Prevalence of visual impairment

Changing demography

When the Community Eye Health Journal was launched in 1988, the world population was approximately 5.1 billion. Over the last 20 years, it has increased by approximately 30%, reaching 6.7 billion in 2008. During the same period, the world population has also become proportionally older, as the number of people aged 65 years and over has increased by approximately 55%, from 320 million in 1988 to 500 million in 2008. Since the prevalence of visual impairment becomes higher as people age, this combination of an increasing population and an ageing population is expected to cause a significant increase in the total number of blind people.1

Estimates of the number of people with visual impairment worldwide

In 1988, the number of people who were blind (visual acuity (VA) <3/60 in the better eye) was estimated to be 37 million worldwide. By 2002–04, the latest period for which we have data (see Table 1), it was estimated to be 45 million: 8 million blind due to uncorrected refractive error and 37 million blind due to other causes.2–3 It is thought that at least 60% of blind people are women.

Little was known in 1988 about the prevalence of low vision (VA <6/18 to 3/60). In 2002, the number of people with low vision was estimated to be 124 million worldwide, but this excluded low vision due to refractive error.2 Owing to a lack of data from surveys, it has only very recently become possible to estimate that there are 145 million people with low vision due to refractive error.3 This figure brings the overall number of people with low vision to 269 million.

In total, the number of people with visual impairment (which includes both low vision and blindness) is therefore estimated to be 314 million worldwide.

Causes of blindness

Over the last twenty years, the causes of blindness have changed in proportion and actual number. Cataract has remained the major cause of blindness globally. It is particularly important in Asia. The numbers of people

Table 1. Most recent estimates of the number of people with visual impairment (blindness and low vision) worldwide2,3

<table>
<thead>
<tr>
<th>Definition</th>
<th>Number of people (millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blindness (eye disease)</td>
<td>&lt;3/60 to no light perception</td>
</tr>
<tr>
<td>Blindness (refractive error)</td>
<td>&lt;3/60 to light perception</td>
</tr>
<tr>
<td>Blindness (all causes)</td>
<td></td>
</tr>
<tr>
<td>Low vision (eye disease)</td>
<td>&lt;6/18 to 3/60</td>
</tr>
<tr>
<td>Low vision (refractive error)</td>
<td>&lt;6/18 to 3/60</td>
</tr>
<tr>
<td>Low vision (all causes)</td>
<td></td>
</tr>
<tr>
<td>Total: Visual impairment (all causes)</td>
<td></td>
</tr>
</tbody>
</table>
endorsed or recommended by the World Health Organization does not imply that they are
damages incurred as a result of its use. The mention of specific companies
World Health Organization does not warrant that the information contained
in this publication is accurate, complete, and current and shall not be liable for any
damages incurred as a result of its use. The mention of specific companies
other than the hallmark products does not imply that they are
endorsed or recommended by the World Health Organization in preference
to others of a similar nature that are not mentioned.

Figure 1. Proportion of cases of blindness
due to each major cause*

<table>
<thead>
<tr>
<th>Blindness Cause</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cataract</td>
<td>39%</td>
</tr>
<tr>
<td>Refractive error</td>
<td>18%</td>
</tr>
<tr>
<td>Glaucoma</td>
<td>10%</td>
</tr>
<tr>
<td>Other causes</td>
<td>11%</td>
</tr>
<tr>
<td>Childhood</td>
<td>3%</td>
</tr>
<tr>
<td>Diabetic retinopathy</td>
<td>3%</td>
</tr>
<tr>
<td>Corneal scar</td>
<td>3%</td>
</tr>
<tr>
<td>AMD</td>
<td>3%</td>
</tr>
<tr>
<td>Onchocerca</td>
<td>3%</td>
</tr>
</tbody>
</table>

*Global numbers shown in millions (m)

Similarly, the number of people blind from trachoma decreased from approximately
5 million in 1988 to 1.3 million in 2002. The SAFE strategy for trachoma control
has become widely accepted, tarsal rotation has been shown to be the preferred
surgical procedure for trichiasis, and oral azithromycin has become the
first-choice antibiotic for mass treatment of communities with
endemic trachoma infection (as shown in the article on page 43). It is
also highly likely that improvements in water supply and sanitation have
significantly reduced the transmission of trachoma infection in poor rural
communities in Africa and Asia. However, more investigative work is required in order
to reduce recurrence after trichiasis surgery and to identify the most cost-effective
strategies for the distribution of azithromycin.

Onchocerciasis

In 1988, onchocerciasis was a significant
cause of blindness in many countries in Africa.
This year, however, saw important
developments in the treatment of the disease:
Merk & Co. had registered the microfilaricide
ivermectin (Mectizan®) a year earlier and its
Mectizan® Donation Programme came into
effect, providing Mectizan® free of charge
to individuals and communities with
onchocerciasis, as shown in the article on
page 43. Twenty years on, the severity of
onchocerciasis infection is decreasing and the
number of people developing vision loss has markedly decreased. The figures for
2007 indicate that over 50 million people
are now receiving Mectizan® on an annual
basis through community-directed treatment programs.

