ONESIGHT
EssilorLuxottica Foundation

ADVOCACY FACT SHEET

Colombia Overview

Population 52.3 million[1] - Upper-Middle Income[2] - HDI 0.76[3] - GDP 365.1 billion USD/1.572 trillion COP[1]

1. **High Need for Vision Correction:** Approximately **66%** of Colombia's population require vision correction, with **nearly 30%** having uncorrected refractive errors (URE). Conditions like myopia and hyperopia are prevalent, especially among children and rural residents, underscoring the need for accessible eye care.
2. **Access Barriers for Vulnerable Groups:** Cost and distance impede access to eye care, especially for low-income, rural, and migrant populations. About 73.6% of Venezuelan migrants lack insurance, while internally displaced Colombians have limited services. Partnerships between the government and NGOs work to reduce these barriers, yet more action is needed.
3. **Recommendations for Improvement:** Expanding school-based screenings, subsidizing eye exams, updating the national eye health plan, and implementing innovative services are key. These initiatives, coupled with incentives for providers in underserved areas, aim to increase early detection and correction of visual impairments across the country.

The Global State of Vision

The World Health Organization (WHO) recognizes uncorrected refractive error (URE) as **the primary cause of vision impairment** (VI), **the second cause of blindness**, and **the largest unaddressed disability worldwide**.[4]

Two sets of research estimate **global prevalence of poor vision** caused by **URE** (URE includes myopia, hyperopia, astigmatism and presbyopia. It results in reduced visual acuity, leading to blurred vision and, when severe, visual impairment).[5] -**1.1 billion** people live with **avoidable VI** (WHO; visual acuity cut-off 6/12)[4], and **2.7 billion or 1 in 3 people have URE** (Essilor; visual acuity cut-off 6/9)[6].

Vision impairment costs the global economy **US$411 billion** in yearly **productivity losses**.[7]

Without action, half the global population, roughly **4.8 billion,** is set to have a VI, primarily myopia, by **2050.**[7]

Over 90% of VI cases **are preventable**, and/or **treatable** with existing, cost-effective interventions.[7] Globally, only 36% of people with distance VI due to refractive error (RE) have access to the appropriate care they need.[8]

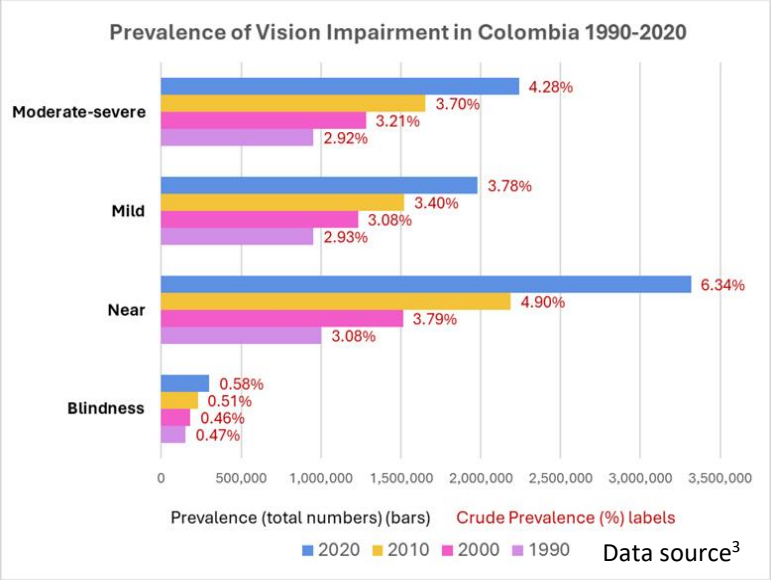
40% eREC

With this baseline (36%), the 74th World Health Assembly (WHA) endorsed a global target for a **40% increase in effective coverage of refractive errors (eREC)** by 2030.[9]

The **WHO SPECS 2030 Initiative**[10], building on WHA[11]/UNGA[12] resolutions, particularly the eREC target, assists countries and stakeholders in addressing the unmet need for spectacles while ensuring the delivery of quality eye care.

Vision Needs in Colombia

- **In 2022,** 66% of Colombia required vision correction. **Nearly 30% (15 million people)** have *uncorrected* poor vision in Colombia. [13]



- Total VI (near, mild, moderate-severe) in 2020 was 7.54 million, an increase from 2010-2020 by 40.45%, and an increase from 1990-2020 by 159.23%.[3]
- **2024**: Among 1,139 urban students (5-12 years old) in Soacha, astigmatism was most common (31.1%), followed by myopia (20.8%) and hyperopia (13.1%). Myopia increased with age, while emmetropia decreased.[14]
- **2024**: 30.26% showed URE during eye exams (among 1,579,778 people assessed). Astigmatism was most common, especially among <40-year olds. Myopia was highest in 10-30-year olds. Andean region had the highest prevalence, with rising risk in remote areas.[15]
- **2021**: In Bogotá, lack of routine school-based vision screenings and budget constraints hindered eye health access. Some children prescribed with spectacles chose not to wear them due to stigma (cultural resistance).[16]
- **2019**: In Bogotá, URE affected 12.5% of adults, and presbyopia 55.2%. Visual impairment was high (19.3%), especially in districts where cost limits spectacle access (29.5%). Spectacle coverage was 50.9% for distance and 33.9% for near vision. Older age and lower education increased unmet need.[17]

