Eye health, vision care and the Sustainable Development Goals

Vision 2020 Australia: a reference document

September 2015

Contents

1   Introduction

1.1   Purpose

This document provides an overview of the Sustainable Development Goals (SDGs), targets and available indicators as they relate to the strategic pillars of Vision 2020 Australia.

The purpose is to identify key opportunities for linking the SDGs to the advocacy agenda of the eye health and vision care sector to ensure that no one is left behind.

1.2   Vision 2020 Australia and the Sustainable Development Goals

Vision 2020 Australia welcomes the implementation of the SDGs as an ambitious and targeted agenda for the alleviation of poverty and a world of universal respect for human rights and dignity. The SDGs are set to become the new framework for poverty relief and reducing inequality both in Australia and around the world. Over the next 15 years, this innovative agenda will be an instrumental advocacy tool for the work of Vision 2020 Australia and our members who are involved in: local and global eye care; health promotion; low vision support; vision rehabilitation; eye research; professional assistance and community support.

It is essential that the eye health and vision care sector make full use of the SDGs to campaign for our shared agenda, the elimination of avoidable blindness and vision loss and the full participation of people who are blind or vision impaired in the community. The SDGs will be relevant to everyone, including government, business, academia and civil society, fostering genuine engagement and cross sector collaboration. It will be important for Vision 2020 Australia to take the lead and influence existing mechanisms for monitoring progress on key issues within the sector. The SDG framework presents a unique opportunity for Vision 2020 Australia and our members to leverage off and ensure that eye health and vision care remains high on the health, disability and international development agendas of governments in Australia.

1.3   Strategic context

The prism in which Vision 2020 Australia interprets the SDGs is informed by the four strategic pillars of Vision 2020 Australia; prevention and early intervention, independence and participation, Aboriginal and Torres Strait Islander people and global advocacy with the pursuit of the following goals:

1. To eliminate avoidable blindness and vision loss in Australia through prevention, early detection and intervention, and improved awareness

2. To improve the ability of Australians who are blind or vision impaired to participate in the community

3. To ensure that Aboriginal and Torres Strait Islander people have equity of access to quality eye health and vision care services

4. To ensure evidence supports better, sustainable service and program delivery

5. To ensure that eye health and vision care is regarded as a public health priority in Asia and the Pacific

6. To increase capacity to deliver eye health, vision care and services and supports for independence and participation in Asia and the Pacific.

Please note the national pillars, prevention and early intervention, independence and participation and Aboriginal and Torres Strait Islander people, refer to goals one, two and three. The global advocacy pillar refers to goals five and six. Goal four, related to evidence strengthening, is applicable across the four pillars.

The SDGs describe the need for inclusive development that leaves no one behind, empowering nations to become actors of change. The strategic pillars of Vision 2020 Australia can be clearly identified in the post-2015 development agenda. While health is identified as one of 17 goals within the SDGs, *ensure healthy lives and promote wellbeing for all at all ages*, thematic links can be drawn to goals relating to water and sanitation, poverty, gender inequality and education.

Importantly, the document references disability 11 times, including in targets related to education, employment and inequality.[1] Disability is increasingly being framed and addressed as a human rights issue. Given the Millennium Development Goals (MDGs) made no reference to persons with disabilities, this is an achievement in itself, presenting a tangible opportunity for the inclusion of people who are blind or vision impaired to be counted. Overall, the SDGs have the potential to provide a powerful means for addressing some of the human challenges that exist both domestically and internationally.

1.4 Assessment framework

This will be a dynamic reference document, which will be updated as developments occur across the life of the SDGs to continuously consider the importance of the SDGs as they relate to the strategic pillars of Vision 2020 Australia and our members. The SDGs are set to have significant bearing over strategy and planning within the eye health and vision care sector over the next 15 years. They will become an important complementary advocacy tool to hold government accountable. It is important that the eye health and vision care sector is part of the SDG framework, as it sets out to guide and prioritise the allocation of government resources and overseas development assistance. As the peak body for eye health and vision care it is in the interest of Vision 2020 Australia and our members to ensure that eye health and vision care is brought to life within the framework of the SDGs, working towards a momentum for change.