Childhood blindness

Although vitamin A deficiency was a well-
recognized cause of blindness in children
twenty years ago, little work had been done up
to that time on the magnitude and causes of
childhood blindness. The article on page 46
presents an overview of the data collected and
the lessons learnt over the past twenty years.
These data show marked variations according to the socio-economic status of
the community. For example, vitamin A
deficiency still occurs in children under five
years old living in very poor families and, today,
rising food prices worldwide may aggravate
this situation further. Similarly, retinopathy
of prematurity has emerged as a significant
problem in middle-income countries and in
urban centres of the developing world. The
most important treatable cause of childhood
blindness, however, remains untreated or
poorly treated trachoma, which is responsible for
5–20% of all cases.

Refractive error

Little was known in 1988 about the magnitude
of visual loss due to refractive error. This
was due to the fact that the World Health
Organization’s (WHO) definition of blindness

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Cataract

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children were infected; this number had
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Trachoma

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excluded correctable refractive error, which was therefore not recorded in surveys. Since then, some population-based blindness surveys have included people who cannot see because they have no spectacles and specific surveys have been done to assess refractive error in school children. Figures published in 2008 indicate that, due to uncorrected refractive error, there are 145 million people with VA ranging from <6/18 to 3/60 and 8 million people who are blind (VA < 3/60) (see Table 1). Spectacles have generally become more available and more affordable, but in many countries there is still a need for good refraction services and for appropriate dispensing of low-cost but good-quality spectacles.

Glaucoma

During the last twenty years, work has been undertaken to develop improved definitions and classifications of glaucoma. This has allowed for better estimates to be made of the number of people with this condition. It is likely that the current global estimate of 4.5 million people blind due to glaucoma actually falls short of the true figure, as many surveys do not include an assessment of visual field loss and are limited to a definition of blindness based only on visual acuity. Globally, 60 million people are likely to have one of the glaucomas and up to 8 million may be blind because of this disease. Because no simple, specific, and sensitive test exists for this condition, population-based screening cannot at present be advocated; opportunistic case detection should, however, be encouraged. Unfortunately, in many low- and middle-income countries, effective treatment for glaucoma is still out of reach: medical treatment requires the availability of affordable drugs and long-term patient compliance; surgical treatment requires patient acceptance, as well as surgical skill, experience, and the capacity for long-term follow-up. This is difficult to achieve in some settings.

Diabetic retinopathy

In 1988, there were no data on the global prevalence of diabetic retinopathy or of blindness resulting from this condition. It is now estimated that there are approximately 171 million people with diabetes worldwide. Of these people, probably 10–20% have some form of retinopathy and around 1.78 million are blind. There are now better-defined screening procedures and agreed treatment protocols based upon evidence from clinical trials. In appropriate settings, therefore, there can now be a public health approach to the control of visual loss from diabetes.9

Age-related macular degeneration (AMD)

As life expectancy increases, AMD is becoming a more important problem, not only in high-income, but also in middle-income countries (see article on page 48). In 2002, it was estimated that 3.2 million people were blind from AMD. As yet, there is no proven prevention for AMD although smoking has been shown to be an important risk factor. Various surgical procedures are being tried in selected cases and recent studies indicate that vascular endothelial growth factor (VEGF) blockers can delay or stop progression of vascular AMD (see article on page 50). In spite of promising recent developments, there is, however, no proven therapy to reverse the degenerative process in all cases and current therapies remain expensive.4

Making a Difference with VISION 2020: The Right to Sight

In 1988, the WHO Prevention of Blindness (PBL) programme and the International Agency for the Prevention of Blindness (IAPB) had been in existence for ten years. Over the next decade, several important developments made it possible to conceive of a global initiative to eliminate avoidable blindness: the Mectizan® Donation Programme was established in 1987, low-cost IOLs became available in the early 1990s, and the SAFE strategy was launched in 1996. In addition, the relationship between vitamin A deficiency and childhood mortality had already been documented. Drawing on their experiences of cost-effective eye care delivery systems in several countries in the 1980s and 1990s, including in India and The Gambia, a group of non-governmental development organisations (NGDOs), together with the WHO, launched VISION 2020: The Right to Sight in 1999. This is a global initiative to eliminate avoidable blindness from cataract, trachoma, onchocerciasis, refractive error, vitamin A deficiency, and other causes of blindness in children by the year 2020.

The World Health Assembly has since adopted resolutions urging its member states to adopt the VISION 2020 principles. More than 90 NGDOs, agencies, and institutions, together with a number of major corporations, are now working together in this global partnership.

There is little doubt that the VISION 2020 initiative has raised awareness concerning blindness and the cost-effectiveness of available interventions. It has mobilised both government and private funding for eye care and it has generated a global public-private partnership working with a clearly defined focus and strategy. Estimates of global blindness made in 2002 were 15 million lower than the projections made for this same year when VISION 2020 was launched. There is also evidence that the number of people who are blind due to onchocerciasis and trachoma has decreased, as well as evidence of increasing cataract surgical rates in many countries. Our challenge now is to build on what has been achieved and to focus resources on the poorest communities in the world. The goal of VISION 2020 is to enable all persons to receive eye care and have the right to sight – which is one of their fundamental human rights.

References