ONESIGHT
EssilorLuxottica Foundation

ADVOCACY FACT SHEET

Switzerland Overview

Population 8.89 million[1] - High-Income[1] - HDI 0.967[2] - GDP USD 884.94 billion/CHF 778.024 billion[1]

1. **Vision Needs:** 73% of the population requires vision correction, with 61% having a correction and 16.4% experiencing uncorrected poor vision. Vision impairment is on the rise, with over half a million people affected in 2020.
2. **Access & Barriers:** Barriers to eye care include high out-of-pocket costs, disparate distribution of eye care personnel, and fragmented provision of services within the country.
3. **Action & Recommendations:** To mitigate the challenges in eye care, public awareness campaigns on the importance of eye exams, together with evidence-based national policies to harmonize service provision are needed.

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**.[3]

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).[4] - **1.1 billion** people live with **avoidable VI** (WHO; visual acuity cut-off 6/12)[3], and **2.7 billion or 1 in 3 people have URE** (Essilor; visual acuity cut-off 6/9)[5].

Vision impairment costs the global economy **US$411 billion** in yearly **productivity losses**.[6]

Without action, half the global population, roughly **4.8 billion,** is set to have a VI, primarily myopia, by **2050.**[6]

Over 90% of VI cases **are preventable**, and/or **treatable** with existing, cost-effective interventions.[6] Globally, only 36% of people with distance VI due to refractive error (RE) have access to the appropriate care they need.[7]

40% eREC

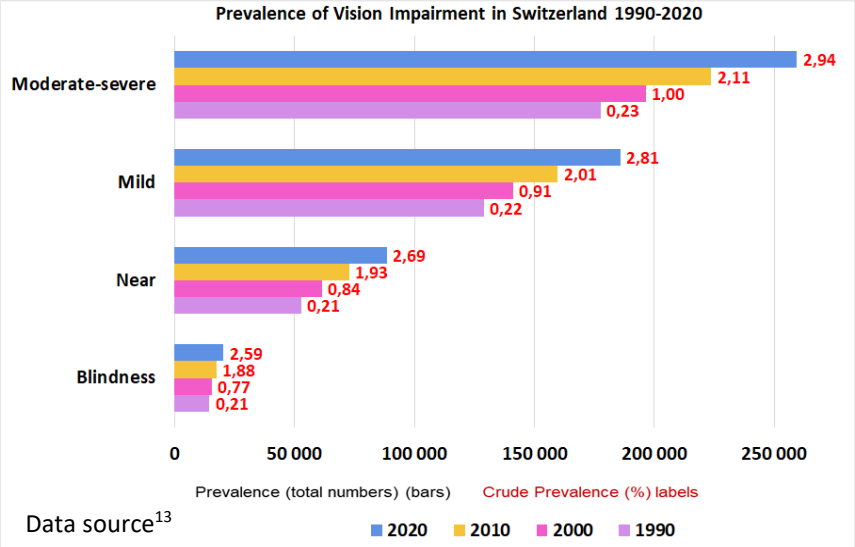
With this baseline (36%), the 74th World Health Assembly (WHA) endorsed a global target for a **40% increase in effective coverage of refractive errors (eREC)** by 2030.[8]

The **WHO SPECS 2030 Initiative**[9], building on WHA[10]/UNGA[11] resolutions, particularly the eREC target, assists countries and stakeholders in addressing the unmet need for spectacles while ensuring the delivery of quality eye care.

SPECS 2030 | World Health Organization initiative

Vision Needs in Switzerland (Research Studies)

- In 2022, **73%** (nearly 6.4 million people) of Switzerland required vision correction. Over 1.05 million people, **12%** of the population, have ***uncorrected* poor vision** in Switzerland.[12]



Data source[13]

- In **2020**, total VI (near, mild, moderate-severe) was 533,603 people - an increase from 2010-2020 of 17.0% and an increase from 1990-2020 of 48.6%.[1]
- **2024**: The global burden of disease (GBD) due to uncorrected refractive error found that in the High-Income super-region, age-standardized prevalence of blindness has increased modestly for women at +1.0% compared to men −0.1%.[14]
- **2024**: A retrospective analysis of Swiss military adult males over a 10-year period from 2008 to 2017 found an average prevalence of myopia of 27.5% which remained stable over the study period. Almost a third of recruits wore spectacles.[15]
- There are limited studies focusing solely on the population of Switzerland, but research from other European countries can be an indicator.
- **2018:** A study estimated the crude prevalence of vision impairment due to uncorrected presbyopia was less than 5%.[16]
- **2016:** A study on the global trends in myopia prevalence estimated an upward trend to around 56% in Western European region by 2050.[17]
- **2015**: A study of refractive error in a European population found a prevalence of 30% for myopia and 2.7% for high myopia.[18]