An assessment framework for the SDGs will be developed over time, as the SDGs are interpreted and rolled out around the world. As Australia and the rest of the world considers their own national targets, plans for implementation and indicators, assessing the SDGs against the global, national, regional and thematic dimensions will be imperative to ensure that no one is left behind. Moving forward, it will be essential to monitor the progress of the SDGs against the learnings of the MDGs, namely:

- ensure data is disaggregated by key dimensions

- ensure monitoring and reporting on an annual basis against agreed commitments; and

- a commitment to strong mutual and transparent accountability to ensure that goals are transformed from rhetoric into reality.

For more information please see Appendix A: Overview of Vision 2020 Australia and the Sustainable Development Goals

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[1] SciDev.Net: Science and technology for global development, *Focus on Disability: Give SDG monitoring some bite*, 12 August 2015, available at: http://www.scidev.net/global/data/analysis-blog/disability-sdg-monitoring-health-research.html

2   Background

2.1   Millennium Development Goals

In September 2000 world leaders gathered at the United Nations Headquarters to develop an agenda to combat poverty. This vision was translated into eight MDGs, providing a blueprint for reducing extreme poverty over the 15 years to 2015:

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development.

2.2   Learnings from the MDGs

The MDGs have been highly successful in raising visibility and consolidating the world's commitment to poverty reduction through a cohesive approach to development. The success of the new development framework will be mapped against the learnings from the MDGs. As we move into the post 2015 development agenda it is essential that we reflect and incorporate the strengths of the MDGs:

- One of the strongest features of the MDGs is their simplicity, making them well understood and easily manageable into national monitoring and evaluation frameworks.

- The MDGs have successfully drawn attention and resources to significant issues which may have otherwise escaped the global agenda.

- A strong feature of the MDGs is their capacity to promote and build partnerships and collaboration among public, private and nongovernmental organisations, bringing together the international development community.[2]

- The MDGs have been successful in driving progress in important areas related to poverty and inequality, of note:

  - The number of people living in extreme poverty has declined by more than 50 per cent, from 1.9 billion in 1990 to 836 million in 2015

  - The primary school net enrolment rate in developing regions has increased from 83 percent in 2000 to 91 per cent in 2015

  - Globally, the under-five mortality rate has dropped by more than 50 per cent, from 90 to 43 deaths per 1,000 live births between 1990 and 2015

  - The maternal mortality ratio has declined by 45 percent worldwide, from 380 to 210 deaths per 100,000 live births between 1990 and 2013.[3]

Despite worldwide traction towards achieving the MDGs, progress remains unequal leaving significant challenges behind. It will be important to monitor the development and implementation of the SDGs against the following key elements:

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[2] United Nations (UN), *The Millennium Development Goals Report 2015*, New York, 2015.
[3] Ibid

- The experience of the MDGs has made clear that the voices of the poor and marginalised must be given primary importance through extensive consultation in the development of a successor framework.

- The MDGs were criticised as being siloed; a relevant post 2015 agenda should go beyond a poverty focus to a multidimensional, human rights based and holistic view of development.

- The MDGs made no mention of human rights. The SDGs have set out to correct this by including human rights features throughout. At the core of the document is the need to contest inequalities, discrimination and marginalisation. Additionally, the SDGs include a number of focus groups, predominately to include people with disabilities.[4]

- To ensure high quality and robust data, an inclusive development agenda should be disaggregated by key dimensions such as people with a disability, Aboriginal and Torres Strait Islander people, rural and remote areas and women and girls.

- The monitoring of progress against agreed upon commitments needs further coordination and strengthening where reporting occurs on an annual basis.

