic further highlighted existing inequities, as many blind and partially sighted people experienced:

- disruptions to care
- reduced access to supports and information
- barriers associated with public health measures that were not always designed with accessibility in mind

> At BALANCE, many of us – including me – live with vision loss ourselves. We regularly meet clients who have navigated years of disconnected services – eye care here, rehabilitation there, employment supports somewhere else entirely – with no one connecting the dots. Vision loss does not exist in a vacuum. It is too often accompanied by isolation, mental health challenges and economic precarity, but the systems meant to help are built in silos that do not talk to each other and force clients to do the coordinating work themselves at the moment they are least equipped to tackle it.
>
> – Michelle McQuigge, CEO, BALANCE for Blind Adults

In Canada, vision loss is associated with a range of conditions, including:

- cataracts
- glaucoma
- diabetic retinopathy
- macular degeneration
- rising rates of myopia among youth

Millions of people in Canada live with eye diseases that could lead to partial sight or blindness if left untreated. The impacts are significant, not only for individuals and families, but for society. Vision loss costs people in Canada billions of dollars each year in health care expenditures, lost productivity and reduced well-being.[5] Vision care expenditures (excluding payments to ophthalmologists) were approximately $7.7 billion in 2025, a 5% increase from 2024.[6]

Evidence shows that ophthalmic interventions save billions annually in avoided health and social costs, and that these savings will grow substantially in the coming decades.[7] The economic and social benefits of preserving vision far outweigh the costs of prevention and treatment, but only if systems are prepared to meet growing demand.

While age is a risk factor for many forms of eye disease,[8] vision loss does not need to be an inevitable part of aging. It is possible to prevent, slow or effectively manage many forms of vision loss through:

- early detection
- timely treatment
- routine eye examinations
- appropriate follow-up care[9]

Childhood screening and early intervention support lifelong visual health, and prevention remains critical during adulthood and older age. However, screening programs, public awareness and coverage policies differ across provinces and territories. Routine eye examinations, prescription lenses, and glasses are essential health needs, yet are not consistently covered across Canada. Many people in Canada may delay routine eye exams or treatments due to cost, especially if they do not have public or private insurance.

Beyond financial barriers, attitudinal and systemic barriers also limit access to care. Stigma and misconceptions about blindness and low vision can contribute to:

- under-referral
- delayed diagnosis
- missed opportunities for early intervention
- missed opportunities to access vision rehabilitation services[10]

Employers, educators, and even health providers may not be aware of available accommodations or may assume unrelated health concerns are because of a person's disability. Cultural narratives that frame vision loss as simply a normal part of aging can also discourage people from seeking timely care or support.

Addressing these barriers requires:

- targeted outreach to marginalized communities (including people experiencing housing insecurity)
- accessible communication in health care settings
- enforcing patient rights and anti-discrimination protections
- culturally and linguistically safe and trauma-informed service delivery

Without these measures, preventable or manageable conditions may go undetected until a person's vision has already deteriorated.

> "I often feel that accessibility is treated as an afterthought. Many of the barriers I face could be removed with simple changes and better awareness. It's not always about complexity, but about consideration. Listening to people with lived experience is key to making meaningful improvements."
>
> – Dar Wournell, Chair, Alliance for Equality of Blind Canadians

Geography also affects lived experience. People living in rural, remote and isolated communities may face additional barriers, including:

- limited provider availability
- challenges with follow-up care
- having to travel long distances to access health services

Indigenous Peoples experience greater rates of eye diseases, including:

- uveitis
- diabetic retinopathy
- untreated refractive error
- other associated complications[11]

Indigenous Peoples also experience inequities linked to:

- systemic discrimination
- service availability
- infrastructure gaps
- broader social determinants of health

The differences between provincial and territorial policies can contribute to uneven access in general to eye exams, treatments, rehabilitation services, and assistive technologies. Coordination and information sharing across federal, provincial and territorial systems are essential to ensure everyone in Canada can access new treatments and supports and to prevent widening health inequities.

> “I know many people, including myself, who struggle to afford the assistive technology we need. Where you live in Canada often determines what supports you can access. This creates inequality that should not exist.”
>
> – Dar Wournell, Chair, Alliance for Equality of Blind Canadians

For those with significant vision loss or blindness, the impacts extend into nearly every aspect of daily life. Losing vision, or navigating a world without sight, can mean losing:

- independence
- a sense of safety
- social connection
- employment opportunities

Employment, education, and digital accessibility significantly influence quality of life. Inaccessible workplaces, limited awareness of accommodations, and the high cost of assistive devices can restrict participation and economic security.

People who are blind or partially sighted experience disproportionate rates of unemployment and underemployment in Canada.[12] Those who are blind, deafblind, or partially sighted are also more likely to experience a lower socioeconomic status than the general population.[13]

People experiencing unstable housing or homelessness often face complex barriers to eye care, including:

- managing treatment plans
- difficulty accessing routine examinations
- greater vulnerability to uncorrected refractive errors[14]

Limited access to medications, supports and stable living conditions can increase the risk of untreated eye disease and preventable vision loss. This highlights the need for accessible outreach and continuity of care for people living in shelters or unstable housing situations.

> “The greatest barrier to employment for people with blindness or partial sight is the preconceptions most employers have about the capabilities of blind people. Employers and co-workers just can’t imagine how they would do their work if they couldn’t see. But with a little understanding, and access to the training and assistive technologies we use every day, blind people can compete and often out-perform their sighted peers. We bring creativity, tenacity, persistence, and a unique perspective to any employment setting.”
>
> – Ian White, Director and Chair of the Board, Vision Health Canada

Vision rehabilitation can substantially improve functional ability, independence, and confidence. Low vision rehabilitation focuses on maximizing remaining vision, while broader vision rehabilitation provides the practical skills, training, and supports needed to enhance independence, safety, and mobility after vision loss. Services such as assistive technologies, mobility training, adaptive devices, and guide dogs can be transformative. However, access to these services varies across provinces and territories, and coverage for assistive technologies and related supports is inconsistent, with eligibility criteria differing between jurisdictions.[15] For many individuals with blindness or low vision, essential accessibility and daily living supports are unaffordable, especially given the barriers to securing and maintaining employment.

> “Thanks to early family support, timely CNIB training and access to specialized technology, I am a fully functioning 79 year-old blind person. We process 90% of the information we require to function through our eyes. Initially, vision loss impacts our ability to perform the most basic tasks. The challenge is to learn how to use our remaining senses as the information pathways. Technology plays an increasingly critical role in information access from audio books to special software equipped computers recently enhanced through Artificial Intelligence.”
>
> – Jim Sanders, Director, Vision Health Canada

Although programs exist in many regions, public awareness of the need to seek care, and how to access it, remains limited.[16] Without clear pathways to rehabilitation and community resources, people are often left to navigate fragmented systems on their own, particularly following a diagnosis of progressive eye disease. Such diagnoses can bring uncertainty, grief, and concerns about loss of a driver’s licence, employment, and financial security. Early intervention at this stage can make a significant difference in preserving independence and quality of life.

> “As someone who is blind, I often find myself navigating multiple health care systems that don’t connect with each other. I’m expected to coordinate my own care without accessible information or consistent support. This leads to confusion, delays, and sometimes missed care. It shouldn’t be this hard to access basic services.”
>
> – Dar Wournell, Chair, The Alliance for the Equality of Blind Canadians

The lived experience of blindness, partial sight and vision loss is shaped not only by clinical factors, but also by:

- the availability of supports
- how effectively systems connect people to care
- whether or not communities are designed with accessibility in mind

Individuals and families demonstrate resilience and adaptability by adopting new technologies, learning alternative mobility skills, and building supportive networks. However, these adaptations often require great personal effort and expense.

Misconceptions about blindness and partial sight, including the assumption that all blindness means total sight loss, can contribute to stigma and exclusion in employment, education, and community life. Accessibility is not consistently embedded across physical, digital, and health care environments. Individuals frequently encounter health care settings where signs, intake forms, and clinical processes presume sightedness, creating unnecessary barriers and undermining autonomy.

> “Navigating health care settings – or any built environment – can be complicated for those with vision loss. Signage is often inaccessible, and paths of travel are not obvious. How is the space laid out? Where is the furniture, the doorway, the chair? For eye care professionals to learn ‘sighted guide technique’ takes less than 5 minutes, and this simple skill enables them to offer empathetic assistance that respects a patient’s dignity and autonomy.”
>
> – Ian White, Director and Chair of the Board, Vision Health Canada

As Canada’s population ages and demand for eye care grows, safeguarding the future of vision health will require forward planning. Proactive and coordinated action across governments, providers, communities, and people with lived experience will be critical to reducing the personal, social, and financial impacts of vision loss and ensuring that everyone in Canada can participate fully in society.

State of eye care in Canada

Access to eye care and risk factors

Many Canadians require vision correction to function in their everyday lives. Statistics Canada data shows that the percentage of people with self-reported good vision without correction decreases with age. In 2020, 83% of males and 69% of females aged 12 to 19 reported having good vision, compared to 70% of males and 60% of females aged 40 to 44, and 25% of both males and females aged 55 or older.[17]

A significant number of Canadians also live with one of the eye diseases or conditions (or others) that could lead to significant vision loss or blindness. For instance, data from Statistics Canada's Canadian Health Measures Survey demonstrates that glaucoma prevalence in Canadians aged 40–79 varies between 0.7% to 10.3% depending on the definition used. Up to 40% of individuals with definite glaucoma were unaware of their condition.[18] As many eye care services are delivered in the private sector, estimates for the number of people with a given condition vary.

One 2021 report from the Canadian Council of the Blind estimated that 1.2 million Canadians have significant vision loss or blindness, a figure that could double by 2050 as Canada's population ages. It also estimated that more than 8 million Canadians have one of the following four conditions: age-related macular degeneration (AMD), cataract, diabetic retinopathy, and glaucoma.[19] Older adults are particularly vulnerable to all four of these conditions – and others – highlighting the importance of regular eye examinations throughout the lifecycle, in order to take early preventative measures.

In addition to these common conditions, recent societal changes have led to new risks of vision loss at an early age. One major study in the *British Journal of Ophthalmology* found that global rates of myopia affect one-third of children and adolescents globally, including 25 per cent of Canadian youths – triple the rate of 1990.[20] Digital screen time, performance of near-vision tasks, and reduced time spent outdoors in sunlight have been identified in many studies as risk factors for myopia in youths, all of which have increased significantly since the COVID-19 pandemic.[21]

Many risk factors, including other medical diseases or conditions, can influence an individual's vulnerability to specific eye conditions. For example, individuals with diabetes are significantly more likely to develop certain eye diseases such as diabetic retinopathy[22] and AMD.[23] Likewise, factors such as hypertension, cardiovascular disease, or whether an individual smokes are also significant risk factors for AMD.[24]

Existing gaps in health care access can have a significant impact on access to eye care as well. A 2022 Statistics Canada review found that that Canadians with access to a family doctor had higher rates of access to eye care professionals.[25] In 2024, data collected by Statistics Canada and reported by the Canadian Institute for Health Information (CIHI) showed that 82.6% of Canadians have a regular health provider – meaning 17.4% do not, and may face more significant barriers in accessing eye care.[26]

Income and geography can also contribute to lower levels of access to eye care services, particularly given uneven public coverage of screening examinations and testing, including for those at risk of disease.

