VISION FOR AFRICA

A plan to eliminate avoidable blindness and vision impairment in Sub-Saharan Africa

September 2010
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Cover photo courtesy of Peter Carrette
Leading NGOs from Australia, Africa and beyond have joined forces to establish the Vision for Africa Consortium. This Consortium has developed and costed a comprehensive strategy which, if implemented, will substantially accelerate the elimination of avoidable blindness in Africa. This multifaceted strategy includes the development of human resource capacity, the management of key diseases and refractive error, development of effective infrastructure, research to underpin all program activities, and outreach and education to ensure that geography and socioeconomic status are no longer barriers to good sight.

Australian NGOs have a long history of tackling avoidable blindness in developing countries. In 2007, recognising this expertise and the importance of eliminating avoidable blindness in the Asia-Pacific region, the Australian Labor Party announced a $45 million Avoidable Blindness Initiative to tackle blindness and vision impairment. Since then, Vision 2020 Australia’s Global Consortium has been established, a Partnership Framework entered into with AusAID, and a comprehensive workplan is now being implemented.

EXECUTIVE SUMMARY

Avoidable blindness is a key public health problem across Africa. It has major impacts on the ability of people to live fulfilling, productive lives, keeps children out of school, causes widespread poverty and acts as a barrier to achieving the Millennium Development Goals. Eighty per cent of blindness is preventable or treatable, and the Australian Government is perfectly placed to make a substantial contribution to eliminating avoidable blindness in Sub-Saharan Africa.

Australia’s leadership in efforts to eliminate avoidable blindness, and recent rises in the level of Australian aid to Africa, provide an ideal context for Australia to expand its leadership role. Increases in Australia’s development assistance to Africa should focus on issues of most crucial importance and areas where Australia can add the greatest value. Tackling avoidable blindness should be central to these efforts.

With a funding commitment of $30 million over four years, the Australian Government will make a major contribution to the elimination of avoidable blindness in Sub-Saharan Africa, and to the region’s development more broadly. This funding will capitalise upon recent momentum towards improving public health in the region, and will accelerate eye care efforts already underway by members of the Vision for Africa Consortium.
Vision impairment has huge social and economic costs to individuals, families, communities and nations. Crucially, 80 per cent of all blindness is preventable or treatable, and programs to tackle avoidable blindness are among the most cost-effective public health interventions available.

There are strong links between avoidable blindness and the Millennium Development Goals (MDGs). Blindness is both a cause and a consequence of poverty, and reducing avoidable blindness will directly contribute to achieving MDG 1, the eradication of poverty and hunger. Globally, the prevalence of blindness is five-fold higher in poor countries, and research has shown that poor people are more likely to be blind. In 2005–06, a study showed that people with cataract in Kenya, the Philippines and Bangladesh were poorer than those with normal sight, and demonstrated the need for increased cataract surgeries for poor people.

Up to half of all children die within two years of becoming blind, and blindness prevents children from receiving an education. Accordingly, blindness elimination efforts are important in achieving MDGs 2 and 4, achieving universal education, and reducing child mortality.

Blindness also discriminates against women and girls, and its elimination is therefore crucial in efforts to meet the gender equality and empowerment goals of MDG 3. A review of population-based surveys carried out between 1980 and 2000 showed that, in people aged older than 50 years, blindness is about 40 per cent more common in women than men. Studies indicate that women have less access to cataract services, and that girls are more likely to have trachoma than boys.

The African context

Africa experiences a significantly higher burden of blindness and vision impairment than other regions. While Africa has only 11 per cent of the world’s population, it is home to approximately 19 per cent of the world’s blind population. Cataract, the leading cause of avoidable blindness in Africa (approximately 50 per cent), tends to occur up to 10 years earlier than in other parts of the world, robbing those affected of livelihoods and directly resulting in widespread poverty.

The cataract surgical rate (CSR) in Africa demonstrates the lack of capacity in tackling cataract across the continent. VISION 2020 recommends that a CSR of at least 2000 should be achieved each year to eliminate unnecessary blindness due to cataract. By 2005, only nine of 46 countries in Sub-Saharan Africa had a CSR greater than 500, and the average CSR across the continent was 583.

Avoidable blindness is a major global public health problem. Approximately 400 million people are blind or vision impaired from uncorrected distance refractive error, cataract and other conditions, while a further 410 million people experience significant near vision impairment caused by presbyopia.
Africa was only 500. In contrast, the CSR in India in the same year was 3650, and in Australia it was more than 6000.

Human resource development is perhaps the greatest barrier to good eye health in Africa—while it has over 13 per cent of the world’s population and at least a quarter of the global burden of disease, Africa has less than three per cent of the world’s health workforce.7 Eye health services are among the most severely impacted, with the region experiencing shortages in eye health personnel at all levels. Some countries remain unable to meet the minimum requirements of ophthalmic personnel (two ophthalmologists or four ophthalmic assistants per million people), and it is common for entire provinces to lack even a single person trained in eye care.

In many African countries, essential personnel including optometrists, optometric assistants, low vision therapists and project managers have not been established. Unless there is a dramatic turnaround in the number of eye health professionals trained, eye health in Africa will continue to deteriorate.