- Stronger mutual and transparent accountability and strengthened data systems are required to deliver against commitments and ensure that goals are transformed from rhetoric to reality.[5]

The learnings of the MDGs form a strong basis for moving forward. The SDGs must now work to strike a balance between being ambitious and practical, driven by the reality of the MDGs. The outcomes of the MDGs also provide a useful framework for assessing the post 2015 development agenda now and as implementation rolls out within Australia and around the world.

2.2.1 Investment in eye health and vision care

Finally, it is essential to note that without significant investment from donor countries the goals of a post 2015 development agenda are unlikely to be met. The capacity of donor countries requires significant strengthening with a clear and transparent timetable for accelerating growth in the Aid Budget. The United Nations official development assistance (ODA) target of 0.7 per cent of Gross National Income (GNI) was exceeded only by Denmark, Luxembourg, Norway, Sweden and the United Kingdom.[6] Further, the Intergovernmental Committee of Experts on Sustainable Development Financing advocates for an integrated financing strategy which strikes a balance between investment from the domestic public, domestic private, international public and international private sectors.[7]

A potential practical option to ensure nations are kept accountable to the ambitious targets set out by the SDGs is the application of Costed Implementation Plans (CIPs). CIPs make valuable planning and management tools, providing an outline of priorities selected by leaders. CIPs assess how far a nation has progressed based on budget commitments and can therefore be used to guide advocacy strategies, calling attention to gaps in financial assistance. The plans thus become as much a tool for civil society as well as for governments. CIPs have the capability to offer up a means of financial accountability to countries while opening up dialogue on best practice.[8]

Australia's aid contribution is set to fall to 0.22 per cent by 2016-2017. Reductions to Australia's foreign aid contribution will have a significant impact on the capacity of the nation to effectively alleviate poverty. With 18 of Australia's closest neighbours in developing countries,

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[4] The guardian, *sustainable development goals: all you need to know,* 20 January 2015, available at: http://www.theguardian.com/global-development/2015/jan/19/sustainable-development-goals-united-nations
[5] United Nations (UN), The Millennium Development Goals Report 2015, New York, 2015.
[6] The Australian Council for International Development (ACVID), *Position Paper: Millennium Development Goals Review,* ACT, August 2010.
[7] United Nations General Assembly, *Report of the Intergovernmental Committee of Experts on Sustainable Development Financing*, 17 December 2014
[8] Anders, M, *Can a tool to map aid budgets be used to keep tabs on the SDGs?*, Devex, 14 August 2015, available at: https://www.devex.com/news/can-a-tool-to-map-aid-budgets-be-used-to-keep-tabs-on-the-sdgs-86711

and acknowledging that over half of people living with vision impairment and blindness live in developing countries, the challenge is very large and close to home. Thankfully, eye health and vision care programs produce tangible results and are extremely cost effective, with a $4 return on every $1 invested. Unfortunately, the projected decline of up to 40 per cent in Australian Government funding to the aid sector means that much of the important work planned by Vision 2020 Australia and our members will not be delivered. It is vital that the Australian Government increase their development assistance and improve the transparency of the Australian aid budget to strengthen accountability towards meeting the targets and goals of the SDGs.[9]

Furthermore, an uncertain fiscal environment means that challenging times are ahead with respect to national poverty and inequality reduction. While anticipated continued commitments are welcome in an ambiguous atmosphere, including the rollout of the National Disability Insurance Scheme and outreach ophthalmology and optometry service; the national budget continues to reduce spending in health, with vulnerable and low socioeconomic groups expected to bear the majority of impact. In *Clear Focus: The Economic Impact of Vision Loss in Australia in 2009 (Clear Focus)*, Access Economics reported that the total economic cost of vision loss in Australia is estimated to be $16.6 billion or $28,905 per person with vision loss aged over 40. In Australia, 75 per cent of blindness and vision loss is preventable or treatable if it is detected early enough. This means that millions of dollars could be saved annually if avoidable vision loss was prevented.[10]

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[9] Australian Council for International Development, *Position paper: Millennium Development Goals Review,* August 2010.
[10] Vision 2020 Australia by Access Economics Pty Limited, *Clear Focus: The Economic Impact of Vision Loss in Australia in 2009,* June 2010.