Individuals living in households with an annual income of $100,000 or more have a greater likelihood of having visited an eye care professional.[27] Canadians living in rural, remote or isolated communities may have issues accessing eye care, due to reasons of distance or due to a lack of or limited access to services. For instance, there are a limited number of permanent ophthalmologists in the territories, with none in Yukon and Nunavut, and only one in Northwest Territories.[28] Residents seeking ophthalmologic services in these territories must either wait for an ophthalmologist to be engaged to provide services in the community occasionally through the year, or seek treatment outside the territory.

Other recent research suggests that populations of refugees in Canada access eye care services at significantly lower rates than the broader Canadian population.[29]

Indigenous Peoples also face unique challenges regarding eye care. Gaps in access to health care in rural, remote and isolated communities may impact Indigenous Peoples acutely, particularly for First Nations living on reserve and many Inuit in Inuit Nunangat. At the same time Indigenous Peoples living near large population centres may not be able to readily access eye care that is culturally safe.

Studies have shown that First Nations individuals living off-reserve experience rates of diabetes that are just under twice that of the general population.[30] One 2025 meta-analysis explored the prevalence of diabetic retinopathy among Indigenous and non-Indigenous populations in Canada with diabetes. Although it found that there was no difference in diabetic retinopathy between the two groups, vision-threatening diabetic retinopathy, a more advanced stage of the disease, was found to be more prevalent among Indigenous individuals.[31] Likewise, a population-based cohort study from Ontario between 1995–1996 and 2014–2015 also found that First Nations individuals progressed more rapidly to severe stages of diabetic retinopathy than other people.[32] Various factors may explain these differences, such as lower frequency of screening, glycemic control, financial barriers, the availability of health care providers, and others.[33]

Similarly, research suggests that Inuit are particularly at risk of angle-closure glaucoma, which requires early detection to prevent vision loss or blindness.[34]

Additionally, there are challenges in ensuring members of official language minority communities can access eye care in their first official language. Clear communication between patients and providers helps reduce barriers, improves patient understanding of eye conditions and treatments, and supports healthier communities across Canada. Research in Canada shows that receiving care in one's preferred official language improves communication and patient–provider relationships and is associated with better outcomes. However, access remains uneven: for example, only about 51% of adults in official language minority populations reported receiving hospital care in their official language in 2022, highlighting ongoing gaps in service availability.[35] More information is required on the access of official language minority communities to eye care services in their first official language.

Eye care workforce

CIHI reports averages of 17.8 optometrists per 100,000 population and 22.7 opticians per 100,000 across jurisdictions with available data from 2020 to 2024.[36] The spread of ophthalmologists between cities and rural communities is also decreasing, limiting access to these services in rural communities.[37] In 2024, CIHI reported that there were only 23 optometrists in the territories combined.[38]

CIHI reports that there were 1,403 ophthalmologists in Canada in 2024. While most ophthalmologists are based in Ontario and Quebec, the provinces with the highest per-capita rates of ophthalmologists are Nova Scotia (5 specialists per 100,000), New Brunswick, Quebec and British Columbia (each 4 per 100,000).[39] While the supply of ophthalmologists has grown over time, this growth has been lower than the average for all surgical specialists, and workforce projections show that there may not be enough providers to meet future demand, even if the population grows more slowly than expected. The ophthalmology workforce is also aging and the proportion of ophthalmologists aged 65 years and older has more than doubled since the 1970s.[40]

Eye care funding

Eye care in Canada is funded by both public and private sources, though private sources are dominant between the two. Medically necessary eye care services provided by a physician (such as a surgery completed by an ophthalmologist) are often insured by provincial and territorial insurance plans in accordance with the Canada Health Act, Canada's federal health care insurance legislation. In 2023–24, $1.36 billion in clinical payments for publicly insured medical services (via fee-for-service) were paid to ophthalmologists across Canada (excluding Nunavut, where data was not available).[41]

Other vision care expenditures in Canada accounted for approximately $7.7 billion in 2025, which includes services for optometrists and dispensing opticians, as well as contact lenses and eyeglasses. Of this, the private sector, including private insurance, employer plans, and out-of-pocket expenses, accounted for $7.0 billion (or 90%).[42]

Public sector funding paid about $780 million (or 10%) of the total, as provinces and territories do fund some eye care services provided by optometrists or opticians (for example, eye exams for children, older adults, or low-income individuals), as well as the costs of some eyewear for certain populations. Each province and territory determines what services it will cover and whether it will fund them in part or in full. Examples of these types of services as it relates to vision care include coverage for eye examinations, eyeglasses, or drugs for the treatment of specific eye-related conditions. Typically, these services are targeted to certain population groups, such as children, older adults and people who receive social assistance. Supplemental eye care services, such as eye exams, may also be covered for individuals with a medical need, such as a diagnosis of diabetes.

However, coverage for eye care services, including for at-risk individuals, may vary across Canada, which can lead to health and social disparities. For example, a working adult may not be able to afford eye exams or glasses if their employer does not offer this benefit. In provinces where children do not have public coverage for eye exams or eyeglasses, parents without insurance may be faced with difficult budgetary decisions if they are not able to easily pay for the glasses their children need to succeed in school. Some estimates place the total cost of vision loss in Canada at over $32 billion in 2019 and potentially rising to $56 billion in 2050 – figures which include productivity losses and the value of reduced quality of life.[43]

Federal eye care coverage for select populations

While eye care is primarily a provincial and territorial responsibility, the federal government also provides or funds eye care services for certain populations for which the federal government has responsibility. Examples of programs offering supplementary eye care services funded by the federal government include:

Non-Insured Health Benefits (NIHB) Program (Indigenous Services Canada)

The NIHB program provides registered First Nations and recognized Inuit with coverage for a specified range of health benefits, including vision care (e.g., eye exams and corrective eyewear). The program also provides coverage for additional items related to vision care under other benefit areas including ocular prostheses, a comprehensive range of low vision equipment and supplies, and low vision functional assessment and training services, as well as medication used to treat eye conditions. When local access to in-person eye care is not available, the NIHB program provides medical transportation benefits to enable clients to access eligible services via the nearest appropriate provider. In some cases, the program may also facilitate optometrist travel to remote communities to provide in-person services where this is determined to be a cost-effective means of service delivery. The NIHB program provides coverage for eligible benefits when not otherwise available to eligible clients through provincial or territorial health insurance, private insurance plans, or other publicly-funded plans or programs.

Non-Insured Health Benefits (NIHB) Program (Indigenous Services Canada)

Interim Federal Health Program (IFHP) (Immigration, Refugees and Citizenship Canada)

The IFHP offers limited and temporary health care coverage to support refugees, protected persons, asylum claimants, victims of human trafficking and family violence, immigration detainees, and humanitarian groups in addressing urgent and essential medical needs while they wait to become eligible for provincial or territorial health insurance and extended health benefits programs. Vision benefits are offered as part of the program's basic and supplemental coverage. Basic benefits include physicians' services, hospital in-patient, outpatient diagnostic and treatment services for eye conditions. Supplemental benefits include eye exams, prescription eyewear, ocular prostheses and low-vision glasses. Effective May 1, 2026, there is a mandatory co-payment for supplemental benefits, including 30% of vision services.

Interim Federal Health Program (IFHP) (Immigration, Refugees and Citizenship Canada)

Veterans Affairs Canada Vision Care (POC 14)

Veterans Affairs Canada provides eligible veterans with a suite of vision care benefits, including eye examinations, ophthalmic tests, intraocular lenses, eyeglasses and contact lenses, laser surgery, and low vision aids to preserve, maintain, and correct their vision.

Veterans Affairs Canada Vision Care (POC 14)

Canadian Armed Forces (CAF) Vision Care Coverage

The CAF reimburses Regular Force and eligible full time Reserve Force members for prescription eyewear up to $600 every two years and offers coverage for various optical services under its Spectrum of Care framework. This includes entitlement to one routine eye examination every two years, the provision of occupationally required specialty eyewear, such as protective lenses and sunglasses for designated trades, and access to laser refractive surgery (LASIK or PRK) for CAF personnel who fall below the minimum visual medical standards required for their military occupation.

Canadian Armed Forces (CAF) Vision Care Coverage

Correctional Service of Canada (CSC) Health Services

CSC provides federally incarcerated individuals with essential health services, including access to optometrists and other specialists, ensuring inmates receive medically necessary eye examinations and related care consistent with professional standards.

Correctional Service of Canada (CSC) Health Services

Federal support for vision research

The Government of Canada, through the Canadian Institutes of Health Research (CIHR), also supports research across the spectrum of conditions and impairments that impact the visual health of Canadians and the repercussions that these conditions have on health and wellbeing. CIHR has invested approximately $67.3 million in vision-related research from 2020–21 to 2024–25. In addition, CIHR supports the Canadian Longitudinal Study on Aging (CLSA), a national research platform following more than 51,000 Canadians aged 45–85 for at least 20 years, which includes research on vision health and eye disease.

Guiding principles

The following cross-cutting principles have been identified to guide the Strategy in setting out a common direction for eye care in Canada.

Inclusion and participation

Support actions that can help all Canadians, including children, youth, and adults (including older adults), access the vision care and supports they need at every stage of life, while also acknowledging that personal experiences are shaped and driven by unique social, economic, linguistic, and cultural factors.

"Nothing About Us, Without Us"

Grounded by the principles of the United Nations *Convention on the Rights of Persons with Disabilities*, meaningfully engage with people who are blind, partially sighted, and individuals with lived experiences of vision loss in shaping decisions and policy.

Equity

Advance equitable access to eye care and supports for all in both of Canada's official languages, with a focus on racialized communities, low-income populations, newcomers, official language minority communities, and rural and northern residents.

Reconciliation

Reconciliation requires sustained commitment to respecting Indigenous rights, knowledge systems, and self-determination. This includes ensuring that eye care services are culturally safe, accessible, and community-led, while addressing historical and ongoing inequities in eye health through meaningful partnership, trust-building, and shared decision-making.

Collaboration and shared accountability

Promote strong collaboration among federal, provincial, territorial and municipal governments, Indigenous governments and partners, and community partners, and provide opportunities to share knowledge, best practices, and data that can support improvements in eye care.