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Health System in Switzerland

- **Universal Coverage & Financing:** Switzerland boasts one of the world's most advanced healthcare systems, renowned for cutting-edge research, medical innovation, and particularly its excellence in ophthalmology and vision science.[19] The country provides universal health coverage through mandatory health insurance (MHI), funded by private contributions.[20] Coverage includes most medical services such as physician visits, hospital care, medications, home and long-term care, and physiotherapy. Supplemental insurance is available for additional services and enhanced care.[21]
- **Decentralized System:** The decentralized structure across 26 states or cantons results in significant regional differences in healthcare provision, expenditure, and insurance costs.[21]
- **Workforce and Emerging Challenges:** Despite a high density of healthcare professionals, Switzerland faces challenges of an aging population, rising healthcare costs, and the need for system reforms. Workforce shortages and the need for better integration of care services are significant challenges.[22]
- While the universal health insurance system generally provides effective access to healthcare for asylum seekers and refugees through collective insurance arrangements since 2019, significant barriers persist for undocumented migrants and rejected asylum seekers, who remain excluded from universal coverage and face inequitable access to essential services.[23]

Vision Care in Switzerland

- **Eye Care Workforce:** Switzerland's eye care is financed through mandatory health insurance, private coverage, and out-of-pocket payments.[21] While public healthcare ensures free or subsidized services for residents and visitors, access to specialists and service quality can vary by region.[24] There are approximately 1,300 optometrists and 830 ophthalmologists[13], with 2.58 opticians and 1.92 optometrists per 10,000 population.[25] Regional differences affect service accessibility, influenced by the decentralized system.[21]
- **Barriers to Eye Care:** Despite high healthcare standards, barriers persist, primarily due to high out-of-pocket expenses, leading 21% of Swiss residents to report unmet health needs.[26]
- **Systemic Challenges:** Switzerland's decentralized healthcare structure results in fragmented services and regional inconsistencies. Coupled with an aging population, rising digital eye strain,[22] and the increasing prevalence of myopia,[17] this demands continuous adaptation and strategic resource management.
- **Policy & Insurance:** Basic health insurance typically covers spectacles and contact lenses for children (under 18), varying slightly by canton and insurer.[27] Adults generally must pay out-of-pocket unless significantly visually impaired or post-surgery. Pharmacies offer accessible solutions like ready-made reading glasses, effectively addressing presbyopia and enhancing overall eye care accessibility.[28]
- **Socioeconomic Impact:** While dedicated socioeconomic impact studies specific to Switzerland are lacking, global evidence demonstrates significant impacts of vision impairment on quality of life[29] and productivity[16], underscoring the importance of addressing vision care proactively.
- **Professional Bodies and Associations**: Optikschweiz: The Swiss Association of Opticians and Optometrists also known as: Optiquesuisse (French) – the Association for Optometry And Optics; Swiss Professional Association for Ophthalmic Optics and Optometry; Swiss Academy of Ophthalmology; Swiss National Association of and for the Blind; Swiss Society of Ophthalmology.

Key Recommendations from Evidence

- Policies to reduce high out-of-pocket costs and public awareness campaigns are needed to promote regular eye exams and early detection of vision issues, particularly myopia in children. These may be informed by research dedicated to developing or validating strategies for cost reduction.
- Equitable distribution of practitioners is required to prevent access issues in rural settings. Policies to encourage a homogenous distribution of services is required to address the fragmented nature of the healthcare system within country. Evidence-based national guidelines and regulations for vision screening need to be developed and implemented to ensure consistency in coverage, tests used, and personnel training across all cantons.[30]
- The World Health Assembly set a global target of a 40% increase in effective refractive error coverage (eREC).[31] The WHO SPECS 2030 Initiative is a global framework aimed at supporting Member States to achieve this target through 5 strategic pillars; (s)ervices, (p)ersonnel, (e)ducation, (c)ost, and (s)urveillance and research.[32]

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