3   The Sustainable Development Goals

The SDGs are an innovative, universal set of goals that succeed the MDGs in shaping the global development approach. The foremost component of the new development agenda is the SGDs comprehensive focus on economic prosperity, social inclusion and environmental sustainability. Unlike the MDGs, which only applied to developing countries, the SDGs are anticipated to apply to all countries, including Australia. The eight MDGs provided the framework for the development agenda from 2000 to 2015. United Nations (UN) member states will now be expected to use the SDGs to frame their agendas and policies over the next 15 years to 2030, starting on 1 January 2016. The success of work on the MDGs illustrates the significance of a unified agenda underpinned by globally agreed goals and targets.

However, as we approach the end of the MDGs cycle, inequality and enormous disparities of opportunity, wealth and power persist within and between states. The UN has defined the SDGs as part of a new agenda that builds on the successes of the MDGs while addressing broader challenges related to sustainability. For the first time this new agenda will set out to recognise the environment as a strength and necessary element to universal progress, driven by the reality of sustainability and humanity. The post-2015 framework will set out to accurately reflect the deep interconnections and cross-cutting elements of an integrated approach to reducing inequality.

According to the UN, the SDGs reflect a truly innovative, planet sensitive, global partnership, applicable to all countries. 'These are universal goals which transcend the traditional North/South divide and involve the entire world, rich and poor countries alike, in a new global compact for the betterment of humanity.'[11]Analysts of development discourse fall into two broad camps: those who follow the UN in celebrating the comprehensive nature of the new goals, and those who express concern that the SDGs present an onerous and incoherent burden.[12] While there is a risk that without appropriate measures and commitment from member states that the SDGs may fail to reach their targets, Vision 2020 Australia's position is to support the SDGs as a framework to pursue our vision.

3.1.1   Development

The UN Conference on Sustainable Development in 2012 (known as Rio+20) led to agreement by Member States to develop a set of sustainable development goals. Set down in the Rio+20 outcome document, *The Future We Want* was the requirement for an Open Working Group of the General Assembly to prepare a proposal on the SDGs.

One of the key criticisms of the MDGs was the absence of an inclusive consultation process during their formation. In response to this, the United Nations Development Programme (UNDP) and its partners advanced an innovative approach to fostering global participation, conducting the largest consultation programme in its history to gauge opinion on what the SDGs should look like. The UN conducted a series of 'global conversations', which included 11 thematic and 83 national consultations, and door-to-door surveys. The UNDP worked to establish the website *The World We Want*, which aimed to gather perspectives globally to build a collective vision that feeds directly into the UN development agenda planning. What distinguishes the SDGs from development agendas of the past is the multilateral diplomacy that has been utilised to reach this point.[13]

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[11] United Nations, *Zero draft for the outcome document for the UN summit to adopt the Post-2015 Development Agenda*, 2 June 2015.
[12] Day, B. *The SDGs, Kenny Rogers and making choices.* DevPolicy Blog, 2015, available at: http://devpolicy.org/the-sdgs-kenny-rogers-and-making-choices-20150804/
[13] World Health Organisation (WHO), *Towards a monitoring framework with targets and indicators for the health goals of the post-2015 Sustainable Development Goals*, January 2015.

Drafting of the SDGs by the Open Working Group began in January 2013 and was formalised into a zero draft which was released in 2014. The SDGs are to be considered for acceptance by members states between September 25 and 27, 2015, during the 70th United Nations General Assembly (UNGA) session in New York.