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- **2018**: Myopia affected 12.9% and hyperopia, 32.3% of people. Myopia was higher in urban (15.7%) than rural (9.2%) areas. Hyperopia was more common in rural (36.1%) than urban (29.4%) areas. Myopia prevalence rose with age among youth and was linked to urban, medium-high socioeconomic backgrounds.[18]
- **2017**: An estimated 1 in 5 Colombians needed vision correction, but did not have it.[19] This has increased to nearly 30% of the population having uncorrected poor vision.[13]

Vision Care in Colombia

- **Health System Structure and Coverage:** Colombia has a mixed public-private health system[20], moving toward universal health coverage since 1993 with Law 100[21] which is currently under review by the new administration[22]. The Health System provides health coverage[21] via two insurance systems: Contributory (for employed) and Subsidized (for unemployed/informal workers/vulnerable)[21,23], governed by the Ministry of Health and Social Protection[23]. Health expenditure (% GDP) was 9.02 in 2021.[1]
- **Vision Care Access and Barriers:** Lower-income groups face reduced access to eye care and spectacles[16,17]. Access barriers include costs[17,20], distance, transportation, time constraints[16], stigmas against spectacle use and lack of awareness[16]. Urban-rural inequity exists[20,24,25], with 19% of the population living in rural areas.[26]
- **Migrant and Displaced Populations:** Colombia hosts over 2.8 million settled Venezuelans and 33% of 4.9 million daily crossers seek health services[27]. 73.6% of Venezuelan migrants remain uninsured, compared to 3.6% of Colombians.[21] NGOs and government partnerships fill the gap in services[27,28].
- **Eye Health Sector:** Eye health is a priority in Colombia's National Program of Comprehensive Visual Health 2016-2022[29] and the non-communicable diseases plan (2016-2020)[17,30]. Eye care workforce includes 1,500 ophthalmologists (31.1 per million in 2015) and 6,491 optometrists (127.6 per million in 2020)[3]. On average, 7 million eye disease-related services are performed annually.[31] The health system covers basic lenses, not the cost of frames (except minimal % coverage for <21 & >60 years under the subsidized regime)[17,32] affecting affordability[16,17]. The out-of-pocket eye exam cost range is COP 50,000-200,000/13-52 USD (2023).[33] Additionally, teleophthalmology has successfully improved access to ocular diagnoses and specialist referrals, particularly for remote, underserved groups, e.g. Amazon indigenous.[34]
- **School-Based Vision Programs:** Colombia mandates vision screening for students at ages 4, 11, and 16, though enforcement in public schools is inconsistent. Limited collaboration between health and education ministries restricts effective implementation.[16]
- **Geographic Disparities:** Remote regions face high rates of URE, highlighting the need to increase service access outside urban areas[14,25,34]. A pro-wealth Health Concentration Index highlights disparities, with eye care providers concentrated in urban centers[25].
- **Policies and Support:** PAHO encourages strengthening national programs to prevent avoidable visual impairments[35] and improve ethnic and migrant health through action on social determinants and anti-discrimination efforts.[36]

Action and Policy

- **Professional bodies and associations:** Colombian Association for Research in Vision and Ophthalmology (CARVO); Colegio Federación Colombiana de Optometras (FEDOPTO); Sociedad Colombiana de Oftalmología (Socoftal)
- **Organizations supporting the visually impaired and blind:** Pan American Health Organization (PAHO), Malteser International Americas; Corner of Love; CharityVision; Medical Ministry International
- Key recommendations to improve eye care access in Colombia include subsidizing eye exams and spectacles for low-income individuals (currently a target set by the National Program of Comprehensive Visual Health 2016-2022)[29] and promoting community education to increase awareness and early detection.[18] Routine school vision screenings and free or affordable spectacles for children are suggested to improve correction rates and educational outcomes.[16,17] Developing a national school eye health plan and training school nurses could help reach underprivileged populations.[16] Consistent regional refractive error data and research on causal factors of URE can ensure improved planning and delivery of services.[14] To address rural-urban inequities, infrastructure improvements, telemedicine or telerefraction services,[20] and incentivized programs for eye care providers in underserved regions are recommended.[25] For migrants, smoother insurance enrollment, integration policies,[28,37] and strengthened government-NGO cooperation are crucial to ensure continuity and reduce barriers to health access.[28]
- Joint efforts of government, public and private actors will allow Colombia to ensure eye care for all. The OneSight EssilorLuxottica Foundation is partnering with local organizations and eye care professionals to eliminate uncorrected poor vision in a generation in communities in need.

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