Other barriers to good eye health include a shortage of appropriate eye health infrastructure (hospitals, clinics and spectacle dispensary services), a lack of quality information upon which to base planning, and the prohibitive expenses required to access eye care services. Crucially, out of pocket expenses for health costs are among the highest in the world, and are much higher than government expenditure which, as Table 3, shows in 2004 averaged only 23 per cent.8

<table>
<thead>
<tr>
<th>Year</th>
<th>Central Africa</th>
<th>Population In millions</th>
<th>Ophthalmologists Needed</th>
<th>Existing</th>
<th>Shortfall</th>
<th>Mid level eye personnel Needed</th>
<th>Existing</th>
<th>Shortfall</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>Total</td>
<td>106.2</td>
<td>212</td>
<td>100</td>
<td>112 (-47%)</td>
<td>368</td>
<td>44</td>
<td>324 (-88%)</td>
</tr>
<tr>
<td>2020</td>
<td>Total</td>
<td>141.5</td>
<td>284</td>
<td>120</td>
<td>164 (-53%)</td>
<td>568</td>
<td>355</td>
<td>213 (-38%)</td>
</tr>
</tbody>
</table>

Table 1: The severe shortage of ophthalmic personnel and the training gap in Central Africa

Table 2: The Dilemma between needs and resources in health care in Africa

Table 3: Expenditure for health in Africa

<table>
<thead>
<tr>
<th>Expenditure for health</th>
<th>34% Out of pocket</th>
<th>23% Government</th>
<th>38% Private insurance</th>
</tr>
</thead>
</table>

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THE VISION FOR AFRICA APPROACH

Coordination and management of Vision for Africa will be conducted through a Consortium of international NGOs and peak bodies. Activities will be coordinated by the International Agency for the Prevention of Blindness (IAPB) Africa, in consultation with Consortium member agencies. Consortium members include the African Vision Research Institute, CBM International, CBM Australia, The Fred Hollows Foundation, the International Centre for Eyecare Education (ICEE), ORBIS, Sight Savers International, International Trachoma Initiative, Kilimanjaro Centre for Community Ophthalmology, LIGHT FOR THE WORLD, Operation Eyesight Universal, Norwegian Association for the Blind and Partially Sighted Dublin Institute of Technology, Right to Sight, Helen Keller International, IAPB Africa and Vision 2020 Australia.

As Vision 2020 Australia’s Global Consortium has in the Asia-Pacific region, the Vision for Africa Consortium will draw upon the unique strengths and experiences of its members, and ensure the reduction of programme overlap and inefficiency. The Vision for Africa Consortium’s members bring a wealth of experience to this program. They have complementary areas of expertise and have an extensive network of contacts and partners throughout Africa.

Programming will address the following priorities:

- Developing and implementing a comprehensive strategy to address eye health promotion, early prevention and detection of blinding diseases.
- Undertaking activities to support and expand current disease-control activities across Sub-Saharan Africa. These will draw upon the current work of member NGOs, with a particular focus on service provision for the poorest and most vulnerable people in the region.
- Developing training capacity and scaling up existing training. Training institutions will be strengthened and expanded, existing personnel will be retrained and new human resources will be developed.
- Establishing secondary eye care units, enabling provision of services and support, and supervision of primary eye care personnel.
- Undertaking research on the prevalence and causes of vision impairment in the region.
- Working closely with health ministries and other stakeholders in the region to enhance local capacity, thereby ensuring the long-term sustainability of eye health programs.

Structure

The Vision for Africa’s administrative structure will draw upon the experiences of Vision 2020 Australia’s Global Consortium. It is envisaged that the Consortium will consist of:

- a Steering Committee that will act as a high-level governing body;
- a Program Committee that will act as a program management body;
- a Secretariat that will provide management and coordination;
- a Technical Advisory Group consisting of experts who will provide advice across different geographical and thematic areas; and
- Working Groups as required on geographical or thematic areas.
Kenyan Ophthalmologist, Dr Wanjiku Mathenge, is The Fred Hollows Foundation’s Medical Director for Africa, and one of thousands of eye health workers trained by The Foundation. ‘People thought intraocular lens surgery was too complicated for African surgeons to learn. But The Fred Hollows Foundation said “if it can be done in Australia it can be done in Africa”. They trained and equipped us—showing us how to do the same surgery in Africa as was being done in Australia,’ Dr Mathenge said during a recent visit to Australia.

Dr Wanjiku Mathenge examines a patient: photo courtesy Lennon Harley, The Fred Hollows Foundation.
Human resource development

Table 1 outlines the human resources that are required to comprehensively tackle avoidable blindness in Africa, based on the current Sub-Saharan African population of 750 million and the anticipated population of 900 million by 2020. In addition to training, it is essential that national human resource policies are developed or improved, to ensure the sustainability of effective eye care personnel, and that they are supported institutionally.

Key steps for the training of new ophthalmic personnel will include:

- Infrastructure development, including the identification and development of at least two centres of excellence and other training centres for each subregion.
- Assessment of current training programs to determine gaps and areas for improvement.
- Utilisation of the highest quality training institutions in the region as training centres for personnel from other countries. This will require the establishment of systems to ensure financial accessibility.
- Development of a clear human resource development plan and strategy in each country, focusing particularly on geographic equity and retention of personnel.

The retraining of existing personnel will require:

- Assessment of current performance and most urgent needs.
- Train-the-trainer courses to update skills and ensure sustainable skill sharing.
- Performance mentoring and follow-up.
- Ensuring that all personnel have access to appropriate, high quality equipment.
- More widespread availability of managerial training.

Disease control

Controlling blindness caused by diseases is a central aim of the Vision for Africa Consortium. Onchocerciasis already has a strong infrastructure, and it is envisaged that future disease control efforts may use this infrastructure, particularly the network of Community Directed Distributors. Trachoma control efforts have been expanded over recent years, though are still held back by the limited resources available to country programs. Vision for Africa programs will focus on the following conditions.

Cataract

Cataract represents over 50 per cent of all avoidable blindness in Africa. Accordingly, a comprehensive strategy to address cataract is essential to eliminating avoidable blindness in Africa and will have positive impacts on other eye care activities. In addition to the required human resource development outlined above, the following activities will contribute to the elimination of cataract in Sub-Saharan Africa:

- Assessing current gaps in cataract treatment, cost of treatment and efficiency of service to enable targeted improvements.
• Running training seminars on modern cataract services, and ensuring that surgeons have adequate skills in cataract surgery.

• Encouraging and supporting centres to increase numbers of cataract surgeries, and to adopt World Health Organization (WHO) guidelines for monitoring cataract surgery outcomes.