The outcome document will include the following four elements:

1. An introductory declaration
2. Sustainable development goals, targets and indicators
3. Means of implementation, through the development of a new global partnership and the mobilisation of all stakeholders
4. A framework for monitoring and review of implementation.[14]

3.1.2   Implementation

The outcome document for the post-2015 development agenda will be multilayered, broken down into three phases for implementation:

1. 17 Sustainable Development Goals
2. 169 associated targets
3. An indicator framework comprised of 100 global indicators.

From September 2015 countries will be expected to review the goals and associated targets and consider the most appropriate means of implementation. Targets are set for advocacy related to action and funding and also to monitor progress towards results at global, regional or country levels.

Successful implementation will require an ambitious set of means of implementation and a revitalised Global Partnership for Sustainable Development. It is anticipated that this partnership will be a combination of public and private stakeholders, responsible for security of sharing and using data and assisting countries to foster national strategies for data advancement.[15] Successful adaptation of the SDGs will be dependent on available resources, knowledge and the resourcefulness of various stakeholders and partners. Strong political will, significant mobilisation of resources and sound policy frameworks will be essential for in country implementation of the SDGs.

3.1.3   Monitoring and review

The experience of the MDGs highlights the necessity for a robust indicator framework and associated monitoring systems. In June 2015, the Inter-agency and Expert Group on SDG indicators (IAEG-SDGs) convened to begin work on developing an all-inclusive SDGs indicator framework, expected to be finalised in March 2016. The proposed set of 100 indicators for the monitoring of all SDGs includes 14 well-established health indicators, three indicators to be developed and 34 complementary national health indicators. Vision 2020 Australia understands that the Australian Government has undertaken to work in consultation with the Australian Bureau of Statistics to develop a set of specific measures and indicators applicable to Australia. The indicator framework will form the backbone of monitoring progress towards SDGs at local, national, regional and global levels. This framework will be essential to in-country implementation, ensuring progress and accountability towards achieving the SDGs.

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[14] Ibid
[15] Ibid

While still under development there is growing consensus that the focus of SDG monitoring and reporting will primarily be at a national level. Complementary monitoring is expected to occur at global, regional and thematic levels, with each level of monitoring reporting against different types of indicators:

- Global Monitoring Indicators: Global Monitoring Indicators will be derived from official data and will form the basis of review at the High Level Political Forum (HLPF). Global Monitoring Indicators are consistent across countries to ensure comparability.

- National Monitoring Indicators: All member states will be encouraged to decide on the number and nature of indicators, specifications, timing, data collection methods and disaggregation to suit their national needs and priorities.

- Regional Monitoring Indicators: Regional Monitoring Indicators are comprised of Global and National Monitoring Indicators, providing a platform to foster knowledge sharing and cross country learning.

- Thematic Monitoring Indicators: Thematic review will be complementary to official monitoring, such as health, education and agriculture.[16]

It is anticipated that each country will tailor the number and range of national indicators to best suit its individual capacity and requirements. Given the diversity of country requirements significant variation in the adoption of indicators is expected. The interdependent nature of the goals and targets means that many indicators will contribute to monitoring more than one target. Indicators will serve as a type of 'report card', with each country expected to organise, analyse and communicate progress towards achieving goals.[17]

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[16] Ibid
[17] Sustainable Development Solutions Network: A Global Initiative for the United Nations, *Indicators and a Monitoring Framework for the Sustainable Development Goals: Launching a data revolution for the SDGs*
A report to the Secretary-General of the United Nations by the Leadership Council of the Sustainable Development Solutions Network, June 12 2015.

4　Goals and targets

The SDGs map out 17 goals for all nations to eradicate poverty, lessen inequality and sustain the environment for the next 15 years. Goals and targets are mobilisers of society, setting a benchmark against which to be measured. Each government is required to set their own national targets, guided by the global level of ambition but taking into account domestic circumstances.

