

ADVOCACY FACT SHEET

Brazil Overview



- Prevalence of Poor Vision:** Unmet uncorrected refractive error in Brazil is 33.0%. A 2014 São Paulo study found 15.4% had moderate vision impairment (VI), 10.2% severe VI, and 4.2% blindness, with significant improvement after optical correction. Other studies show high prevalence of refractive errors and cataracts, emphasizing the need for targeted correction programs and eye health policy implementation.
- Higher Risk Populations:** Older adults in Brazil have high rates of visual impairment due to URE, with significant improvement upon correction, highlighting the need for accessible eye care. Inequality in health access, socio-economic factors, and education put many at higher risk of uncorrected refractive error (URE).
- Children and Students:** Myopia (nearsightedness) rates are increasing among Brazilian children and students, with significant disparities across regions and socioeconomic groups. This indicates a need for comprehensive vision screening and eye care programs in schools. In southern Brazil, 2023 data showed a 17.4% myopia prevalence among public school children, with females at higher risk, linked to increased screen access.

The Global State of Vision

The World Health Organization (WHO) recognizes URE as the **primary cause of vision impairment (VI), the second cause of blindness, and the largest unaddressed disability worldwide.**¹

Globally, **2.7 billion** or **1 in 3** people live with poor vision caused by URE² (URE includes myopia, hyperopia, astigmatism and presbyopia. It results in reduced visual acuity, leading to blurred vision and, when severe, visual impairment).³

Visually impaired people cost the global economy **US\$411 billion** in yearly productivity losses.⁴

Without action, **half the global population, roughly 4.8 billion**, is set to have a VI, primarily myopia, by **2050**.⁴

Over 90% of VI cases are preventable, and/or treatable with existing, cost-effective interventions.⁴ Globally, only 36% of people with distance VI due to refractive error (RE) have access to the appropriate care they need.⁵



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.**⁶

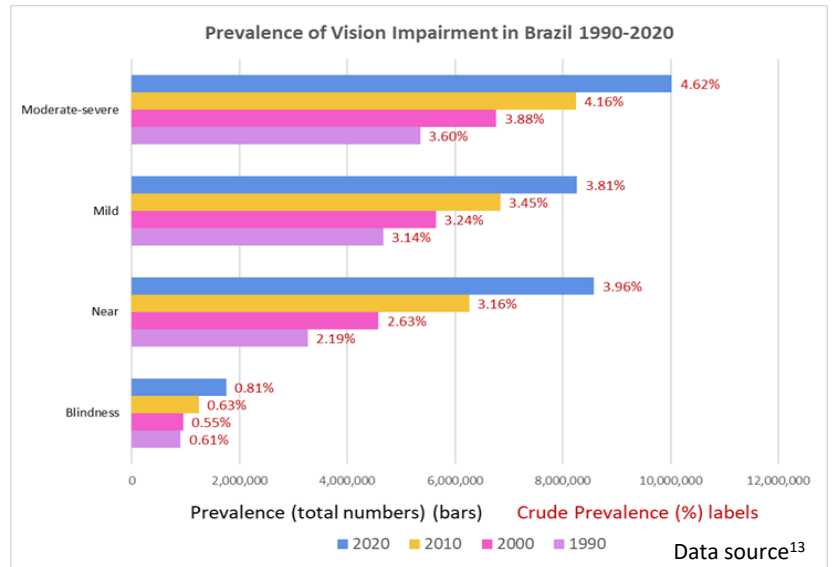
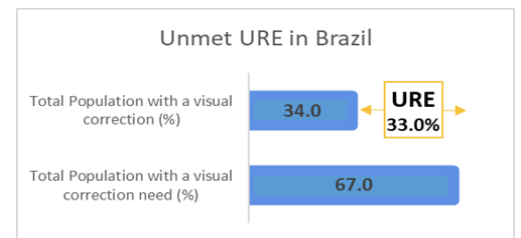
The **WHO SPECS 2030 Initiative**⁷, building on WHA⁸/UNGA⁹ resolutions and particularly the eREC target, assists countries and stakeholders in addressing the unmet need for spectacles while ensuring the delivery of quality eye care.