• Strengthening provision of high quality equipment and supplies to ensure optimal functioning of cataract facilities.

• Supporting the development of national systems of screening, referrals, and transport of blind people from the community to surgical centres.

• Establishing effective education and communications systems to inform communities about cataract, impacts of surgery and the measures that have been implemented to ensure that surgeries are accessible to all people in communities.

Refractive Error
Refractive error, the second most common cause of blindness and low vision in Africa, remains a huge challenge in Africa, and programs to tackle refractive error have started later than other programs. However, in recent years governments and NGOs have embraced the need for refractive error programs, providing a base upon which the Vision for Africa Consortium can develop a comprehensive strategy for addressing refractive error in Africa.

To address refractive error, the Vision for Africa Consortium will undertake the following activities:

• Expanding optometry schools—at present, such schools exist in only five African countries.

• Establishing regional training centres—the Mozambique School of Optometry for Lusophone Africa provides a good model for the development of such centres.

• Developing a two-tiered training program to train a) optometric technicians who can conduct refractions and ocular disease screening in the public sector; and b) optometrists who can provide broader services in secondary centres.

• Establishing vision centres with optical labs that are staffed by optometric technicians, spectacle technicians and administration staff.

• Establishing spectacle and lens supply chains.

Glaucoma
Glaucoma, which leads to damage of the optic nerve, is relatively common in Africa, and systems to manage it are among the worst of any eye condition in the region. It is essential that a comprehensive strategy is implemented to improve such systems, as glaucoma often progresses unnoticed until it reaches advanced stages, by which point irreversible vision loss has often occurred. The minimum equipment needed for assessment and follow up of glaucoma is rarely available in centres where those with glaucoma seek treatment. Medical treatment is beyond the reach of most people in Africa because of the high cost of glaucoma drugs and a lack of understanding about glaucoma treatments.

The following activities are needed to effectively address glaucoma in Africa:

• Developing the national guidelines for the early detection, diagnosis, management and follow up for glaucoma at primary, secondary and tertiary levels.

• Establishing a minimum number of centres across the region (ideally one in each province) for the diagnosis, surgical management and follow up of glaucoma patients.

• Increasing numbers of fully trained glaucoma specialists in each country.

• Establishing a sustainable system for the procurement and distribution of affordable anti-glaucoma drugs.

Childhood blindness
There is an urgent need for comprehensive eye care services for children in Africa. While the WHO recommends that there be one paediatric ophthalmology tertiary centre per 10 million population, very few countries in Africa have reached this target and the few existing tertiary centres are often inadequately equipped or understaffed. This situation is compounded by the fact that inadequate numbers of children are able to access surgery, due to a lack of community awareness and structured systems to identify and refer vision impaired children.

The following are priority actions that are needed to accelerate the development of paediatric services across the region:

• Assessing and upgrading existing paediatric ophthalmology centres.

• Establishing at least one new paediatric ophthalmology centre in each country.

• Developing essential referral services and linkages with providers of low vision, education and rehabilitation services.
Over the past decade ICEE has worked with more than 40 countries to develop sustainable eye care systems. In South Africa, the Giving Sight to Africa project has provided eye care and affordable glasses to over one million people in just one province.

Because of her impaired sight, 11-year-old Chantal had difficulty at school and was unable to play with her friends in the playground. In the classroom, Chantal was moved from the back of the class to the front. ‘I couldn’t see the board or what was in front of me. I couldn’t see when I was writing and all my work was squashed up,’ Chantal said.

Her mother recalls that ‘her writing wasn’t too good. Instead of writing on top of the line, she would write below the line and she’d squeeze all her words together so you couldn’t understand what she was writing. That’s why I took further steps to find out what’s wrong. At first it was very worrying about her left eye but the right eye is not too bad.’

Thanks to an eye examination and a pair of glasses to correct her myopia (short sightedness) provided by ICEE, Chantal can now actively participate in school and safely enjoy activities with her friends. Like so many who attend ICEE clinics in South Africa, Chantal had never had an eye examination or a pair of glasses.

Eleven-year-old Chantal is now back to work: photo courtesy of ICEE.
Fourteen-year-old Mohammed from Tanzania, had never been able to see. His eyes were almost translucent with thick, white cataracts which prevented all light from reaching his pupils.

Mohammed had never been able to go to school but desperately wanted to. ‘I hear my friends talk about school, and while I like to learn I don’t have this opportunity,’ he said.

Living in a remote Tanzanian village, the nearest school was a two-hour bus trip away. It was just too hard for Mohammed to make this journey each day. The walk to the road was steep, uneven and, for a boy who couldn’t see, fraught with many hidden dangers.

‘My friends can spell, read and write but I can’t,’ he recalled sadly. ‘Because I was blind, the other children laughed at me. I like football but I didn’t know what it looked like.

As a result of his blindness, Mohammed was kept inside while growing up so he wouldn’t get hurt—emotionally or physically. His entire world was inside the four walls of his mud-brick home. The only thing he did on his own was go to the toilet, and he relied on his mother and father for everything else.

Mohammed’s mother took him to the regional hospital several times but each time the doctors did nothing. They didn’t know what to do. Each unsuccessful trip cost the family 6000 Tanzanian shillings. ‘It took my husband one year to earn the money,’ says Mohammed’s mother, Omary.

Hope for the future simply became too expensive for this family, but thanks to the mobile outreach provided by CBM, Mohammed was found and brought to Dar es Salaam for the simple surgery that would literally change his life.

In the hours before the doctor restored his sight, Mohammed enjoyed a laugh with the other boys who shared the same disability. His mother sat quietly and watched her son play happily. ‘Because of CBM I am so happy, and I pray for my son and people in Australia. Without CBM, Mohammed could do nothing. He wouldn’t work, get married or live a good life.’ Following his operation Mohammed has been involved with his community and school, has a level of independence he could never have otherwise had, and looks forward to a life of opportunity and dignity.