Value and economic impact

Consider the efficient and effective use of resources, how to generate economic opportunity via innovation and workforce participation, and deliver high-value outcomes for patients and communities.

Strategy pillars

The Strategy includes five interconnected pillars that represent areas where there could be opportunities to make improvements in eye care in Canada. Many enablers, such as vision research, advancing the rights of people with disabilities, and strong partnerships, support each pillar.

Pillar 1: Building stronger partnerships and breaking down silos

Background

Ensuring timely and equitable eye care services for everyone in Canada, no matter where they live, will require:

- system-wide collaboration
- strong inter-governmental partnerships
- integrating eye care with social supports
- encouraging links between eye care providers and clear referral pathways

However, it is also important to recognize that public coverage of eye care screening, services, programs and treatments varies across provincial and territorial jurisdictions, where most of these services are delivered.

While vision loss is a health issue, it is also very much a social issue, and can lead to barriers to accessing education materials, limited job opportunities, workplace discrimination, and social isolation. There are silos between the health and social services system that can further impact those experiencing vision loss.

Challenges

Participants in the Strategy engagement process advocated for stronger national coordination across the eye care sector to align research, innovation and access to care. They also highlighted the need for federal leadership to support and promote this coordinated approach, as most programs and services are delivered by provinces and territories.

The importance of working together to share data and encourage cross-sector collaboration between government, industry and health partners, was also noted. This could ensure that access to care, treatments, and supports are integrated effectively and equitably.

In the current state, eye care services remain fragmented, with organizations often operating in isolation from one another. There are limited linkages between the many types of providers engaged in this space, including:

- opticians
- optometrists
- ophthalmologists
- primary care physicians
- rehabilitation specialists

The lack of interoperability between electronic health systems makes this fragmentation worse. Some stakeholders envisioned optometrists as primary hubs for eye health, similar to family physicians within general health care.

There are varying levels of public coverage of eye care services across provincial and territorial jurisdictions. Conversations during the engagement process highlighted that there is no existing forum for jurisdictions to discuss these differences, and that these engagements only take place as needed. They expressed interest in a more structured, but voluntary, approach to support this type of collaboration.

The importance of identifying gaps in training and guidance for eye care professionals was also highlighted during the engagement process. In particular, stakeholders emphasized ensuring awareness of vision rehabilitation services that are available to support people with vision loss, low vision, or blindness.

During the engagement process, stakeholders called for stronger connections between health care, rehabilitation and social services. This would provide people who are blind, deafblind, or partially sighted with seamless access to the full range of supports they need. Integrating accessibility, inclusive design and disability awareness across health care, employment and education systems was seen as essential to reducing barriers and stigma. However, stakeholders also recognized that this will require sustained and extensive efforts.

Stakeholders and partners highlighted challenges with how policies are developed by those without lived experience, and then fail to meet real-world needs. They viewed embedding lived experience at every level of design, training and governance as critical to creating a credible, inclusive and sustainable strategy.

Opportunities

- Explore options to convene interested federal, provincial and territorial governments to share best practices regarding eye care, such as innovations in the eye care space, approaches to improve access to education to ensure there is an appropriate supply of health professionals in the eye care space, and how to best meet real-world needs, including the needs of Indigenous Peoples and people who are blind, partially sighted, or individuals with lived experience of vision loss.
- Encourage federal, provincial and territorial discussion of potential areas for alignment in areas such as eye care screening, treatment, referrals, habilitation and rehabilitation, with the input of clinicians and those with lived experience.
- Encourage regulatory colleges and professional associations to explore mechanisms that could enhance training and guidance for eye care professionals on the prevention and treatment of eye disease and vision rehabilitation.
- Encourage strong and sustained linkages between providers of eye care services, supported by actions to improve health data interoperability.
- Collaborate with Pan-Canadian Health Organizations, such as Healthcare Excellence Canada, to identify, spread, and scale eye care-related health care innovations and promising practices.

Pillar 2: Raising awareness

Background

There are many health care providers involved in the delivery of eye care services, including:

- opticians
- pharmacists
- optometrists
- ophthalmologists
- occupational therapists
- primary health care providers

Eye care services can be delivered in settings like clinics, hospitals and pharmacies, and in community settings like schools or community centres. People facing vision loss can also benefit from rehabilitation or habilitation services and supports provided within their own homes.

It is important for all providers in this space to share their learning and knowledge with one another, given the range of services they provide. With this wide variety of eye care services and providers, people need to know why, how and where to access care.

All provinces and territories offer some forms of supplementary coverage for eye exams and eyeglasses, particularly for children, older adults and individuals receiving income support. Emphasizing the importance of regular eye exams to detect issues early on can help to prevent vision loss and support overall eye health. Beyond the health benefits, addressing vision loss, no matter how minor, can:

- support overall quality of life
- support children in their education
- ensure that adults are able to have productive working lives

At the same time, it is important to understand that people who are blind or partially sighted often face stigma and prejudgement. This results in exclusion from employment and social opportunities, and it should be considered how this stigma can be addressed.

Challenges

Participants in the Strategy engagement process consistently emphasized that public understanding of eye health, blindness and vision loss remains limited. They called for clear, credible, and accessible information from trusted sources to increase awareness of:

- prevention (including routine eye care visits)
- treatment options
- available supports

Many participants also noted that some conditions, such as glaucoma, often are not detected early. This is because symptoms can be subtle, but also because the public is uncertain about the need to seek care and if so, where. In addition, screening may not be a covered service depending on age, creating a financial barrier to prevention.

Raising awareness also includes making people aware of provincial or territorial coverage programs for which they may be eligible, but which may be underutilized.

Beyond clinical awareness, participants described misconceptions that persist around blindness and partial sight. Stakeholders underscored the importance of education efforts to challenge stereotypes, promote inclusion, and encourage respectful, person-first language.

Stakeholders also called for targeted outreach to health professionals, employers and educators, who can play a crucial role in raising awareness of vision health, and who can also benefit from a more fulsome understanding of supports available for people who are blind or those facing vision loss. Stakeholders noted that there is an opportunity to address confusion about the role different health professionals play in eye care provision.

Opportunities

- Explore opportunities to work in partnership with federal departments and external groups on preventative eye health awareness initiatives that include culturally and linguistically appropriate and evidence-informed information and advice and that can reach all Canadians, including all persons with vision loss, Indigenous Peoples, priority populations, and those living in official language minority communities.
- Consider how to best leverage existing resources to share guidance on accessibility, inclusive employment, and safety standards, including disability inclusion training.

- Continue to publish data related to eye health and the impact of preventative measures, including via social media channels.
- Facilitate collaboration among provincial, territorial, and Indigenous partners to discuss potential eye health awareness activities that could be undertaken within their respective jurisdictions, with a goal of raising awareness of prevention, early detection, reducing stigma associated with vision loss, and the eye care services that are available (for example, eye care exams for children that are funded under public health care plans).
- Work with partners to ensure that centralized, culturally- and linguistically-appropriate educational materials and evidence-informed approaches can be adapted and are accessible at the community level to reach all persons with blindness, partial sight, or vision loss, including Indigenous Peoples, priority populations and official language minority communities.
- Explore opportunities to convene professional associations in areas other than eye-health with eye health professionals to discuss training for members on early detection of eye conditions, and for opportunities to clarify the various roles and titles of health professionals involved in eye care provision.

Pillar 3: Connecting Canadians with the resources they need

Background

It is essential to improve equitable access to eye care services and supports across Canada in order to reduce avoidable vision loss and improve health outcomes.

This includes strengthening collaboration with provinces and territories, Indigenous partners, and other stakeholders to advance more coordinated approaches to prevention, diagnosis, treatment and vision rehabilitation.

Access to treatments, including medications, surgical interventions and emerging therapies, must be considered alongside timely diagnosis, referral pathways, rehabilitation and habilitation services, assistive devices and skills training that enable individuals to maintain independence and quality of life.

Access to services in one's official language is an important part of equitable care. People who receive care in the official language of their choice experience improved communication, better care experiences, and more positive health outcomes. Working with provinces and territories to strengthen access to information and services for official language minority communities will support equitable access across Canada.

Strengthening the eye care workforce and overall system delivery capacity will help to meet growing demand. Service delivery approaches should respond to the needs of:

- Indigenous communities
- low-income populations
- people living in rural, remote and isolated communities

This will help to advance more culturally safe and equitable access across the country.

Challenges

Financial barriers continue to limit access to essential vision care for many people in Canada. Assistive devices, prescription glasses, routine eye examinations or screening, drugs for eye conditions, and other supports can be costly and are not consistently covered across jurisdictions.

Without adequate public or private coverage, these expenses may delay or prevent access to necessary care. This increases the risk of avoidable vision deterioration and reduced quality of life.

Many rural, remote and isolated communities also face limited availability of clinicians, including:

- primary care
- optometrists
- ophthalmologists
- vision rehabilitation services

Travel distances, provider shortages and infrastructure constraints can delay diagnosis and treatment. New technologies, such as tele-ophthalmology and remote screening tools, offer opportunities to expand access. However, how they are implemented and integrated with other systems differs across jurisdictions.

Workforce capacity and distribution present additional pressures. As demand for services increases, ensuring a sufficient supply of trained eye care professionals, including rehabilitation providers, is essential. Without a coordinated approach to workforce planning and mobility, disparities in access may widen, particularly in underserved communities.

Opportunities

- Leverage existing federal-provincial-territorial mechanisms to support provinces and territories in collectively exploring how best to integrate eye care into primary care and chronic disease frameworks.
- Explore opportunities with provinces and territories to discuss best practices related to assistive device programs.
- Support discussions on interprovincial workforce mobility as a means of strengthening outreach and improving access to eye care services in underserved communities.
- Encourage the development and expansion of mobile and virtual service delivery models, such as tele-retina programs and outreach services in long-term care settings, to improve access in rural, remote and northern regions.
- Support provinces, territories, and professional bodies in developing – as appropriate – national competency and curriculum standards related to accessibility, cultural safety, and equity in eye health service delivery.

Pillar 4: Turning data into action

Background

The Government of Canada uses data and evidence to inform how we make health policy decisions. We work with provinces, territories and pan-Canadian health organizations to improve the way jurisdictions share information. This allows for effective information collection, analysis and sharing, while ensuring the First Nations principles of ownership, control, access, and possession (OCAP®) and Indigenous data sovereignty are respected.

Canada lacks a strong, shared evidence base when it comes to eye health. Vision loss data in Canada is fragmented and only partially connected, with no comprehensive pan-Canadian vision or eye-health data. For example, Statistics Canada collects self-reported and direct measures data on vision and vision impairment through surveys such as the Canadian Community Health Survey and the Canadian Health Measures Survey. The Canadian Institute for Health Information (CIHI) also captures administrative, hospital-based ophthalmic care data.

