ONESIGHT
EssilorLuxottica Foundation

ADVOCACY FACT SHEET

Mexico Overview

1. **Prevalence of Vision Impairment:** In 2020, 16 million Mexicans (12.1%) experienced vision loss, with uncorrected presbyopia being prevalent. Women and older adults were particularly affected, and 43% of the population lacked access to eye care in 2015, requiring 12,000 optometrists to meet demand. By September 2023, 3.54% of Mexico's population had moderate to severe vision impairment (MSVI), with higher rates among older adults, diabetics, and those in lower socioeconomic or rural areas. Gender disparities and low awareness impacted access to eye care for women.
2. **Uncorrected Refractive Error in Children:** Refractive error is prevalent in children, with 31.2% of primary school students affected, by mainly simple myopic astigmatism (25.7%) and moderate astigmatism (37.5%). Additionally, in Cancun, 23.9% of school-age children were found to have refractive errors, highlighting the impact on educational opportunities despite available screenings.
3. **The Healthcare System and Unmet Needs:** Mexico's healthcare system faces challenges like inequity, segmentation, inadequate resources, and regional disparities, particularly in rural areas. Efforts to improve care include integrating services, enhancing facilities with specialized equipment, increasing trained eye care professionals, promoting eye health education and interventions, and innovating to expand access, eg.2.5NVG program.

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**.[1]

Globally, 2.7 billion or 1 in 3 people live with poor vision caused by URE[2] (URE includes myopia, hyperopia, astigmatism and presbyopia. It results in reduced visual acuity, leading to blurred vision and, when severe, visual impairment).[3]

Vision impairment costs 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]

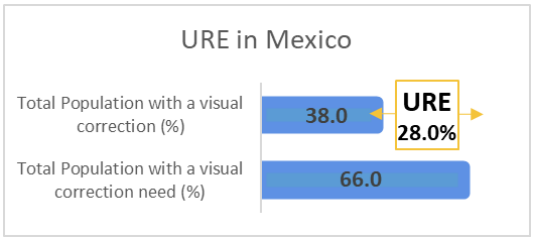
40% eREC

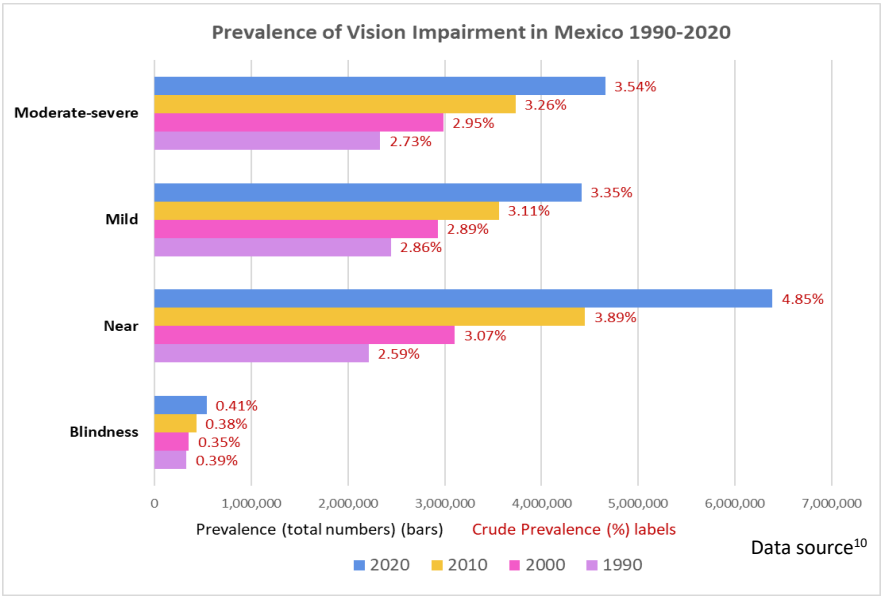
With this baseline (36%), the 74th World Health Assembly (WHA) endorsed a global target for a **40% increase in effective coverage of refractive errors (eREC)** by 2030.[6]

The **WHO SPECS 2030 Initiative**[7], building on WHA[8]/UNGA[9] 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 Mexico

- In 2020, 16 million Mexicans (12.1%) experienced vision loss[10], with uncorrected presbyopia being the most common (6 million). Women and older adults were particularly affected.[11]





- In 2015, 43% of Mexico's 110 million people lacked access to eye care, requiring 12,000 optometrists to meet demand.[12] Nuevo Léon State had 0.9% of those over 50 with functional low vision.[13]
- By September 2023, 3.54% of Mexico's population had moderate to severe vision impairment (MSVI)[14], with a higher prevalence among older adults, diabetics, and those in lower socioeconomic or rural areas.[15] Gender disparities limit women's access to eye care due to societal values and resource distribution. Awareness of eye conditions can increase access of eye care.[11]
- Studies revealed high rates of uncorrected refractive errors (URE) and other ocular conditions in various regions, with notable findings including:
  - Ensenada (2024): 51.5% URE, 12.3% cataracts, 11.5% presbyopia.[16]
  - Tijuana (2019): 70% had visual acuity of 20/30 or worse, with myopia (13%), hyperopia (25%), and astigmatism (18%).[17]