Mohammed after his life-changing surgery: photo courtesy of Marie Maroun, CBM Australia.
CROSS CUTTING APPROACHES

Members of the Vision for Africa Consortium adopt a rigorous multifaceted approach to disability and gender inclusion in their current programming. The Consortium will continue to refine its approach, with the development of guidelines for disability and gender inclusion at all stages of the program cycle to ensure that the needs of women, girls and people with disabilities are recognised and addressed. The Consortium will work with local NGOs and governments to strengthen capacity in this area, strengthen the ability of health systems to meet the needs of the most vulnerable and ensure that program monitoring and evaluation includes a focus on gender and disability.

The Vision for Africa Consortium will draw upon the expertise of members such as CBM in the specific area of disability, and will draw upon what has been learned by Vision 2020 Australia’s Global Consortium in these key areas.

Patients recover from eye surgery: photo courtesy of Christoph Ziegenhardt, CBM Australia.
Infrastructure
$13 million will be used to develop new eye care facilities across Sub-Saharan Africa, and provide refurbishments for many eye units to enable greatly enhanced service provision:

- twelve new district hospital eye units, and the refurbishment of 35 more;
- five new provincial hospital eye departments, and refurbishment of 10 more; and
- refurbishment of four tertiary training hospitals—these centres will serve as regional focal points for the provision of training, and for the delivery of tertiary services.

Human resource development
$10.8 million will make a massive contribution to the training of all levels of eye care personnel in Sub Saharan Africa, and therefore to the sustainability of eye care in Africa over the coming decades. Major focuses will include:

- training of over 30 general and sub-speciality ophthalmologists, and upskilling a further 16;
- training and retraining of approximately 40 cataract surgeons;
- training of over 5000 primary eye care workers who are able to provide basic eye care at a community level and refer upwards to secondary and tertiary services.

Research
Approximately $700,000 will be used to undertake research into the prevalence and causes of blindness in Sub-Saharan Africa, enabling better program targeting. Rapid Assessments of Avoidable Blindness will be undertaken, along with health systems assessments, to determine the weaknesses and needs to enable the effective development of systems capacity.

System strengthening
Over $1 million will be used to enhance the capacities of health ministries, Prevention of Blindness structures and the IAPB. This will greatly enhance the capacity of bodies in the region to develop and implement blindness programs, and will improve sustainability.

Monitoring and evaluation
Approximately $2.8 million will be used for monitoring and valuation of Vision for Africa activities, thereby enhancing the overall effectiveness of the Vision for Africa program. Data concerning blindness and vision impairment will be collected and analysed, cross cutting issues addressed in programs, and program guidelines and protocols developed to ensure that all activities are of the highest possible quality.

Disease control
Over $1 million will be designated to programs to target specific diseases. Cataract will be a large focus of these efforts, with surgery rates enhanced to reduce the amount of cataract blindness across the region and restore sight to thousands.
Prior to the 2007 federal election, the Australian Labor Party and Coalition each committed publicly to tackling avoidable blindness through Australia’s aid program. In 2008 the new Labor Government committed $45 million to tackling avoidable blindness in Australia’s region, and in 2009 the Australian Labor Party’s National Platform was amended to state that it ‘will ensure its aid program has an increased focus on...preventable blindness’. Appendix 3 outlines progress that has been made under the Avoidable Blindness Initiative.

Further consolidating this important issue in Australia’s aid program, in the Labor Party’s aid policy statement for the 2010 federal election, A Good International Citizen: Australia’s Development Assistance, avoidable blindness was recognised as one of seven ‘future challenges’. The document states that ‘In 2008, Federal Labor committed $45 million over two years to tackle avoidable blindness. In our next term Federal Labor will do more’. Furthermore, it asserts that ‘A Gillard Labor Government will continue to advocate for increases in eye care funding from national governments’.

Australia’s commitment to the elimination of avoidable blindness is laudable and important, and the onus is now on the Australian Government to further enhance its leadership role and accelerate avoidable blindness efforts in Africa.

VISION 2020: The Right to Sight
VISION 2020: The Right to Sight was launched in 1999 and is a global partnership of the World Health Organization and the IAPB. With an international membership of NGOs, professional associations, eye care institutions and corporations, the IAPB, through its VISION 2020 initiative, has established a framework for the elimination of avoidable blindness and has made great progress in this direction.

Four elements of VISION 2020 make it particularly appropriate for Africa:
• Its extensive partnership that brings together governments, NGOs, universities, WHO-collaborating centres, eye care professionals and other stakeholders.
• The cumulative expertise and experience found within its membership
• Its three-pronged approach to tackling the complex challenges of blindness prevention:
  - training and retraining of highly skilled and productive eye care teams;
  - optimal control of priority diseases in each region; and
  - development of adequately equipped infrastructure.
• Strong frameworks that enable partners to meet and consult, from international meetings to national and provincial-level planning meetings.

VISION 2020 has been instrumental so far in the development of a platform for eye care efforts in Africa. Supported by the WHO and IAPB, in 2006 and 2007 consultations were organised in Addis Ababa and Accra to enable the development of a consensus between eye care NGOs on how best to collaborate regionally, nationally and provincially. A third meeting was held in Accra.
in 2008, this time incorporating all African eye care stakeholders including NGOs, IAPB and WHO, health ministries, the International Council of Ophthalmology, training institutions, and the West African Health Organization. At this meeting, a consensus was reached on how to accelerate VISION 2020 activities in Africa, focusing on the least-developed countries in the region and achieving a mandate for the IAPB to coordinate and lead these efforts.

World Health Assembly resolutions

In 2003, World Health Assembly Resolution WHA 56.26 affirmed the central importance of the elimination of avoidable blindness, urging all member states to reinforce VISION 2020 efforts. In 2006 the World Health Assembly expanded upon this with Resolution 59.25, which urged member states to build upon blindness prevention efforts nationally, regionally and internationally.