Data is otherwise spread across the private and public health care system or concentrated in small-scale registries run by organizations. Much like the rest of the health care system, this data fragmentation contributes to disconnected care and prevents data-informed system improvements and planning. Data gaps are especially large for disaggregated information on:

- older adults
- income groups
- Indigenous Peoples
- racialized communities
- official language minority communities

Pan-Canadian eye care data reports can help decision-makers better understand care, use, and access in the eye care space. Linking eye care data across the different health system sectors with social determinants of health data can help inform on issues such as health outcomes, health care quality and population health.

Challenges

Participants in the Strategy engagement process highlighted the lack of national and comparable data on the prevalence of eye diseases in Canada. Many eye care services are delivered and administered in the private sector and are not captured by provincial and territorial tracking programs. Stakeholders noted opportunities for further integration of optometry clinic data into general electronic health records.

Several stakeholders also called for supporting innovation, equity and accountability through research from organizations like:

- Statistics Canada
- Canada Health Infoway
- the Canadian Institute for Health Information
- the Canadian Institutes of Health Research

Beyond funding, stakeholders emphasized a need for better research coordination, implementation of research findings into practice, and breaking down siloes as priorities.

Opportunities

- Leverage Health Canada and CIHR's leadership to organize a virtual roundtable of policy makers and researchers working on eye care-related research, to learn about current barriers contributing to the siloing of research efforts in this area, and to explore potential opportunities to minimize these barriers and enhance collaboration within the research community.
- Over the longer-term, explore how the federal government (Health Canada, CIHR, Statistics Canada), pan-Canadian health organizations (CIHI, Infoway), and provinces and territories could collaborate together on the development of a strategic data plan to capitalize on the already existing pan-Canadian eye care data, which could include developing national indicators, baselines, and surveillance systems to track outcomes, inform policy, and reduce inequities.
- Leverage Statistics Canada's linkage capabilities by exploring new linkage opportunities to address gaps on eye health across socio-demographic factors and support the development of eye health-related programs and policies. For example, data from the Canadian Community Health Survey (with questions on eye health) could be linked to hospitalization, census, and tax data to build more insights.
- Explore opportunities to expand both self-report and direct measures data collection activities on eye health through nationally representative surveys like Statistics Canada's Canadian Community Health Survey and Canadian Health Measures Survey, to better understand causes, experiences, and treatments related to eye health.
- Highlight the importance of vision research that is led and directed by individuals who are blind, who are partially sighted, or who have lived experiences of vision loss, as well as the social factors associated with blindness or vision loss.

Pillar 5: Embracing new technologies and innovative solutions

Background

New technologies present enormous opportunities to drive change in the health care system, including specifically as it relates to eye care. These technologies include:

- telehealth
- machine learning
- artificial intelligence (AI)
- advanced biotechnologies

For instance, companies and health care practitioners are piloting AI tools that scan the eye to diagnose conditions early (such as diabetic retinopathy). Existing AI pilot programs in regions of Canada, such as northern Ontario, have shown promise. These technologies also speak to a greater need to integrate eye care into primary care systems.

Rural, remote and isolated communities would benefit from expanded eye care services provided through telemedicine. Some stakeholders highlighted that trained technicians could connect remotely with ophthalmologists or optometrists to provide services or procedures over the internet. This would depend on the speed and reliability of a patient's internet connection.

Stakeholders highlighted examples of innovations that are already being driven by Canadian researchers, companies and educational institutions. Many of these are already improving the efficiency and safety of eye care procedures while driving down relative costs. One such example can be seen in recent advances in cataract surgeries, where procedures such as Femtosecond Laser-Assisted Cataract Surgeries, customizable advanced intraocular lenses, and advances in artificial intelligence are improving outcomes.

Recent advances also include cell and gene therapies, and therapies for diseases such as diabetic retinopathy or age-related macular degeneration. These could be transformative in reducing vision loss and preventing blindness.

Challenges

Many stakeholders highlighted challenges translating new technologies, drugs and devices into real treatments and services for patients. One of the drivers of these challenges is the fragmented nature of health care delivery in Canada. Provinces and territories are largely responsible for health care delivery in Canada, and have different standards and levels of support for the operationalization of these new technologies.

Health Canada is continuing to work to modernize its regulatory market approval processes for drugs and devices, including via the proposed Order Providing for Reliance on Decisions of, or Documents Produced by, Foreign Regulatory Authorities in Respect of Certain Drugs. This proposed order would deem the requirement for the Minister to examine specified information and material in submissions of some classes of drugs to have been met based on decisions or documents produced by certain foreign regulatory authorities. However, through the engagement process, some industry stakeholders still reported delays in approval by Health Canada.

Beyond the federal level, stakeholders also noted delays in the integration of newly approved drugs or devices into provincial and territorial health care plans, which can determine patient access. To this end, Health Canada is working with post-Health Canada authorization partners, such as provincial and territorial health authorities, to improve coordination and timeliness across the drug access continuum.

In 2025, Health Canada and the Public Health Agency of Canada also released a report on red tape reduction. This report identifies initiatives and actions to further reduce regulatory barriers, including:

- simplifying rules
- shifting to a risk-based approach on oversight
- fast-tracking regulatory decisions through digital platforms

New and potentially innovative technologies also carry new risks. We must ensure that innovations in eye care uphold values such as:

- accountability
- equity and inclusion
- privacy and security
- clinical efficacy and safety

For instance, the Pan-Canadian AI for Health Guiding Principles outlines a set of shared principles to help federal, provincial and territorial governments adapt AI technologies into health care. Respecting these guiding principles in all applications of AI technologies will require effort and coordination.

Learn more:

- Pan-Canadian AI for Health Guiding Principles
- Health Canada and the Public Health Agency of Canada's report on red tape reduction
- Order Providing for Reliance on Decisions of, or Documents Produced by, Foreign Regulatory Authorities in Respect of Certain Drugs

Opportunities

- Continue to modernize Health Canada regulatory processes for the market approval of novel drugs and devices, including those intended for use in relation to eye disease. This could include ongoing efforts to encourage industry filing of new and innovative products by modernizing regulations and reducing red tape across the Government of Canada and efforts to coordinate with post Health Canada authorization partners.
- Explore opportunities to advance federal-provincial-territorial discussions on increasing access and affordability of innovative new technologies and treatments Canada-wide.
- Identify opportunities to leverage existing Government of Canada programs related to support Canadian research and development in the area of eye care.
- Explore the potential to convene a national digital eye-health roundtable to connect innovators, provincial and territorial regulators, professional associations and patient groups.

Moving forward

The Strategy lays out a common direction to guide collective efforts to support the prevention and treatment of eye disease, as well as vision rehabilitation, to ultimately ensure better health outcomes for Canadians.

As provinces and territories are primarily responsible for setting policy related to eye care services in their respective jurisdictions, all levels of government, as well as the many partners, organizations and people who work to deliver eye care services are invited to use the Strategy to help advance eye care priorities in ways that meet their respective mandates, objectives and needs, and adapt the Strategy to their own unique contexts. An inclusive and broad social determinants of health perspective and person-centred approach that centres on those with lived experience must be applied to respectfully and meaningfully advance initiatives that are intended to improve eye care.

As the Strategy moves forward, the Government of Canada will continue to deepen its engagement with Indigenous partners to advance health equity, build partnerships, encourage innovation and lay the foundation for collaboration to address eye health. Ongoing distinctions-based engagement as the Strategy is implemented will help ensure that the rights, interests, and experiences of First Nations, Inuit, and Métis are affirmed, included and reflected in policies, programs, and supports.

The development and publication of this Strategy marks an important milestone. However, there is still significant work to be done to support the prevention and treatment of eye disease in Canada, and vision rehabilitation. This work will require ongoing multi-sectoral collaboration and partnership among governments, organizations, and individuals. As a next step, Health Canada will begin work to develop an implementation plan in support of this Strategy.

After five years (2031), a progress report on the effectiveness of the national Strategy and on the state of eye disease prevention and treatment will be tabled in Parliament by the Minister of Health, as required by the Act. It will note collaborative efforts with provincial, territorial and local governments, Indigenous partners, and with eye care stakeholders, and will include the Minister's conclusions and recommendations regarding the Strategy.

Appendix A
Summary of the engagement process

From August-December 2025, Health Canada's eye care team conducted outreach and held more than 50 dialogue sessions with over 100 stakeholders and partners to inform the development of a national eye care strategy. This included physicians (such as ophthalmologists), optometrists, opticians, people who are blind, people who are partially sighted, individuals with lived experiences of vision loss, representatives from private industry, NGOs and other service providers, researchers, representatives of Government of Canada organizations, provinces and territories, and some National Indigenous Organizations.

On February 4, 2026, Health Canada hosted a conference for the purpose of informing the development of the National Strategy for Eye Care, as required by the National Strategy for Eye Care Act. The virtual conference, which was opened by Elder Verna McGregor, was designed for Health Canada to share what was heard from partners and stakeholders across the eye care ecosystem, working to achieve 2 strategic goals:

i. Validate the findings from the initial stakeholder engagement meetings and Indigenous organization discussions, and
ii. Share critical insights towards the development of a National Eye Care Strategy for Canada based on the 5 strategic pillars developed from the original engagement and dialogue sessions.

The conference was facilitated by Publivate Inc., serving as neutral, third-party facilitators to empower participants to share their experiences, insights, and needs in an honest and transparent forum, engaging in both French and English to ensure open dialogue.

The conference saw participation of 134 stakeholders and partners across the Canadian eye care ecosystem, summarized in Table 1.

Table 1: Representation by organization, stakeholder, and partner groups for the National Strategy for Eye Care conference.

Category	Number of representatives	Example institutions
Government (Federal)	11	Health Canada, Statistics Canada, PHAC, ESDC, CSC, CIHR
Government (Provincial & Territorial)	14	Provinces (ON, NS, BC, PEI, SK, MB, QC), Nunavut
Academia & Research	18	Universities of Waterloo, Toronto, Montreal, Ottawa, McMaster, Queen's, Utah
Support, Advocacy & Charity	23	CNIB, Fighting Blindness Canada, CanAge, Canadian Council of the Blind, Alliance for Equality of Blind Canadians, Vision Loss Rehabilitation Canada, Orbis, Diabetes Canada, Vision Health Canada
Professional Assoc. & Practitioners	18	CAO (Optometrists), COS (Ophthalmology), Medtech Canada, Vision Therapy Canada, Occupational Therapy
Industry (Pharmaceuticals & Technology)	13	Johnson & Johnson, AbbVie, Roche, Merck, Astellas, BIOTECanada
Indigenous Organizations	15	Les Femmes Michif Otipemisiwak, Métis Nation British Columbia, Inuit Tapiriit Kanatami, Pauktuuti, Native Women's Association of Canada, BC First Nations Health Authority, Metis National Council, Métis Nation Saskatchewan, Friendship Centres

What we heard

Some of the principal themes that stakeholders and partners identified through both the general engagement process and the conference are summarized at a high level below.

