ONESIGHT
EssilorLuxottica Foundation

ADVOCACY FACT SHEET

Spain Overview

1. **Prevalence and Access to Vision Care**:
   A significant portion of the population suffers from visual impairment, with 69% of cases in those over 65 and higher prevalence in women. Access to eye health services is limited among immigrants and socially isolated individuals, leading to unmet needs for vision correction.
2. **Impact of Digital Device Use**:
   Increased screen time has led to a high prevalence of dry eye symptoms and myopia. A significant portion of both children and adults experience worsening vision due to prolonged digital device usage, with vision impairment affecting over 4.5 million people (as of 2020).
3. **Healthcare System and Coverage**:
   Spain's universal health coverage system is comprehensive but faces challenges such as limited dental and optical care coverage, long waiting times for specialized care, and regional disparities in service quality and availability. Efforts are being made to extend coverage and reduce barriers, especially for marginalized groups like migrants and asylum seekers. Further changes are required including policy changes, collaboration, and research to ensure care and optimal health outcomes for all.

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 have access to the appropriate care they need.[5]

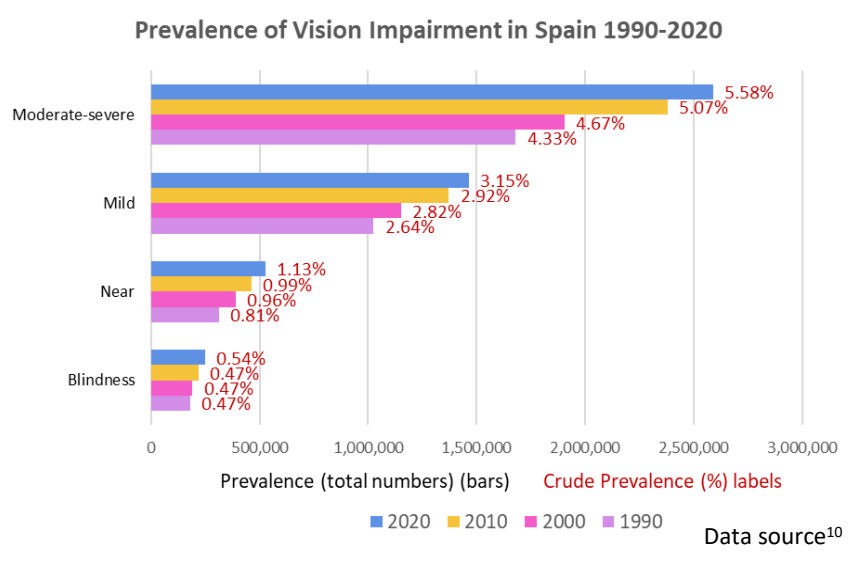
40% eREC

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 Spain

- In 2020, nearly 4.6 million people (9.8% of the Spanish population) suffered from VI. VI is growing; it has increased by 8.6% since 2010.[10]



- Higher VI and blindness rates are found in low-income, minority ethnic, and rural groups, and is associated with age, employment, income, and chronic diseases. In 2018, nearly 40% of rural population reported having poor visual health and used optical correction less than general population when needed.[11]
- 69% of VI cases are in those over 65, with a higher prevalence in women. [11]
- A 2019 study found 15.3% of immigrants had unmet lens needs versus 1.3% of Spaniards. The unmet need for lenses was higher among immigrants with insufficient salaries for unforeseen expenses (21.1%).[12]
- A survey of children aged 6-12 found that those with better academic performance had better vision, aligning with studies linking visual acuity to academic success.[13]
- In children aged 5-7, 2021 myopia prevalence is 19% (88.7% low, 8.8% medium, 2.4% high), hyperopia at 44.2%, and emmetropia at 36.8%.[14] Myopia prevalence increased from 16.8% in 2016 to 20.1% in 2020, driven by near vision activities and digital device use.[15] Projections for 2030 estimate myopia prevalence at 30.2%, with high myopia at 7.3%.[14]