In May 2009, the World Health Assembly endorsed the Action Plan for the Prevention of Avoidable Blindness and Visual Impairment. The Action Plan builds upon the two previous WHA resolutions and marks a major milestone in the history of the prevention of avoidable blindness. The Australian Government spoke in favour of the Action Plan at the Geneva meeting, placing pressure on Australia to enhance its leadership role in this area.

The Action Plan’s objectives are to:

- increase political and financial commitment to eliminating avoidable blindness;
- facilitate the preparation of evidence-based standards and guidelines for cost-effective interventions;
- review international experience and share lessons learned and best practices in implementing policies, plans and programs for the prevention of blindness and vision impairment;
- strengthen partnerships and coordination between stakeholders involved in preventing avoidable blindness;
- collect, analyse and disseminate information systematically on trends and progress made in preventing avoidable blindness globally, regionally and nationally.

Momentum towards a healthy Africa

Over recent years there has been a strong convergence of initiatives that have created a paradigm shift in African development, and which provide a new favourable environment in which VISION 2020 can thrive. Such initiatives include:

- The 2001 Abuja Declaration, which commits African governments to designating 15 per cent of national budgets to health care by 2015.
- The 2006 WHO report on health workers and the 2007 Crisp report Scaling Up – Saving Lives which outlined the shortages, low productivity, misdistribution and poor outcomes of health care systems globally, and called for accelerated development.
- The determination of the UN and WHO to achieve the health MDGs, and the progress by many African nations towards these targets.
- The creation of the Global Health Workforce Alliance, which was established in response to the 2005 Kampala declaration and provides a six-point framework to ensure development of health sector human resources.
The Gambian Eye Care Program

Like other countries in Africa, Gambia’s health care facilities are inadequate and it has a severe lack of health care workers, with only four doctors to every 100,000 people.

In 1986, a National Eye Care Program (NGEP) was established in Gambia to provide an integrated approach to reducing the national burden of blindness and low vision. The starting point for this program was a national survey of blindness and low vision. The main activities of the project were:

- cataract surgery;
- trachoma control;
- information, education and communication;
- construction and equipping of secondary eye care centres and local eye drop production units;
- building of capacity for program management.

In 1996, the Gambian population had increased by 50 per cent, and average life expectancy had increased by 10 years. Despite these demographic changes, a repeat national survey showed a 40 per cent reduction in the prevalence of blindness. The cost of the NGEP was US$1.28 million, yielding a 10 per cent return on investment. If similar benefits were assumed for Senegalese citizens, who accounted for 30 per cent of patients, the rate of return was 19 per cent. And if all cases of avoided blindness resulted in increased productivity, the rate of return would be as high as 42 per cent.9

These dramatic reductions in vision impairment, and the consequent social and economic improvements, are in line with the broader aims of Australia’s aid program and provide compelling evidence of the impacts that would be achieved if the Australian Government dedicated itself to a leadership role in avoidable blindness efforts in Sub-Saharan Africa.

Eliminating river blindness

Onchocerciasis, or river blindness, affects approximately 42 million people worldwide, with over 99 per cent of its victims in Sub-Saharan Africa. Because of river blindness, approximately 600,000 people are blind and an additional 1.5 million are vision impaired.

The Onchocerciasis Control Program (OCP) was launched to combat this public health problem. Weekly aerial spraying with environmentally safe insecticides helped control the black flies which spread the disease, thereby reducing transmission. In 1995, a second program, the African Program for Onchocerciasis Control (APOC) was established to control the disease in 19 African countries. Through a broad international partnership and the participation of 115,000 rural communities, APOC and OCP included the donation and distribution of the drug Mectizan® by Merck and Co., to more than 45 million people in Sub-Saharan Africa. With one annual dose, Mectizan® prevents and alleviates the symptoms of the disease.

Between 1974 and 2002, the OCP improved the lives of millions. Achievements included:

- transmission of the disease-causing parasite was halted in 11 West African countries;
- 600,000 cases of blindness were prevented;
- 22 million children born in the OCP area are now free from the risk of contracting the disease;
- approximately 25 million hectares of arable land—enough to feed an additional 17 million people each year—is now safe for resettlement.

APOC is expanding this success to other parts of Africa, preventing approximately 54,000 cases of blindness each year.

OCP operated with an annual cost of less than $1 per protected person. Over this 28-year period, almost US$600 million was committed by 27 donors. The annual return on investment was approximately 20 per cent, primarily attributable to increased agricultural output. The annual cost of APOC operations, taking into account the donation of drugs, is approximately $0.58 per person treated.

Efforts to eliminate river blindness demonstrate the gains that can be made through partnership, and the variety of positive impacts that improving eye health can have for a population. They also demonstrate the value of concerted advocacy to ensure that multiple stakeholders join forces to improve eye health, and emphasise the catalytic role the Australian Government could have in fighting other key eye conditions in Sub-Saharan Africa.
Sightsavers, a member of the Vision for Africa Consortium, has a long history of tackling avoidable blindness in Africa. One example of this is Sightsavers’ dedication to the elimination of river blindness through the distribution of the drug Mectizan®. A key aspect of this program is treating huge numbers of people by working with community volunteers.

One such volunteer is Kekema Martin from Cameroon. Kekema told Sightsavers’ staff that ‘I saw what river blindness was doing and chose this job because I like being able to help my community.’ He noted that since taking on this role he had seen the effects of the disease ‘reduce drastically and I am very pleased to be able to help!’

The involvement of the whole community is a central element of this program. This is greatly helped in Satum, Cameroon, by the enthusiasm of village leader Agbor Peter. He is committed to taking care of the people’s health. ‘It has taken time to convince villagers that they need to take Mectizan®, but by constant messages through the radio and the local health centre we are starting to see a change.’ Peter also organises regular village meetings in which he, together with nurse and midwife Elsie, address the villagers’ questions and concerns about taking the drug.