Pillar 1: Building stronger partnerships and breaking down silos

Stakeholders and partners emphasized that Canada's eye care system is fragmented, characterized by inconsistent access, limited data integration, and siloed service delivery. They called for stronger national leadership to align research, innovation, and care across jurisdictions. Many argued that eye care must be integrated into broader health and social systems, recognizing that vision loss is both a medical and social issue.

Participants stressed the need for collaboration among governments, clinicians, industry, rehabilitation services, and social supports. Priorities included standardized referral pathways, consistent monitoring, and shared datasets to ensure equitable access. They also highlighted that people with lived experience of blindness or vision loss should be embedded in governance roles to ensure policies reflect realworld needs.

Another recurring theme was redefining and better coordinating the roles of optometrists and ophthalmologists. Some stakeholders advocated for positioning optometrists as primary entry points for eye health to enhance coherence across provinces and territories.

Pillar 2: Raising awareness

Stakeholders and partners agreed that public understanding of eye health and available services is limited. Many Canadians are unaware of the importance of routine eye exams or early detection of conditions like glaucoma. A national public education campaign, supported by professional training and school-based screening, was widely recommended.

Addressing stigma surrounding blindness and partial sight was also seen as essential. Stakeholders described persistent misconceptions that contribute to social exclusion, unemployment, and discrimination. They encouraged pan-Canadian efforts to promote inclusion, person-first language, and stories that showcase the capabilities and contributions of people who are blind or partially sighted.

Participants also recommended targeted outreach to health professionals, employers, and educators.

Pillar 3: Connecting Canadians with the resources they need

Improving equitable and timely access emerged as a central theme. Stakeholders and partners emphasized the importance of early screening in childhood, especially in response to rising myopia and increasing nearwork demands among youth. They also noted that Canada's aging population will significantly heighten demand for eye care services.

Stakeholders and partners described systemic barriers related to affordability, geographic isolation, and inconsistent coverage for assistive technologies and rehabilitation services. They noted that there is uneven access to funding for assistive devices, which can help support independence through magnification, audio feedback, and tactile aids. They stressed that vision rehabilitation is essential for independence and must be accessible across the life span. Recommended solutions included telemedicine, mobile clinics, and expanded assistive device access. Broader issues, such as inaccessible workplaces, limited digital accessibility, and insufficient mental health supports, were also highlighted. Many participants called for incentives and policy levers to promote inclusive design and equitable access to technology, education, and employment.

Pillar 4: Turning data into action

A major concern is the absence of reliable national data on the prevalence of blindness, low vision, and specific eye diseases. Data gaps are particularly large for racialized communities, Indigenous Peoples, older adults, and other underserved groups.

Stakeholders suggested leveraging organizations or agencies such as CIHI, Canada Health Infoway, and Statistics Canada. Views on research funding varied: some advocated for increased federal investment, while others preferred better coordination, implementation, and reduced silos. Stakeholders and partners stressed that research must be inclusive and, where appropriate, Indigenous led with the First Nations principles of ownership, control, access, and possession (OCAP®) respected so that First Nations have control over data collection processes, and that they own and control how this information can be used.

Pillar 5: Embracing new technologies and innovative solutions

Stakeholders highlighted Canada's leadership potential in eye-related biotechnology and digital tools. They identified key opportunities in AI-assisted screening for conditions such as diabetic retinopathy. Mobile clinics, telemedicine, and AI-enabled assistive tools (e.g., *Be My Eyes*) were viewed as promising ways to expand access, particularly in rural, remote or isolated communities.

However, some stakeholders noted that innovations can face slow regulatory pathways and inconsistent provincial processes. They recommended new mechanisms for horizon scanning, scaling up effective technologies, and sharing best practices across jurisdictions. Provincial and territorial colleagues highlighted the important role the federal government plays in evidence generation and assessment regarding new technologies, as well as its capacity to accelerate the implementation of these new technologies by leveraging its role as a convener and coordinator.

Other themes

Stakeholders raised concerns about rising myopia, connections between blindness, vision loss and poverty, variability in optometrist scope-of-practice reforms, risks associated with cosmetic contact lenses, commercial pressures within eye care, and opportunities for international collaboration. Many emphasized that the national strategy should serve as a long-term framework extending well beyond 2026.

Health Canada also heard concerns regarding the challenges that Indigenous People face in accessing eye care services, including those that are eligible for coverage from Indigenous Services Canada's Non-Insured Health Benefits program. While the program provides eye care coverage (eye exams and eyeglasses) to eligible First Nations and Inuit clients who are not covered through any other form of insurance (social programs, private insurance plans, provincial and territorial plans), partners shared concerns that eligible clients experience challenges with accessibility.

Appendix B
Federal government and eye care

Eye care is largely outside of Canada's publicly funded health care system. This means most aspects of eye care, in particular, eye exams and corrective lenses, are typically covered through employer or private insurance, or paid for out-of-pocket. Eye care is not covered universally by Medicare under the Canada Health Act, except for medically necessary care delivered by a licensed physician or in a hospital, which could include procedures such as basic cataract surgery. All provinces and territories offer some level of eye care coverage (eye exams, and in some cases, eyeglasses) for certain demographics as part of their public health insurance, but coverage varies by province and territory.

The Government of Canada funds and provides a range of health services or coverage of health care benefits for serving members of the Canadian Armed Forces, registered First Nations and recognized Inuit, certain immigrant populations, and individuals who are incarcerated in federal correctional facilities. Individuals eligible for coverage for these benefits receive a range of public health and health care services or coverage for services, according to their needs and contexts.

As Canada's central statistical office, Statistics Canada conducts several nationally representative surveys that provide a detailed picture of Canadian society. These include, but are not limited to, the Canadian Community Health Survey, the Canadian Health Measures Survey, the Canadian Heath Survey on Children and Youth, the Health Care Access and Experiences Primary and Specialist Care Survey, and the Indigenous Peoples Survey, which include questions on eye diseases and vision loss. In 2015–2019, the Canadian Health Measures Survey contained vision assessments with the goal of obtaining nationally representative data on the reported and unreported levels of glaucoma, macular degeneration, diabetic retinopathy, and other eye diseases.

Below is an overview of other relevant strategies, programs and initiatives that have linkages to the National Strategy for Eye Care.

Framework for Diabetes in Canada

The Framework for Diabetes in Canada aims to provide a common policy direction to address diabetes in Canada, including for populations at elevated risk of developing diabetes, people living with diabetes and their caregivers, Indigenous Peoples, non-governmental organizations, health care professionals, researchers, and all levels of government. It lays the foundation for collaborative and complementary action by all sectors of society to improve access to diabetes prevention and treatment, and ensure better health outcomes for people living in Canada.

Framework for Diabetes in Canada

Canada's Disability Action Plan

Canada's Disability Inclusion Action Plan is a comprehensive, whole-of-government approach to disability inclusion. It embeds disability considerations across our programs while identifying targeted investments in key areas to drive change. It builds on existing programs and measures that have sought to improve the inclusion of persons with disabilities, and establishes new and meaningful actions.

Canada's Disability Inclusion Action Plan

Employment Strategy for Canadians with Disabilities

The Employment Strategy for Canadians with Disabilities is a framework to guide government action. The Strategy fits with the Government of Canada's recent actions to help persons with disabilities find and keep good jobs. It builds on work started more than 60 years ago. It is based on evidence and an understanding of the challenges and experiences of persons with disabilities. It explains what the Government of Canada is doing so persons with disabilities can find and keep good jobs.

Employment Strategy for Canadians with Disabilities

The Accessible Canada Roadmap: Towards a Barrier-Free Canada by 2040

The Accessible Canada Roadmap is a national framework that supports and anchors the efforts of Canadians working to create a barrier-free Canada by 2040. It is based on the understanding that accessibility helps everyone, and that we all have a part to play in a realizing a barrier-free Canada as set out in the *Accessible Canada Act*.

The Accessible Canada Roadmap: Towards a Barrier-Free Canada by 2040

Canada Disability Benefit

Administered by Service Canada, the Canada Disability Benefit provides direct financial support to people with disabilities who are between 18 and 64 years old.

Canada Disability Benefit

Disability Tax Credit

The disability tax credit (DTC) is a non-refundable tax credit that helps people with disabilities, or their supporting family member, reduce the amount of income tax they may have to pay. By reducing the amount of income tax you may have to pay, the DTC aims to offset some of the extra costs related to the impairment.

Disability Tax Credit

Equitable Access to Reading Program

The Equitable Access to Reading Program (EARP) is a Government of Canada funding program. It gives money to groups that help create print materials in alternate formats for people with print disabilities.

Equitable Access to Reading Program

National Strategy for Drugs for Rare Diseases

Through the National Strategy for Drugs for Rare Diseases, the Government of Canada has signed three-year bilateral funding agreements with all 13 provinces and territories, for a total of $1.4 billion, to make drugs for rare diseases more accessible and affordable, and to improve the health of patients across Canada, including those with rare eye diseases.

CIHR is advancing rare disease research, such as a grant that is supporting a clinical trials network for pediatric rare diseases. Health Canada is also providing funding to Canada's Drug Agency and the Canadian Institute for Health Information to undertake activities meant to improve the collection and use evidence to support decision-making, such as issuing guidance and funding supports to enable quality improvements in patient registries and encourage the use of real-world evidence in decision-making.

National Strategy for Drugs for Rare Diseases

Drug Access Continuum

Canada's drug access system is a shared responsibility involving federal, provincial and territorial governments and system partners. Health Canada is working with post-authorization partners to improve coordination and timeliness across the drug access continuum. This includes through Aligned Reviews for new drugs – reviews in parallel with information-sharing between Health Canada and health technology assessment (HTA) organizations to help reduce the time between regulatory approval and reimbursement recommendations, as well as Canada's Drug Agency (CDA)'s Target Zero initiative, which aims to achieve zero days between Health Canada's regulatory approval and CDA's reimbursement recommendation to participating public drug plans.

The pan-Canadian Pharmaceutical Alliance (pCPA), which conducts collective price negotiations on behalf of participating federal, provincial and territorial public drug plans, has also made progress in improving timeliness, reducing total negotiation timelines by 41% since 2020.

The pCPA has also launched 2 new expedited negotiation pathways:

- **Early Negotiation Process (ENP):** an expedited pathway for select cancer drugs approved by Health Canada through Project Orbis, with the goal of completing negotiations within three to four months, in parallel with the final HTA recommendation. The pCPA will assess opportunities to expand this initiative to other drugs in future.
- **Targeted Negotiation Process (TNP):** a streamlined pathway for non-complex negotiations, including drugs that are comparable to others already available on the market.