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Vision Care in Spain

- **Government's Universal Health Coverage:** Spain's national health system is funded through general taxation, offering comprehensive coverage to all residents, citizens and migrants.[16] Services are free or subsidized[17], comprising preventive, diagnostic, therapeutic, rehabilitation and health maintenance and promotion activities.[18]
- **Health Expenditure**: In 2022, government health expenditure was 7.3% of GDP. Among health financing sources, government expenditure was 68%, out-of-pocket 21%, voluntary health insurance 7%, and 4% compulsory health insurance[19]. Out-of-pocket spending and private insurance are partly for faster access to treatment and service coverage not included in national benefits.[16]
- **Perceptions:** In a 2023 population survey, 56.7% felt the system works well but needs changes, 28.5% saw a need for fundamental changes, and 14.3% thought it works poorly.[20]
- **Access**: Access to healthcare is generally good, but regional disparities exist, particularly in specialized care and routine screenings.[16]
- **Aging Population**: By 2050, 30.8% of the population will be over 65, 11.2% over 80, (compared to 19.8% over 65 in 2021), which will increase demand for health and vision care.[21]
- **Digital Health:** Spain has a digital health strategy. Teleconsultations making up 30% of doctor visits, enhancing remote care and integration.[19]
- **Eye Care**: Optometrists and ophthalmologists can be seen upon GP referral for free with public healthcare.[22] Without public access, one pays out of pocket or requires private insurance.[17] The profession of Optician and Optometrist are combined in one, so eye exams and prescriptions are provided by optometrists (OpticoOptometrista) and specialized care by ophthalmologists.[23] Private covers additional services including surgeries and advanced treatments[17]. Glasses are not covered by public healthcare.[24]
- **Eye Care Access**: Spain has sufficient eye care providers, however the availability of medical providers varies across regions. [16] Nationwide vision screening for children occurs with regional variations in implementation (some regions do not conduct, funding variations).[25]
- **Vision Correction**: Barriers to resolving eyesight problems noted in rural groups include distance to travel for eye exams, the belief that eyesight problems are only age-related, and the cost of glasses.[11] 10% of people use contact lenses, and 55% use spectacles.[23]
- **Immigrant Care**: 15.2% of the population are immigrants, predominantly Latin Americans (mostly Venezuelans), Ukrainians, then Syrians.[26] Legislation in 2018 restored healthcare access to migrants, with specific provisions for Ukrainian refugees.[16] Immigrants have less access to eye care specialists and a greater unmet need for lenses.[22]

Action and Policy

- **Lack of Data and Research**: There is a significant gap in quality monitoring and research on government vision screening programs, as well as data on the cost of vision screenings, which hinders effective planning and addressing regional disparities.[25]
- **Improving Rural Health Outcomes:** Enhancing awareness and access to early diagnosis, treatment, and follow-up of eyesight disorders in rural populations could improve health outcomes and reduce inequities.[11]
- **Collaboration and Policy Implementation**: Strong collaboration with eye care professionals, parents, and educators is essential for effective myopia management.[27] Policies should be established in primary care and schools to diagnose visual problems early.[13]
- **Health Coverage and Access Challenges**: Limited coverage for dental and optical care leads to financial hardship[28] and high out-of-pocket spending[19]. Asylum seekers, migrants and refugees continue to face challenges in accessing rights due to discrimination, lack of awareness of access[29] and health risks[12]. UNHCR efforts with Refugee-Led Organizations Network in Spain, alongside government resource allocation are a start to expand access.[29]

- **Professional bodies and associations:** Sociedad Española de Oftalmología (SEO) - Spanish Society of Ophthalmology; Consejo General de Colegios de Ópticos-Optometristas (CGCOO) - General Council of Opticians-Optometrists; Sociedad Española de Optometría (SEO) - Spanish Society of Optometry; Asociación Española de Optometría y Terapia Visual (AEOPTOMET) - Spanish Association of Optometry and Visual Therapy; Colegio Nacional de Ópticos-Optometristas (CNOO) - National College of Opticians-Optometrists; Federación Española de Asociaciones del Sector Óptico (FEDAO) - Spanish Federation of Optical Sector Associations
- **Organizations supporting the visually impaired and blind:** Organización Nacional de Ciegos Españoles (ONCE); La Fundación Ojos del mundo/The Eyes of the World Foundation; Fundación ONCE para la Cooperación e Inclusión Social de Personas con Discapacidad; Asociación de Personas con Discapacidad Visual de Andalucía (A.D.F.A.); Federación Española de Deportes para Ciegos (FEDC); Asociación Catalana para la Integración del Ciego (ACIC); Asociación de Personas con Discapacidad Visual de Madrid (ADVISE); Asociación de Retinosis Pigmentaria de España (FARPE); Asociación Discapacidad Visual de Navarra (ADV Navarra)
- **Research entities:** Fundacion Visión y Vida / Vision and Life Foundation; Aragon Health Sciences Institute (IACS); Instituto de Oftalmología Aplicada (IOBA); Fundación Barraquer; Fundación Rementería; Universidad Complutense de Madrid - Facultad de Óptica y Optometría; Universidad de Murcia - Facultad de Óptica y Optometría; Instituto de Salud Carlos III (ISCIII); Fundación Retina España

- **Joint efforts of government, public and private actors will allow Spain to ensure access to eye care for all, including migrants, 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 partnerships with local organizations.**

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