Because of this concerted effort to protect the community from river blindness, the villagers can now safely collect water and wash in the nearby river, and live without the fear of infection.

Sightsavers promotes the Mectizan® message: photo courtesy of Vincent Starr, Sightsavers.
The Fred Hollows Foundation

The Fred Hollows Foundation has a long association with Sub-Saharan Africa, starting with Fred Hollows’ first visit to Africa in 1986. Today, the Foundation’s programs in Africa focus on developing comprehensive eye health systems with an emphasis on the training of medical staff, screening for poor vision and eye disease, subsidised treatment and provision of equipment and infrastructure. Working across Eritrea, Kenya, Rwanda, South Africa and Tanzania, programs are run in partnership with local partners and The Fred Hollows Foundation South Africa.

Eritrea

In Eritrea, The Foundation works with the Ministry of Health to implement the National Plan for the Prevention of Blindness. The overall goal of the partnership is to eliminate avoidable blindness in Eritrea by 2015.

Disease control is central to The Foundation’s activities in Eritrea. Reducing cataract levels, expanding cataract services to remote areas, and training the general workforce in primary eye care to improve awareness of eye health issues are all prioritised. Ongoing efforts to eliminate trachoma in endemic areas through surgery, drug distribution and awareness-raising are also important.

Australian and African NGOs involved in the Vision for Africa Consortium have a long history of tackling avoidable blindness in Sub-Saharan Africa, often with financial support from AusAID. Below are details of three Australian agencies with a substantial presence in the region’s eye care sector, and a summary of one of each agency’s key programs.
Four-year-old Kipar was born with cataracts in both eyes, making it almost impossible for him to do simple things like washing himself. Following sight saving surgery at the Nakuru Eye Clinic in Kenya, made possible by The Fred Hollows Foundation, Kipar could clearly see for the first time. That means Kipar can now attend school and have the same opportunities as other children his age.

*Kipar can now attend school. photo courtesy of Hugh Rutherford, The Fred Hollows Foundation*
Kelly, aged 11, lives in Durban. In 2007, after several years of increasing concern over her deteriorating eyesight, Kelly became one of the many beneficiaries of ICEE’s National Refractive Error Program.

Kelly’s teachers had noted that Kelly’s grades were rapidly declining, and even after she moved to the front of the room Kelly was still having difficulty seeing the blackboard. Additionally, while Kelly loved playing sports, this was increasingly difficult and she felt more and more excluded from the sports and games of other children.

With her grandmother Lynette, Kelly attended Wentworth Hospital for an eye examination. She sat in the waiting room, watching everything around her with one hand over her eye so that she could see with the one eye that still had good vision. Nuweira Sayed, an ICEE locum optometrist, informed Kelly that she had one ‘very lazy eye’, and that this could be improved over time by wearing spectacles. The prognosis was much less daunting than the worst case scenarios that had been running through Kelly and Lynette’s minds, and Kelly has now reintegrated back into her school and community and her future is looking much brighter.

*Kelly gets her eyes examined: photo courtesy of ICEE.*
International Centre for Eyecare Education

Since its formation in 1998, ICEE (pronounced I See) has been a leader in efforts to improve eye care in Africa. ICEE takes the role of implementer and facilitator, providing expertise in eye care education, infrastructure development and in advocacy with governments and other stakeholders. One of ICEE’s core focuses is the development of sustainable refraction services and provision of spectacles, vital in a region where so much blindness is due to the fact that people who need spectacles do not have them.

Uncorrected refractive error in Uganda

Unfortunately, many vision impaired people who have not received an appropriate diagnosis are treated as blind. Some children with low vision are placed in schools for the blind, even though they have some ability to see. With the help of visual and non-visual aids, ICEE can reduce the disabling impact of vision impairment and improve the quality of life of vision impaired people.

In 2006, ICEE partnered with Sightsavers International and CBM to assess children with low vision. A multidisciplinary team including ophthalmologists, optometrists and ophthalmic assistants screened 547 children in parts of western and eastern Uganda. In a follow up to the project in 2007, ICEE provided spectacles and low vision devices, and developed a database of children requiring surgery.

ICEE was a key stakeholder in the establishment of the Optometrists Association of Uganda, with ICEE East Africa Programs Director Naomi Nsubuga elected Vice Chairperson of the Association. The Association’s main focus is human resource development and service provision by qualified personnel. The establishment of such professional associations is an important step in the development of comprehensive eye care systems.

A paradigm shift is improving African healthcare: photo courtesy of Christoph Ziegenhardt, CBM Australia.

CBM Australia

CBM Australia implements programs addressing vision impairment in Ethiopia, Kenya, Niger, Nigeria, Sudan and Tanzania.

Vision 2020 support program in Nigeria

The objective of the National Vision 2020 Support Program is to reduce the prevalence and incidence of blindness in North Eastern Nigeria. The project focuses on the primary causes of avoidable blindness including cataract, trachoma, onchocerciasis and refractive error.

CBM Australia is working with local partners to further develop its comprehensive eye health program in four states (Jigawa, Kano, Yobe and the Federal Capital Territory). Some of the key aims in this partnership are to improve local capacity and leadership of the project, improve financial sustainability, and develop greater linkages with community-based rehabilitation programs to follow up with social integration.

The project engages with existing government and community infrastructure, thereby fostering greater local ownership and improved sustainability. One of the program’s key focuses is training onchocerciasis team members, primary health workers and community directed distributors of Mectizan®. Blindness prevention activities are being enhanced through community awareness-raising, midwife training and school screening to assist with early identification.
In line with the Australian Government’s commitment to expanding Australia’s engagement with Africa across a variety of fronts, the 2010–11 Federal Budget included a 17.5 per cent increase in development assistance to Africa, from $163.9 million to $200.9 million. This followed a 40 per cent increase in the previous Budget. This enhanced commitment to Africa is a necessary response to the region’s ongoing developmental challenges, and the opportunities posed by Africa’s development for both Africa and Australia. It is also reflective of the expertise and skills Australia possesses, and of the fact that despite being a medium-sized donor in terms of overall development assistance, Australia can provide leadership and add substantial value in niche areas.