Canada's Drug Agency (CDA)'s Target Zero Initiative

The pan-Canadian Pharmaceutical Alliance (pCPA)

Ongoing health human resources initiatives

The federal government recognizes it has a role to play to address challenges related to the health workforce and is working with provinces, territories, partners, and other stakeholders to increase the supply of health professionals in Canada's health care systems.

On October 17, 2025, federal, provincial and territorial (FPT) Health Ministers met to discuss strengthening the health and well-being of Canadians. Ministers recognized the urgent need to grow and sustain Canada's health workforce and committed to urgently advancing

solutions and removing barriers by engaging with respective immigration counterparts to improve pathways for internationally educated health professionals, accelerating foreign credential recognition, and working with Canadian regulators to adopt mutual licence-recognition models to enhance labour mobility for physicians, nurses, and health professionals across Canada.

Budget 2025 committed $97 million over five years to create a Foreign Credential Recognition Action Fund, noting that the government will work with provinces and territories to make credential recognition fairer, faster, and more transparent, helping qualified foreign-trained professionals contribute more quickly to Canada's workforce, including in fields facing labour shortages such as health care.

Budget 2025: Accelerating Major Nation-Building Projects

Federal, Provincial, Territorial Health Ministers' Meeting, October 17th 2025

Red Tape Reduction

Health Canada and the Public Health Agency of Canada are jointly responsible for protecting the health and safety of people in Canada. Regulations are an important tool in fulfilling this mandate. For example, they protect the safety and quality of food, medications and other consumer products that may have an impact on health and safety of people in Canada. However, regulations can be complex, overly prescriptive or become outdated, which can result in administrative burden or "red tape".

Recognizing both the need to modernize regulatory frameworks and support robust economic growth in Canada, the Government of Canada launched a Red Tape Review across all federal departments and agencies in July 2025. The Red Tape Review builds upon work already completed in recent years to modernize regulations. Health Canada and the Public Health Agency of Canada acknowledge that additional work can be done to further streamline rules and reduce burden on both regulated parties and the government, as outlined in the Health Canada and Public Health Agency of Canada's report on red tape reduction.

Red Tape Reduction

Proposed Order Providing for Reliance on Decisions of, or Documents Produced by, Foreign Regulatory Authorities in Respect of Certain Drugs

This proposed regulation introduces a framework allowing Health Canada to rely on decisions made by trusted foreign regulatory authorities when approving certain drugs. It would use an incorporation by reference list to define which drug categories and foreign regulators are eligible for this pathway. This approach is intended to streamline the approval process by reducing duplication and accelerating access to drugs for Canadians. At the same time, it represents a significant shift toward greater international regulatory alignment and reduction of red tape.

Proposed Order Providing for Reliance on Decisions of, or Documents Produced by, Foreign Regulatory Authorities in Respect of Certain Drugs

Joint FPT Action Plan on Health Data and Digital Health and the Pan-Canadian Health Data Charter

Governments across Canada are making meaningful progress in strengthening digital health and health data, guided by shared commitments and driven by strong collaboration:

- Collecting and sharing high-quality and comparable information to improve health care for Canadians;
- Adopting common interoperability standards to better connect Canada's health care system;
  - Under the leadership of Canada Health Infoway, provinces and territories and health IT vendors continue to drive the adoption of interoperability standards for safe and secure exchange of data across points of care, while respecting privacy, through the shared Pan-Canadian Interoperability Roadmap
- Implementing aligned provincial and territorial policies and legislative frameworks to support the public good;
- Advancing shared principles in the Health Data Charter, including public trust, data literacy, and Indigenous data sovereignty; and
- Collecting and sharing public health data to support Canada's preparedness and response to public health events.

Pan-Canadian Health Data Charter

Pan-Canadian Interoperability Roadmap

Joint FPT Action Plan on Health Data and Digital Health

Working Together to Improve Health Care for Canadians Plan

The 2023 federal budget included investments of close to $200 billion over 10 years to support the Working Together to Improve Health Care for Canadians Plan.

This includes $25 billion in targeted funding to provinces and territories in priority areas such as access to family health care, home and long-term care and mental health and substance use services, support for the health workforce and modernizing health systems.

Working Together to Improve Health Care for Canadians Plan

CIHR investments

Over the last five years, CIHR has invested approximately $67.3 million in vision-related research. In addition, CIHR also supports the Canadian Longitudinal Study on Aging (CLSA), a national research platform following more than 51,000 Canadians aged 45–85 for at least 20 years, which includes research on vision health and eye disease.

One example of the impact of CIHR's funding for vision-related research is Dr. Valeria Rac and her team, which received $1.7 million in funding through CIHR's Diabetes Mechanisms and Translational Solutions funding opportunity. Dr. Rac and her team co-designed, implemented and evaluated a new data-informed approach to identify those who need screening for diabetic retinopathy. This work determined that the return on $1 investment on screening and subsequent low-cost treatment for retinopathy progression was $26.95, and for high-cost treatment was $7.66.

Through CIHR, the federal government has supported vision-related research at universities and research institutes in the following provinces: British Columbia, Alberta, Manitoba, Nova Scotia, Ontario, Quebec, and Saskatchewan.

Other Examples of CIHR Vision Care Research Projects

Age-related macular degeneration

Past history of infection as a trigger of immune reprograming and neuroinflammation in late life

Past history of infection as a trigger of immune reprograming and neuroinflammation in late life **($1,132,200 over five years),** led by researchers at the Maisonneuve-Rosemont Hospital Research Centre. This study focuses on how age-related macular degeneration (AMD) may be influenced by immune cell memory, the process by which an initial infection

reprograms immune cells to respond differently to future encounters. This proposal will test whether common infections leave lasting immune modifications that increase the risk of developing AMD.

Past history of infection as a trigger of immune reprograming and neuroinflammation in late life

Extracellular Granzyme B Accumulates with Aging and Promotes Age-related Macular Degeneration (AMD)

Extracellular Granzyme B Accumulates with Aging and Promotes Age-related Macular Degeneration (AMD) **($1,051,875 over five years),** led by researchers at the University of British Columbia. The research will identify new treatments for wet AMD that can be used in place of or combined with anti-vascular endothelial growth factor (VEGF) drugs. The project targets Granzyme B, an enzyme that accumulates in aging retinal tissue and weakens the outer blood-retinal barrier, with the goal of developing a drug to prevent early AMD-related damage.

Extracellular Granzyme B Accumulates with Aging and Promotes Age-related Macular Degeneration (AMD)

Establishment of a novel multi-parametric assessment protocol for identification of distinctive pathological pathways in age-related macular degeneration

Establishment of a novel multi-parametric assessment protocol for identification of distinctive pathological pathways in age-related macular degeneration, **($478,126 over five years)** led by researchers at the University of British Columbia. This research will provide new insights into how aging affects the retina and helps identify potential targets for early and precise diagnosis as well as treatment of AMD.

Establishment of a novel multi-parametric assessment protocol for identification of distinctive pathological pathways in age-related macular degeneration

Retinopathy of prematurity

Ketone Body Metabolism and Its Implications in Proliferative Retinopathies

Ketone Body Metabolism and Its Implications in Proliferative Retinopathies **($1,093,950 over five years)**, led by researchers at the Sainte-Justine University Hospital Centre. This study investigates whether ketone bodies produced by blood vessels near ischemic retinal regions help sustain neurons during proliferative retinopathy – the leading cause of blindness in children with retinopathy of prematurity and working-age adults with diabetic retinopathy. The work could inform new strategies to preserve vision in proliferative retinopathies.

Ketone Body Metabolism and Its Implications in Proliferative Retinopathies

Metabolic control of vascular regeneration in retinopathy of prematurity

Metabolic control of vascular regeneration in retinopathy of prematurity **($925,650 over five years)**, led by researchers at the Sainte-Justine University Hospital Centre. This research looks at how the retina may grow new blood vessels when it runs low on fuel, not just oxygen. A protein called Sirtuin-3 appears to control how retinal cells use fuel, and when it is missing, blood vessels regrow faster – pointing to new metabolic targets for treating vision loss in retinopathy.

Metabolic control of vascular regeneration in retinopathy of prematurity

Cholesterol metabolism and regulation of the senescence-associated secretory phenotype in retinopathy

Cholesterol metabolism and regulation of the senescence-associated secretory phenotype in retinopathy **($868,276 over five years)**, led by researchers at the Maisonneuve-Rosemont Hospital Research Centre. This study uses the retina as an accessible model to uncover how blood vessels degenerate in ischemic diseases of the central nervous system, with relevance to ischemic retinopathies, including retinopathy of prematurity and diabetic retinopathy – the leading causes of blindness in the industrial world.

Cholesterol metabolism and regulation of the senescence-associated secretory phenotype in retinopathy

Additional research in vision care

LuzCornea: A light activated biomimetic material for on-the-spot repairing thinning corneas

LuzCornea: A light activated biomimetic material for on-the-spot repairing thinning corneas **($956,250 over three years)**, led by researchers at the University of Ottawa Heart Institute. LuzCornea is an injectable, light-activated material designed to gently reshape and thicken the cornea, and this project focuses on getting it ready for human use. The team will test its safety and biocompatibility, validate its performance in a large-animal model, and generate the data needed for regulatory approval, while also refining how the material can be customized for individual patients.

LuzCornea: A light activated biomimetic material for on-the-spot repairing thinning corneas

Collagen Fiber Scaffolds for Emergency Treatment of Corneal Injury

Collagen Fiber Scaffolds for Emergency Treatment of Corneal Injury **($952,426 over five years)**, led by researchers at Dalhousie University. This research and proposed technology would help to stabilize damage to the corneal tissue and reduce scarring for patients who are waiting to receive corneal transplants. It would also increase access to care for patients in resource poor or remote settings as it could potentially be applied by first responders and in rural and field hospitals.

Collagen Fiber Scaffolds for Emergency Treatment of Corneal Injury

Appendix C
Spotlight on innovations

Pillar 1: Building stronger partnerships and breaking down silos

Vision Sciences Research Network (VSRN)

A Quebec-based research network dedicated to advancing knowledge and innovation in eye and vision health. Its goal is to strengthen Quebec's research capacity and competitiveness in this field by bringing together researchers, clinicians, and institutions to collaborate on interdisciplinary projects. The network supports research ranging from fundamental studies of how vision works to the development of therapies, technologies, and rehabilitation approaches for people with visual impairments. It also promotes training, knowledge sharing, and partnerships so that scientific discoveries can translate into better care and improved visual health outcomes for the population.

Vision Sciences Research Network

VSRN Public Health Research Platform

The VSRN Public Health Research Platform, part of the Vision Sciences Research Network, is an initiative in Quebec focused on improving and protecting population health through research on visual health. It brings together organizations, researchers, and specialists to study issues such as risk factors, health policies, and social inequalities affecting vision health. Guided by public health principles, the platform emphasizes disease prevention, health promotion, and collective action to improve well-being and extend healthy life. Overall, it aims to raise awareness of vision health at the population level and encourage collaborative research and innovation to strengthen health systems and community living conditions.