Vision Needs in Brazil

General prevalence data:

- The 2009 Botucatu Eye Study found 5.2% with low vision and 2.2% with blindness, mainly due to refractive error (72.3%) and cataracts (50%). Best corrected low vision and blindness were 1.3% and 0.4%, respectively.¹⁰
- A 2014 study in São Paulo found 15.4% had moderate VI, 10.2% severe VI, and 4.2% blindness. Corrected, normal visual acuity increased from 70.2% to 84.1%.¹¹
- A 2017 Brazilian Amazon survey showed 85.6% of older adults with reliable visual acuity, 21.6% having uncorrected VI, reduced with best-corrected visual acuity (BCVA).¹²



Older adults: Age- and sex-adjusted prevalence of FLV in those 50+ ranged from 0.9% in Guatemala, Mexico, and Uruguay to 2.2% in Brazil and Cuba, increasing with age.¹⁴ In the Brazilian Amazon, 96.5% of older adults had uncorrected near VI, 20.5% with correction. Presbyopia was the main cause (71.8%), followed by cataracts (16.5%) and pterygium (2.5%).¹⁵ URE was the top cause of VI among adults 45+ in Parintins.¹⁶

Children/Students:

- The prevalence of childhood myopia increased from 3.6% in 1995-2000 to 9% in 2014.¹⁷
- In 2007, the prevalence of uncorrected, presenting, and BCVA in Gurupi City, Tocantins, was 5.72%, 2.83%, and 0.81%, respectively, mainly due to refractive error (89%).¹⁸ Among schoolchildren in Aracati, myopia prevalence was 20.4%, with high myopia at 1.4%.¹⁹

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- Another study found 75.1% of schoolchildren emmetropic, 2.8% of 5-7-year-olds myopic, increasing to 19.3% among 16-18-year-olds, with significant hyperopia and astigmatism.²⁰
- In 2021, 15.2% São Paulo public school children had myopia, 17.5% hyperopia, and 30.5% astigmatism.²¹ The 2023 myopia prevalence among children who never had vision screenings in south Brazil was 17.4%, with girls having x1.6 higher risk than boys. All social classes had screen access contributing to increasing myopia.²² In the Americas, Brazil and Mexico had higher prevalence of URE among female children (15.2 per 1000).²³
- At Centro Universitário Saúde ABC/FMABC, 74.57% of medical students had ametropia, with myopia being most common (59.05%), increasing from 1st to 4th year, higher than the global average (22%).²⁴ A study in Cuiabá, Brazil found 47.7% of university students were myopic, 14.1% hyperopic, 32% emmetropic, and 6.3% had high myopia.²⁵

Vision Care in Brazil

- **Overview of Brazil's Health Care System:** Brazil's Unified Health System (SUS) aims for comprehensive healthcare at all levels. Health expenditure rose to USD 1,514 per capita in 2019, with private spending over 50%. Public providers dominate, but private providers are significant. Brazil performs well in only few wellbeing measures compared to OECD countries, with notable health system underutilization by those without private insurance.²⁶
- **Health Access:** All residents and visitors, including refugees²⁷ (562,589 in 2022)²⁸ and undocumented, can access free services, with no cost-sharing or application process. Access to primary and emergency care is direct, but referrals are needed for specialties and hospitals. Geographic distribution of doctors is skewed towards wealthier cities.²⁷ About 25% of Brazilians have private insurance, granting better access and health outcomes.²⁶ 14.7% of Brazilians use both public and private services, with higher income linked to dual use, often from public to private, exacerbating health inequities.²⁹
- **Challenges:** Despite universal coverage, Brazil struggles with unequal access, low care quality, and poor coordination. Increased spending to obtain care requires further investment in infrastructure, workforce development, and digital technologies.³⁰ Brazil's health system faces threats from structural weaknesses, economic and political crises, and austerity policies limiting public expenditure growth.³¹ Persistent socioeconomic inequalities favor the wealthy in health care utilization, preventive services, and hospital admissions, particularly in poorer regions.³²
- **Perception:** In 2019, 3.8% of Brazilians reported unmet health care needs, and 7.5% unmet medication needs. Policy interventions should improve access for vulnerable populations.³³ 11.5% of older adults rated their health as poor, concentrated among the poorer, with income, education, and private insurance need contributing to this inequality.³⁴
- **Vision Care:** One can search online for eye clinics or an ophthalmologist, can additionally refer to the Brazilian Council of Ophthalmology (Conselho Brasileiro de Oftalmologia) directory of registered ophthalmologists, or get their doctor's referral.³⁵ There is high inequality in the distribution of ophthalmologists in Latin America, with a concentration in more developed areas.³⁶ Brazil has 6.74 ophthalmologists-per 100,000 population.¹³
- **School Health Program (PSE):** Brazil's PSE focuses on eye screening and visual acuity but needs more comprehensive evaluation, health promotion, and intersectoral work between health and education professionals.³⁷ PSE monitoring in 2019 showed a 65.1% increase in activities from 2014-19, identifying visual issues in 15,325 students, though only 38.2% of municipalities adhered to PSE actions, indicating slow growth.³⁸
- **Corrective Lens Awareness:** A study showed 73% had used corrective lenses for over 5 years, but many were unaware of their lens type or ametropia due to inadequate doctor explanations, low health literacy, and lack of interest.³⁹
- **Impact of Mobile Eye Care Units:** A São Paulo study found mobile eye care units identified refractive errors in 78.6% of cases, provided vision correction prescriptions to 60.9%, and resolved 81.7% of issues in a single visit, with 18.1% referred for specialized care.⁴⁰