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- Aguascalientes (2021): Astigmatism higher in children and adolescents (61.1%) compared to adults (57.1%).[18]
- Primary school students (2023): 31.2% had refractive errors, mainly simple myopic astigmatism (25.7%) and moderate astigmatism (37.5%), with 83.7% uncorrected. Severe vision impairment dropped from 2.4% to 0.3% after eyeglass prescription.[19]
- In Cancun (2019), 23.9% of school-age children had refractive errors, affecting educational opportunities despite available screenings.[20] In Sinaloa (2024, 2021), high URE prevalence was noted among students aged 12-18 years[21,22], with significant concerns about compliance due to appearance and teasing, despite free spectacles. Compliance (2006) was higher among younger and rural children.[23]

Health and Vision Care in Mexico

- In 2020, 73.5% of the Mexican population affiliated with health services, ranging from 62.2% in Michoacán de Ocampo to 84.4% in Chihuahua.[24] Major healthcare providers include IMSS, INSABI, ISSSTE, private institutions, PEMEX, SDN, SM, and IMSS Bienestar.[25] IMSS, funded by government, employers, and individual contributions, excludes certain specialty care, including eye and dental care.[26]
- The Ministry of Health oversees national disease prevention, while state authorities handle local public health.[25] Dr. Vagón, a medical train, delivers primary care, free medication, optometry, dental services, and more across 85% of Mexico, covering 300 communities in 18 states.[27] 76,647 glasses have been provided to people in need of vision correction.[28] In 2022, EssilorLuxottica, with COFAS Hospitals, launched a vision center through the 2.5NVG program, situated in the Alfredo Harp Calderoni Un Kilo de Ayuda Hospital in Temascalcingo, centered on affordable care, educational campaigns, strengthening optometrist training, and applied vision research.[29]
- In 2015, Mexico's health laws were amended to elevate the status of optometry.[12] Key statistics include 42.5 ophthalmologists per million people in 2015, 56.3 optometrists per million in 2019, and 47 allied ophthalmic personnel per million in 2014.[10]
- Mexico's healthcare system struggles with inequity, segmentation, inadequate resources, and regional disparities, affecting service quality and accessibility. Shortages in nurses and medical specialists hinder health promotion and prevention efforts.[25,] From 2018 to 2020, the number of people with reduced healthcare access increased from 20.1 million to 25.7 million[30], especially in remote rural areas with challenging terrain and linguistic diversity. Community eye health promoters in southern Mexico have helped introduce access to an initial level of eye care despite these challenges.[31]
- Migrants face significant healthcare access issues, particularly in Tapachula, with NGOs filling gaps.[32] Migrants currently pay out of pocket except for universally provided services like immunization.[25]
- Efforts to integrate public health services are ongoing, aiming to create a more efficient and responsive system with a universal right to health, while maintaining contributory financial structures and separating financial management, provision, and regulation functions.[25]

Action and Policy

- **Professional bodies and associations:** Mexican Optometry Association (AMO); Mexican Council of Ophthalmology (CMO).
- **Organizations supporting the visually impaired and blind:** Grupo Mexico, or Mexico Group Foundation; Guerrero Clinic; Mexican Center of Preventive Visual Health, A.C. (CMSVP), a High Specialty group of the Mexican Society of Ophthalmology; Instituto de Oftalmologia, Mexican Institute of Ophthalmology; Fundación Ver Bien Para Aprender Mejor, or The See Well, Learn Better Foundation; La Fundación Hospital Nuestra Señora de la Luz, or Nuestra Señora de la Luz Hospital Foundation; Consejo Optometría México, or Optometry Council of Mexico; Fundación +Luz, or +Luz Foundation; APEC Hospital de la Ceguera, or APEC Hospital For The Blind.
- **Research entities:** México Colegio Nacional de Investigación en Ciencias Visuales (MARVO), Mexican Chapter Affiliate of The Association for Research in Vision and Ophthalmology (ARVO); Optometry School of the Universidad Autónoma de Sinaloa, linked to the ophthalmology department of the UAS University Hospital; la Sociedad Mexicana de Oftalmología, or the Mexican Society for Ophthalmology; La Asociación Latinoamericana de Optometría y Óptica, (ALDOO) or Latin American Association of Optometry and Optics; Instituto Mexicano de Ogtalmologia, IAP (IMO), or Mexican Institute of Ophthalmology.

- Studies indicate a high unmet need for vision correction in underserved communities due to limited access to affordable eye care.[16,18,30] Educational authorities should promote visual health through periodic checkups[22], with adequate funding essential for expanding eye care programs, particularly in underserved areas.[30] This involves partnerships with NGOs[30], increasing the number of trained eye care professionals, and implementing nationwide eye health education campaigns[11,25].
- Building and upgrading healthcare facilities with specialized eye care equipment and telemedicine capabilities is critical.[27] Research on eye health in Mexico has grown since a 2017 study on refractive errors was conducted, leading to further new programs addressing visual health needs[33]. A 2019 study highlighted avoidable visual impairment cases, calling for targeted public health interventions and strong actions to prioritize vision health.[11] Future studies should examine eyeglass usage, compliance, and academic performance among students with refractive errors.[19]
- Joint efforts of government, public and private actors will allow Mexico to ensure access to eye care for all, and meet growing and unmet needs. The OneSight EssilorLuxottica Foundation can support create access to the delivery of eye 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, local partners and communities.

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