VSRN Public Health Research Platform

À l'École de la Vue (School of the View)

Fondation des maladies de l'œil runs a vision-screening initiative aimed at kindergarten children in Quebec. The program provides free eye tests directly in schools for children aged 4–5, conducted by qualified optometrists. Its goal is to detect vision problems early, when they are easier to correct or reduce, supporting children's visual development and learning. Delivered in partnership with Quebec's education ministry, the initiative also helps reduce barriers to access and promotes equal opportunities for success at the start of school.

À l'École de la Vue (School of the View)

Ontario Visual Aids program

The Ontario Visual Aids program is part of the province's Assistive Devices Program, which helps people with long-term low vision or blindness pay for specialized equipment that supports daily activities. Eligible Ontario residents with a valid health card can receive funding for items such as magnifiers, specialized optical aids, reading and writing technologies, and white canes. The program typically covers 75% of the approved cost of these visual aids, with clients paying the remaining portion, although some people receiving social assistance may qualify for up to 100% coverage. Applicants must be assessed by a registered eye care or rehabilitation professional and purchase equipment through approved vendors before funding is processed.

Ontario Visual Aids program

Pillar 2: Raising awareness

Children's Vision Month (October)

Children's Vision Month highlights the critical need for regular comprehensive eye exams, as many children do not realize they have a vision problem and parents may not notice early signs. The initiative emphasizes early detection to prevent longterm impacts on learning, development, and overall wellbeing, especially as uncorrected vision issues often go unnoticed in schoolaged children. Awareness efforts also focus on addressing the growing myopia epidemic, promoting outdoor time, and reducing excessive screen use to help protect children's sight.

Children's Vision Month

Age-Related Macular Degeneration (AMD) Awareness Month (February)

AMD Awareness initiatives underscore that AMD is a leading cause of vision loss in Canadians aged 55+, affecting millions and requiring early detection to prevent significant vision impairment. Public education campaigns stress the importance of regular screening and proactive eye health, as early-stage AMD often presents without clear symptoms but benefits greatly from timely intervention. These awareness efforts promote healthy lifestyle changes, such as improved nutrition, physical activity, and smoking cessation, that can help reduce AMD risk or slow disease progression.

AgeRelated Macular Degeneration Awareness Month

Vision Health Month (May)

Vision Health Month encourages Canadians to make regular eye exams part of their health routines, as early detection can prevent or treat up to 75% of vision loss. Awareness campaigns focus on the fact that millions of Canadians live with eye disease, many without obvious symptoms, underscoring the essential role of optometrists as primary eye care providers. The month also highlights national efforts to strengthen eye care awareness, empowering people of all ages to proactively protect their vision and understand the broad health insights eye exams can provide.

Vision Health Month

Pillar 3: Connecting Canadians with the resources they need

Eye See, Eye Learn

The *Eye See, Eye Learn* program is a provincial childhood vision care initiative that provides free comprehensive eye exams and free prescription glasses (if needed) to children entering kindergarten, with versions of the program operating in provinces such as Ontario, Newfoundland and Labrador, and Prince Edward Island. Its core purpose is to ensure children begin school with the visual ability needed for learning, recognizing that many young children do not report vision problems and that up to 80% of early learning is visual. The program removes financial and logistical barriers to early eye care, helping detect conditions such as amblyopia, refractive errors, and binocular vision issues at the age where intervention is most effective.

Eye Van

The Vision Loss Rehabilitation Canada Eye Van is a fully equipped mobile eye clinic that travels over 6,000 kilometres annually to deliver essential eye care services to remote communities across Northern Ontario, where access to ophthalmologists is limited. Since 1972, it has provided thousands of residents with comprehensive eye exams, treatments, minor surgeries, and referrals for specialized or urgent care. Operating for several months each year and visiting more than 20 communities per tour, the Eye Van fills a critical health care gap by bringing timely, high-quality vision care directly to underserved populations.

Eye Van

EYE MAC

A research and clinical initiative led by McMaster University that focuses on improving access to eye care and vision screening, particularly for children. The project develops and studies models of delivering eye care in community settings, including schools and underserved populations. It also aims to generate research evidence on vision screening, treatment pathways, and eye-health outcomes to inform better public health approaches. Overall, EYE MAC works with local optometrists and partners to expand access to early eye examinations and improve how pediatric eye care is delivered in Canada.

EYE MAC

Indigenous Children Eye Examination (ICEE)

A Canadian initiative that works to improve access to eye care for First Nations, Métis, and Inuit children, particularly in remote communities. Founded in 2019 by pediatric ophthalmologist Dr. Kourosh Sabri, the program delivers eye exams through on-site clinics and telemedicine, often in partnership with local health organizations and communities. It also helps ensure that children who need glasses or specialized care receive them at no cost and coordinates referrals for more advanced treatment when required. In addition, ICEE trains local youth as eye care technicians and aims to strengthen long-term access to health services in underserved communities.

Indigenous Children Eye Examination (ICEE)

AI Diabetic Retinopathy Screening

Orbis Canada, with support from Leonardo Canada, has launched an AI-assisted diabetic retinopathy screening study, to help screen people living with diabetes in remote and underserved regions of northern Ontario. The program, which is currently in the research phase, could enable primary care clinics to capture retinal images that are analyzed instantly by AI to detect signs of diabetic retinopathy without requiring an ophthalmologist onsite. The initiative aims to demonstrate how AI tools can bring specialist-level diagnostic capacity directly to communities, improving early detection and reducing preventable vision loss among Canadians with diabetes.

AI Diabetic Retinopathy Screening

Mobile Optometry Clinic

The FYidoctors Mobile Clinic is a custom-built, fully equipped mobile optometry unit designed to bring comprehensive vision care directly to Canadians, particularly those facing barriers such as distance, mobility limitations, or lack of local services. It provides turnkey eye care services, including onsite eye exams, prescription lens dispensing, and access to frames. Initially launched in Alberta, the clinic has already served vulnerable populations through community partnerships and is part of a planned nationwide rollout aimed at improving health equity across remote, rural, and underserved communities.

Mobile Optometry Clinic

Be My Eyes

Be My Eyes is a free mobile app that connects blind and low-vision individuals with sighted volunteers and companies through live video to provide real-time visual assistance. The platform also includes Be My AI, an AI-powered tool that can describe images and help users independently identify objects or text. It is supported by millions of volunteers across more than 150 countries, including many dedicated volunteers in Canada.

Be My Eyes

Pillar 4: Turning data into action

Can-View

Can-View is a health data repository developed at the University of Waterloo to securely ingest and integrate eyehealth data, supporting privacy, consent, interoperability, and trust. It enables research, innovation, AI development, and Indigenous-led data governance while addressing national priorities such as improved tracking of eye diseases, expanded access to care, and the adoption of emerging technologies. The initiative also aligns with Waterloo's broader vision to build a regional health data resource that connects hospitals, primary care, labs, social services, and government to strengthen community health and wellness.

Can-View

Waterloo Eye Institute

The Waterloo Eye Institute is a new $53-million, 68,000-square-foot vision-care facility at the University of Waterloo that brings together research, education, and patient care under one roof. It integrates advanced technologies such as teleoptometry and virtual reality to expand access to eye care at a time when 1 in 5 Canadians are at risk of vision loss due to conditions like glaucoma and cataracts. The Institute also aims to address national shortages in optometrists and improve care for underserved rural, remote, and Indigenous communities.

Waterloo Eye Institute

Teleoptometry in Churchill

The University of Waterloo's School of Optometry & Vision Science, in partnership with the Manitoba Association of Optometrists and the Churchill Health Centre, launched a teleoptometry-enabled eye clinic in Churchill, Manitoba, equipping the community with state-of-the-art diagnostic tools that remain on site to support ongoing care.

This approach allows patients in remote and fly-in Indigenous communities to access follow-up care between in-person visits, reducing the need for costly and time-consuming travel to distant optometry services. By keeping equipment locally and using teleoptometry to fill service gaps, the initiative greatly expands access to regular eye exams and early detection of vision-threatening conditions for underserved northern populations.

Teleoptometry in Churchill

New optometry schools

The University of Waterloo and Mount Royal University have signed a memorandum of understanding to explore establishing a new school of optometry in Alberta, the first in Western Canada and only the third in the country, to expand training capacity and meet growing demand for vision care. This partnership aims to improve access to optometric education for students, particularly those from rural and Indigenous communities disproportionately affected by ocular and systemic diseases such as glaucoma, diabetes, and agerelated macular degeneration.

By leveraging the strengths of both institutions, the initiative seeks to recruit a more diverse student body and address national shortages in optometrists, while building on Waterloo's longstanding leadership and global research impact in optometry.

The University of New Brunswick and the University of Waterloo have signed a memorandum of understanding to explore establishing a school of optometry in Saint John, aiming to improve access to optometric education in Atlantic Canada. This partnership seeks to address significant barriers faced by regional students, who currently must leave the province or country to pursue training, and to expand the supply of optometrists serving rural and Indigenous communities with high rates of preventable vision loss.

By leveraging UNB's Integrated Health Initiative and Waterloo's nationally recognized optometry expertise, the collaboration aims to strengthen health care delivery and provide long-term benefits to underserved populations.

CIHI data work

CIHI was established in 1994 by federal, provincial, and territorial governments as a not-for-profit, independent organization dedicated to creating a common approach to Canadian health information and making it publicly available to Canadians. Since then, CIHI has led efforts to develop health system indicators and deliver comparable information on the health sector, including some indicators related to eye care. Currently, CIHI is the custodian of pan-Canadian eye care data for publicly funded hospital and physician visits, health workforce involved in the provision of eye care, as well as aggregate eye care spending data across both private and public sectors.

CIHI data work

Pillar 5: Embracing new technologies and innovative solutions

Centre for Vision Research (York University)

The Centre for Vision Research at York University is an internationally recognized hub for interdisciplinary research in human and machine vision, bringing together experts in psychology, engineering, biology, physics, digital media, and related fields. Its work integrates human psychophysics, visual neuroscience, computer vision, and computational theory, supported by advanced facilities such as a 3T fMRI scanner, immersive virtual-reality environments, and visuorobotic platforms.

The CVR also anchors York's VISTA program, a major Canada First Research Excellence Fund initiative that expands the university's leadership in both biological and computational vision science. The CVR currently holds two major federal grants:

- VISTA (Vision Science to Applications): Examines vision science and applies it across various real-world domains, including the social sciences.
- Connected Minds: Focused on AI, social-technical interactions, and understanding how cognitive and perceptual processes operate in real environments.