The 2008 Lowy Institute paper *Shared Challenges and Solutions: Australia’s Unique Contribution to the Future of African Development* noted that ‘Australia should leverage areas of shared challenges between Australia and Africa where Australia’s experience and expertise enable it to make strategically and mutually beneficial contributions.’ Examples provided of this included assistance in two areas where Australia has notable expertise and could tangibly add value, namely agriculture and renewable energy.10

The Lowy paper also noted that Australia’s engagement in Africa’s health sectors should be based on areas where Australia can contribute something innovative. Such thinking appears to be reflected in recent increases to the health component of aid to Africa. The Lowy paper specifically suggests that Australia could add value in the area of non-communicable disease, an area in need of a sustained focus given that the vast majority of health aid to Africa currently focuses on communicable disease. Given that cataract constitutes 50 per cent or more of disease-caused blindness in Africa, there is obvious potential here for the Australian Government to play a leadership role in eliminating avoidable blindness from Sub-Saharan Africa.

It is also important to note that uncorrected refractive error—the need for a pair of spectacles—accounts for approximately 20 per cent of blindness in Africa.11 The provision of affordable spectacles, appropriate human resource development, outreach to ensure that remote populations have access, and the establishment of cost-effective, sustainable systems is an area in which Australian agencies have expertise and are already having a substantial humanitarian and economic impact in Africa and beyond.

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Africa suffers from a massive, unnecessary level of vision impairment and blindness. With appropriate political and financial support, millions of people across Africa could escape the poverty cycle and experience the quality of life to which all people are entitled.
## APPENDIX 1

### VISION FOR AFRICA TOTAL BUDGET

<table>
<thead>
<tr>
<th>Cost estimates</th>
<th>Total AUD</th>
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<td><strong>Infrastructure</strong></td>
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<td>Provincial hospital eye departments</td>
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<td>Optometrists</td>
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<tr>
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<td>Management and training</td>
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<td><strong>Total</strong></td>
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<tr>
<td><strong>Disease control</strong></td>
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<tr>
<td>Priority national and cross border programs</td>
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<tr>
<td><strong>Total</strong></td>
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## Cost estimates

<table>
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# APPENDIX 2

## VISION FOR AFRICA BUDGET, AUSTRALIAN CONTRIBUTION

### Cost estimates

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<tr>
<td>Optometric technicians</td>
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<td>26</td>
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## Cost estimates

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<td><strong>Research</strong></td>
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<td>Impact assessments</td>
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<tr>
<td><strong>Grand total</strong></td>
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</table>
The Avoidable Blindness Initiative and the establishment of Vision 2020 Australia’s Global Consortium are key examples of Australia’s leadership role in tackling avoidable blindness, and of the momentum that can be achieved with a modest amount of funding.

In 2007 Vision 2020 Australia, in partnership with member agencies, developed a 10-year Regional Plan to eliminate avoidable blindness and vision impairment in the Asia Pacific region. This plan was based on a $600 million costing model, drawing upon the global VISION 2020: The Right to Sight approach which has been shown in many different contexts to be successful. This approach has reduced avoidable blindness by controlling major blinding conditions, by providing eye examinations, developing infrastructure, building the capacity of eye care personnel and raising awareness about the importance of eye health and the availability of services.

Recognising the crucial importance of this work and the huge role Australia could play, the Australian Labor Party and the Coalition each made funding commitments and in 2008 the new Labor Government provided an initial outlay of $45 million towards the Avoidable Blindness Initiative, funding Phase 1 of the Regional Plan.

Following the development of a Partnership Framework with AusAID, the Vision 2020 Australia Global Consortium was officially launched by Parliamentary Secretary for International Development Assistance, the Honourable Bob McMullan in November 2009 at Parliament House. At the launch, Mr McMullan noted that ‘the members of this Consortium have transformed the lives of tens of thousands of people’, and asserted that the Global Consortium’s efforts to eliminate avoidable blindness are a key element in the long-term strategy to combat global poverty, to give people, born wherever they might be, the chance to achieve their dreams and aspirations.

In December, the Global Consortium’s Regional Plan Steering Committee finalised a workplan of 13 programs. Following AusAID’s approval of the workplan, the first funds for these programs were disbursed in January 2010, and work has commenced in Papua New Guinea, the Solomon Islands, Fiji, Samoa, East Timor, Cambodia and Vietnam.

The Vision 2020 Australia Global Consortium brings together a group of Australian organisations with significant diversity of philosophy, size, representation, mandate, working methods and capacity. Through the development of common quality standards and approaches to eye health, the Global Consortium is making a significant contribution to the elimination of avoidable blindness and vision impairment in the Asia Pacific region.

The Global Consortium and the broad range of partnerships it is engaging in with government and non government stakeholders is also an excellent example of MDG 8 (the development of global partnerships for development).

At present, the Global Consortium consists of Vision 2020 Australia and nine member agencies:

- CBM Australia
- Centre for Eye Research Australia
- Foresight Australia
- International Centre for Eyecare Education
- Royal Australasian College of Surgeons
- Royal Australian and New Zealand College of Ophthalmologists
- Royal Institute for Deaf and Blind Children
- The Fred Hollows Foundation
- Vision Australia

Programs are being implemented in-country through partnerships with a range of stakeholders including NGOs and governments, and ongoing establishment of partnerships remains a central priority.
MDG 1: Eradicate extreme poverty and hunger

Studies have demonstrated that vision impairment is both a cause and consequence of poverty. Globally, the prevalence of blindness is five-fold higher in poor than rich countries, and research in India and Pakistan has shown that poor people are more likely to be blind. In 2005–06, a study showed that people with cataract in Kenya, the Philippines and Bangladesh were poorer than those with normal sight, and demonstrated the need for increased cataract surgeries for poor people. In Cambodia, a survey conducted with post-operative cataract patients showed that over 90 per cent of respondents said their quality of life had improved after sight-restoring surgery, that they no longer needed anyone to look after them, and that they could assist in cultivating crops and working around the house.