Action and Policy

- **Professional bodies and associations:** **Conselho Brasileiro de Oftalmologia** (CBO), the Brazilian Council of Ophthalmology; **Sociedade Brasileira de Oftalmologia** (SBO), the Brazilian Society of Ophthalmology; **Sciedade Brasileira de Lentes de Contato, Córnea e Refratometria** (SOBLEC), the Brazilian Society of Contact Lenses, Cornea, and Refractometry; **Associação Brasileira de Catarata e Cirurgia Refrativa** (ABCCR), the Brazilian Association of Cataract and Refractive Surgery (BRASCRS); Associação Brasileira dos Profissionais de Saúde Ocular (ABRASO), the Brazilian Association of Eye Health Professionals.
- **Organizations supporting the visually impaired and blind:** **Laramara - Associação Brasileira de Assistência à Pessoa com Deficiência Visual**, Brazilian Association for Assistance to Visually Impaired Persons; **Fundação Dorina Nowill para Cegos**, Dorina Nowill Foundation for the Blind; **Instituto Benjamin Constant** (IBC); **Associação de Deficientes Visuais e Amigos** (ADEVA), the Foundation of the Association of Visually Impaired and Friends; **Colégio Vicentino de Cegos Padre Chico**; **Associação Brasileira de Assistência ao Deficiente Visual**, the Association for the Assistance of the Visually Impaired of Poços de Caldas (AADV); **Visualiza Clínica Oftalmológica**
- **Research entities:** **Associação Brasileira de Catarata e Cirurgia Refrativa** (ABCCR), the Brazilian Association of Cataract and Refractive Surgery (BRASCRS); **Instituto da Visão** (IPEPO); **Hospital de Olhos de Pernambuco** (HOPE); **Fundação Altino Ventura** (FAV); **Universidade de São Paulo** (USP); **Centro de Estudos e Pesquisas em Oculistas** (CEPOA); **Sociedade Brasileira de Oftalmologia** (SBO)
- The Botucatu Eye Study underscores the need for targeted programs to correct REs and manage cataracts to reduce visual impairment.¹⁰ Many had no prior access to RE screening, suggesting it may have significantly improved their vision.¹¹ About 30.9% could improve vision by 3 or more lines with proper refraction, emphasizing the need for better eye care access and affordable glasses, especially for women and rural residents.⁴¹ The cost of spectacles can be a barrier in low-middle income countries like Brazil, making it essential to provide affordable, low-cost optical devices for proper rehabilitation.⁴² 69.8% of participants received free reading glasses in an Amazon study, showing a clear need for affordable visual correction.⁴³
- Mobile eye health units can be supportive in providing access to basic eye care, as seen in a 2021 study, additionally promoting eye health education to prevent blindness. This can aid particularly in underserved areas underserved areas, with high rates of detection and effective treatment of URE.⁴⁰
- Brazil needs national eye health education policies due to demographic changes and high prevalence of myopia, cataracts, glaucoma, and diabetic retinopathy. School-based screenings, teacher training, and public awareness are crucial, alongside technological advancements and targeted education for better disease management.⁴⁴ Joint efforts of government, public and private actors will allow Brazil to ensure access to eye care for all and meet growing needs. The [OneSight EssilorLuxottica Foundation](#) can support delivery of care and education at eye clinics for in-need communities, to eliminate uncorrected poor vision in a generation, while leveraging the expertise of eye care professionals and local partners.

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