Centre for Vision Research (York University)

Ophthalmologic research in Canada

Ophthalmology research in Canada is a robust field focusing on vision health. Key areas include glaucoma, retina, cornea, and pediatric ophthalmology, alongside advanced work in ocular genetics, AI, and telemedicine. Exciting and ground-breaking work is being conducted at many institutes across Canada, including:

- Dalhousie University
- McGill University
- McMaster University
  - Includes the McMaster Pediatric Eye Research Group
- University of Alberta
- The University of British Colombia
- University of Calgary
- Université Laval

- University of Manitoba
- University of Ottawa
  - Includes the University of Ottawa Eye Institute
- University of Saskatchewan
- Université de Montréal
- Université de Sherbrooke
- University of Toronto
  - Includes the Vision Science Research Program
- Queen's University
- Western University

Examples of innovative Canadian companies in the eye care space

- **Zilia (Québec City, QC):** Their platform uses imaging, spectrometry, and AI to improve early detection of glaucoma, diabetic retinopathy, AMD, and neurological conditions via non-invasive biomarker measurement in the eye
- **RetinaLogik (Calgary, AB):** a vision-tech startup developing a portable VR-based eye-testing device that uses AI to deliver accessible visual-field testing anywhere in a clinic.
- **20/20 OptimEyes Technologies (Hamilton, ON):** A biotechnology startup creating an ocular drug-delivery platform using micelle technology to improve drug penetration and reduce dosing frequency.
- **Ocumetics Technology Corp. (Canada-wide):** A research and product-development company working on the Ocumetics Lens, an intraocular lens intended to restore natural focusing ability without glasses.

Appendix D
National Strategy for Eye Care Act

First Session, Forty-fourth Parliament,
70-71 Elizabeth II – 1-2-3 Charles III, 2021-2022-2023-2024

STATUTES OF CANADA 2024

CHAPTER 28

An Act to establish a national strategy for eye care

ASSENTED TO

NOVEMBER 7, 2024

BILL C-284

Première session, quarante-quatrième législature,
70-71 Elizabeth II – 1-2-3 Charles III, 2021-2022-2023-2024

LOIS DU CANADA (2024)

CHAPITRE 28

Loi prévoyant l'élaboration d'une stratégie nationale sur les soins oculaires

SANCTIONNÉE

LE 7 NOVEMBRE 2024

PROJET DE LOI C-284

SUMMARY

This enactment provides for the development of a national strategy to support the prevention and treatment of eye disease, as well as vision rehabilitation, to ensure better health outcomes for Canadians.

It also designates the month of February as "Age-Related Macular Degeneration Awareness Month".

SOMMAIRE

Le texte prévoit l'élaboration d'une stratégie nationale visant à soutenir la prévention et le traitement des maladies oculaires ainsi que la réadaptation visuelle afin d'améliorer les perspectives de santé des Canadiens.

Il désigne aussi le mois de février comme « Mois de la sensibilisation à la dégénérescence maculaire liée à l'âge ».

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Disponible sur le site Web de la Chambre des communes à l'adresse suivante :
www.noscommunes.ca

CHAPTER 28

An Act to establish a national strategy for eye care

[*Assented to 7th November, 2024*]

Preamble

Whereas vision loss in Canada is associated with a number of causes, including macular degeneration, cataracts, glaucoma and diabetic retinopathy;

Whereas millions of Canadians live with eye disease that could lead to vision loss or blindness if not treated;

Whereas it is estimated that vision loss costs Canadians billions of dollars every year, both in financial costs and in loss of well-being;

Whereas the loss of central vision can severely impact a person's independence and quality of life;

Whereas coordination and information sharing between the federal and provincial governments is needed to ensure new treatments are made available, to prevent and treat eye disease and to prevent health inequities among people with vision loss;

And whereas Parliament considers that it is desirable to be proactive in the fight against vision loss and to implement a national strategy on eye care;

Now, therefore, His Majesty, by and with the advice and consent of the Senate and House of Commons of Canada, enacts as follows:

Short Title

Short title

1 This Act may be cited as the *National Strategy for Eye Care Act*.

70-71 ELIZABETH II –
1-2-3 CHARLES III

CHAPITRE 28

Loi prévoyant l'élaboration d'une stratégie nationale sur les soins oculaires

[*Sanctionnée le 7 novembre 2024*]

Préambule

Attendu :

que la perte de vision est attribuable à différentes causes, notamment la dégénérescence maculaire, les cataractes, le glaucome et la rétinopathie diabétique;

que des millions de Canadiens souffrent de maladies oculaires qui, sans traitement, pourraient entraîner une perte de vision ou la cécité;

que, selon les estimations, la perte de vision coûte chaque année des milliards de dollars aux Canadiens, que ce soit en coûts financiers ou en perte de bien-être;

que la perte de vision centrale peut sérieusement compromettre l'indépendance et la qualité de vie d'une personne;

qu'il est nécessaire que les gouvernements fédéral et provinciaux se concertent et échangent des renseignements afin que de nouveaux traitements soient offerts pour prévenir et traiter les maladies oculaires et prévenir les iniquités en matière de santé chez les gens qui souffrent d'une perte de vision;

que le Parlement estime qu'il est souhaitable d'être proactif dans la lutte contre la perte de vision et de mettre en œuvre une stratégie nationale sur les soins oculaires,

Sa Majesté, sur l'avis et avec le consentement du Sénat et de la Chambre des communes du Canada, édicte :

Titre abrégé

Titre abrégé

1 *Loi sur la stratégie nationale sur les soins oculaires*.

National Strategy for Eye Care

Development

2 (1) The Minister of Health must, in consultation with the representatives of the provincial governments responsible for health, Indigenous groups and other relevant stakeholders, develop a national strategy to support the prevention and treatment of eye disease, as well as vision rehabilitation, to ensure better health outcomes for Canadians.

Content

(2) The national strategy must describe the various forms of eye disease and may include measures to

(a) identify the needs of health care professionals and other professionals in relation to training and guidance on the prevention and treatment of eye disease and on vision rehabilitation;

(b) promote research and improve data collection on eye disease prevention and treatment and on vision rehabilitation;

(c) promote information and knowledge sharing between the federal and provincial governments in relation to eye disease prevention and treatment and to vision rehabilitation; and

(d) ensure that the Minister is able to rapidly examine, in accordance with the *Food and Drugs Act*, certain applications and submissions in respect of ***devices*** and ***drugs***, as those terms are defined in section 2 of that Act, that are intended for use in relation to eye disease, including macular degeneration, cataracts, glaucoma and diabetic retinopathy.

Considerations

(3) The national strategy must take into consideration existing frameworks, strategies and best practices related to the prevention and treatment of eye disease and to vision rehabilitation, including those that focus on addressing health inequalities.

Conference

(4) For the purpose of developing the strategy, the Minister must hold at least one conference with the persons referred to in subsection (1).

Stratégie nationale sur les soins oculaires

Élaboration

2 (1) Le ministre de la Santé, en consultation avec les représentants des gouvernements provinciaux responsables de la santé, des groupes autochtones et d'autres intervenants concernés, élabore une stratégie nationale visant à soutenir la prévention et le traitement des maladies oculaires ainsi que la réadaptation visuelle afin d'améliorer les perspectives de santé des Canadiens.

Contenu

(2) La stratégie nationale décrit les différentes formes de maladies oculaires et peut prévoir des mesures visant à :

a) identifier les besoins des professionnels de la santé et d'autres professionnels en matière de formation et d'orientation sur la prévention et le traitement des maladies oculaires et sur la réadaptation visuelle;

b) promouvoir la recherche et améliorer la collecte de données sur la prévention et le traitement des maladies oculaires et sur la réadaptation visuelle;

c) promouvoir l'échange de renseignements et de connaissances entre les gouvernements fédéral et provinciaux sur la prévention et le traitement des maladies oculaires et sur la réadaptation visuelle;

d) veiller à ce que le ministre soit en mesure d'examiner rapidement, conformément à la *Loi sur les aliments et drogues*, certaines demandes ou présentations concernant des ***drogues*** et des ***instruments***, au sens de l'article 2 de cette loi, destinés à être utilisés à l'égard de maladies oculaires, notamment la dégénérescence maculaire, les cataractes, le glaucome et la rétinopathie diabétique.

Considérations

(3) La stratégie nationale prend en considération les cadres, les stratégies et les pratiques exemplaires en matière de prévention et de traitement des maladies oculaires et en matière de réadaptation visuelle, y compris ceux qui visent à redresser les inégalités en matière de santé.

Conférence

(4) Aux fins d'élaboration de la stratégie, le ministre tient au moins une conférence avec les personnes visées au paragraphe (1).

Reports to Parliament

Tabling of strategy

3 (1) Within 18 months after the day on which this Act comes into force, the Minister of Health must prepare a report setting out the national strategy and cause it to be tabled in each House of Parliament on any of the first 15 days on which that House is sitting after the report is completed.

Publication

(2) The Minister must publish the report on the website of the Department of Health within 10 days after the day on which it is tabled in Parliament.

Report

4 (1) Within five years after the report referred to in section 3 has been tabled in both Houses of Parliament, the Minister of Health must prepare a report on the effectiveness of the national strategy and on the state of eye disease prevention and treatment that also sets out the Minister's conclusions and recommendations regarding the strategy.

Tabling of report

(2) The Minister must cause the report to be tabled in each House of Parliament on any of the first 15 days on which that House is sitting after the report is completed.

Age-Related Macular Degeneration Awareness Month

Designation

5 Throughout Canada, in each year, the month of February is to be known as "Age-Related Macular Degeneration Awareness Month".

Rapports au Parlement

Dépôt de la stratégie

3 (1) Dans les dix-huit mois suivant la date d'entrée en vigueur de la présente loi, le ministre de la Santé établit un rapport énonçant la stratégie nationale et le fait déposer devant chaque chambre du Parlement dans les quinze premiers jours de séance de celle-ci suivant son établissement.

Publication

(2) Le ministre publie le rapport sur le site Web du ministère de la Santé dans les dix jours suivant la date de son dépôt devant le Parlement.

Rapport

4 (1) Dans les cinq ans suivant le dépôt du rapport visé à l'article 3 devant les deux chambres du Parlement, le ministre de la Santé établit un rapport sur l'efficacité de la stratégie nationale et sur l'état des progrès en matière de prévention et de traitement des maladies oculaires. Le rapport comporte également les conclusions et les recommandations du ministre relativement à la stratégie.

Dépôt du rapport

(2) Le ministre fait déposer le rapport devant chaque chambre du Parlement dans les quinze premiers jours de séance de celle-ci suivant son établissement.

Mois de la sensibilisation à la dégénérescence maculaire liée à l'âge

Désignation

5 Le mois de février est, dans tout le Canada, désigné comme « Mois de la sensibilisation à la dégénérescence maculaire liée à l'âge ».

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Disponible sur le site Web de la Chambre des communes à l'adresse suivante : **www.noscommunes.ca**

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