Extrapolations at a global level have shown that a successful global VISION 2020 eye care program could prevent more than 100 million cases of blindness between 2000 and 2020, with savings of at least US$102 billion, which would otherwise be lost to reductions in productivity associated with blindness. And in 2007, the global economic productivity loss in international dollars (I$) associated with the burden of vision impairment was approximately I$427.7 billion before, and I$268.8 billion after adjustment for country-specific labour force participation and employment rates. With the same adjustment, but assuming no economic productivity for individuals aged ≥ 50 years, the potential productivity loss was approximately I$121.4 billion.

With appropriate funding, vision impairment can be substantially reduced and certain conditions can be effectively eliminated. In Vietnam and Morocco, for instance, sustained effort by governments, international agencies and the eye care sector has resulted in the elimination of trachoma as a major public health problem. In Gambia, the 10-year National Eye Care Program from 1986 to 1996 led to a reduction of 40 per cent in the prevalence of blindness, including the elimination of over half of all trachoma.

MDG 2: Achieve universal education

Approximately 90 per cent of vision impaired children in developing countries are deprived of schooling. Lack of infrastructure, affordable health care, accessible and suitable school materials and qualified teachers prevent vision impaired children from attending school in many low-income countries. Blindness among adults in the family may also result in decreased school attendance and performance, as blind adults are dependant on school aged children for care.

MDG 3: Promote gender equality and empower women

Women are affected by blindness and vision impairment to a much greater degree than men. A review of population-based surveys carried out between 1980 and 2000 showed that, in people aged older than 50 years, blindness is about 40 per cent more common in women than men. Since then, a large number of national surveys and assessments have confirmed these earlier findings. Surveys have revealed that women account for approximately 64 per cent of the total number of blind people globally, and that in some areas women are half as likely to be able to access eye care. Studies indicate that women generally have less access to cataract services, and that girls are more likely to have trachoma than boys.

MDG 4: Reduce child mortality

Up to 60 per cent of children in low income countries die within two years of becoming blind, and approximately 500,000 children become blind each year. Many of the conditions associated with child blindness are also causes of child mortality (premature birth, measles, congenital rubella, vitamin A deficiency and meningitis).

The Australian Government has acknowledged that MDG 4 will not be met unless there is an increase in funding and development of national strategies to ensure effective allocation of resources. By providing further funding for the elimination of avoidable blindness, the Australian Government can continue to lead by example in reducing vision impairment among children, thereby reducing child mortality.

MDG 6: Combat HIV/AIDS, malaria and other diseases

Hundreds of millions of people experience vision impairment and blindness caused by diseases including cataract, glaucoma, river blindness and trachoma. The reference to ‘other diseases’ in MDG 6 provides a direct opportunity for concerted action to recognise and address these diseases.

Additionally, people living with disability are equally, or more, exposed to risk factors that lead to infectious diseases and have limited access to outreach and treatment services. Vision for Africa programs will address this by reducing the prevalence of vision impairment, and by addressing the needs of people with disabilities. Vision for Africa programs will also contribute to reducing the impact of HIV/AIDS, malaria and other diseases by utilising a public health approach which improves health services, and by providing services that include maternal and child health care, health education, and good nutrition.

MDG 7: Ensure environmental sustainability

People in low-income countries living with a disability are likely to have lower standards of housing conditions and have less access to clean water and sanitation. Facilitating access to clean water and sanitation is one element of Global Consortium programs, particularly in efforts to eliminate trachoma in the Pacific.

19 The Honourable Bob McMullan while launching the report Investing in Maternal, Newborn and Child Health, the Case for Asia and the Pacific, 3 May 2009.
MDG 8: Develop a global partnership for development

The global VISION 2020 initiative, Vision 2020 Australia’s Global Consortium and the Vision for Africa Consortium each represent unique and effective responses to MDG 8. The fostering of strong partnerships between ministries of health, international and national organisations, professional organisations and civil-society groups, ensures that the benefits of partnership are experienced at national, regional and community levels. They directly benefit the poorest of the poor, enable expertise to be shared and built upon and, by minimising program overlap and inefficiency, contribute to the goals of the Paris Declaration and Accra Agenda for Action.
# TABLE OF ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>APOC</td>
<td>African Program for Onchocerciasis Control</td>
</tr>
<tr>
<td>CSR</td>
<td>cataract surgical rate</td>
</tr>
<tr>
<td>IAPB</td>
<td>International Agency for the Prevention of Blindness</td>
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<tr>
<td>ICEE</td>
<td>International Centre for Eyecare Education</td>
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<tr>
<td>MDG</td>
<td>Millennium Development Goals</td>
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<td>NGEP</td>
<td>Gambia’s National Eye Care Program</td>
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<td>OCP</td>
<td>Onchocerciasis Control Program</td>
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<tr>
<td>WHA</td>
<td>World Health Assembly</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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Vision 2020 Australia
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Melbourne Victoria 3000
Telephone +61 3 9656 2020
Facsimile +61 3 9656 2040
Website www.vision2020australia.org.au

National body working in partnership
to prevent avoidable blindness and
improve vision care

IAPB Africa Region
c/o International Centre for Eyecare Education
172 Umbilo Road
Durban South Africa 4001
Telephone 031 202 3811
Facsimile 031 202 3858

Vision 2020 Australia are a signatory to the Australian Council for International Development Code of Conduct. The Code requires members to meet high standards of corporate governance, public accountability and financial management.
www.acfid.asn.au