1. End poverty in all its forms everywhere

2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture

3. Ensure healthy lives and promote well-being for all at all ages

4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

5. Achieve gender equality and empower all women and girls

6. Ensure availability and sustainable management of water and sanitation for all

7. Ensure access to affordable, reliable, sustainable and modern energy for all

8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

9. Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation

10. Reduce inequality within and among countries

11. Make cities and human settlements inclusive, safe, resilient and sustainable

12. Ensure sustainable consumption and production patterns

13. Take urgent action to combat climate change and its impacts[18]

14. Conserve and sustainably use the oceans, seas and marine resources for sustainable development

15. Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss

16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

17. Strengthen the means of implementation and revitalize the global partnership for sustainable development[19].

The subsequent section of this reference document identifies the goals, targets and available indicators relevant to the work of Vision 2020 Australia and our members involved in: local and global eye care; health promotion; low vision support; vision rehabilitation; eye research; professional assistance and community support.

The purpose is to identify key opportunities for linking the SDGs to the advocacy work of the eye health and vision care sector to ensure that no one is left behind. While governments have been active in forming the post 2015 development agenda, the SDGs are non-binding and voluntary by nature. Thus, active engagement from the sector will be essential to promote traction towards the immediate planning of the implementation phase.

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[18] Acknowledging that the United Nations Framework Convention on Climate Change is the primary international, intergovernmental forum for negotiating the global response to climate change.
[19] United Nations, *Zero draft for the outcome document for the UN summit to adopt the Post-2015 Development Agenda*, 2 June 2015.

Goal 1: End Poverty and all its forms everywhere

Target 1.2

Target 1.2	By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions
Indicator 2	Proportion of population living below national poverty line, differentiated by urban/rural (modified MDG Indicator)
Indicator 3	Multidimensional Poverty Index
Indictor 1.1	Poverty gap ratio (MDG Indicator)

Poverty and vision impairment

Preventing avoidable blindness and vision impairment has a crucial role to play in reducing poverty and can have a huge impact on communities and on the overall effort to achieve the SDGs. Vision impairment is both a cause and consequence of poverty. Eighteen of Australia's closest neighbours are developing countries and with 90 per cent of people with vision impairment living in developing countries, the challenge is large and is very close to home.

Direct links exist between vision impairment and lack of access to opportunities (such as education, employment, and social inclusion) and to basic needs (such as health services, good nutrition, safe housing and clean water and sanitation). Globally, the prevalence of vision impairment is five-fold higher in developing countries than in developed countries and eye health and vision care are important factors in working towards poverty alleviation. Within all countries, disadvantaged and vulnerable communities are the worst affected, which reflects strong linkages to poverty, education and access to housing, water and sanitation.

Research shows that people with vision impairment are more likely to be poor and that the removal of cataracts alleviates poverty. There is also a link between a country's economic development status and the prevalence of blindness, with research indicating that rates of blindness are higher in developing countries with lower per capita income. The relationship between poverty and vision impairment can be understood as involving mutual causality: that is, vision impairment presents barriers to poverty-reducing factors such as education and employment, and poverty makes it harder for people to access eye health and vision care services.

Eye health and vision care programs are effective and produce tangible results. At a program level, outcomes from cataract surgery, provision of spectacles and other interventions can easily be measured and reported. For example, the potential lost productivity resulting from the global burden of uncorrected refractive error is over US$225 billion annually. For many individuals, productivity gains are immediately realised once sight is restored.

Fortunately, targeted interventions have made a difference globally. For example, the global prevalence of blindness, from all causes not just avoidable, in those over 50 years of age, has dropped from 3 per cent in 1990 to 1.9 per cent in 2010.

There are now mechanisms in place for significant progress to be made in the elimination of avoidable blindness. If there ever was a time to yield a positive return on investment and make a real impact on the lives of some of the poorest people in our region it is now, especially as:

- poverty is being reduced,
- eye health can target the poor and most vulnerable,
- it makes good economic sense, and
- Australia can build on its international reputation.

Aboriginal and Torres Strait Islander people and poverty

Research has demonstrated associations between an individual's social and economic status and their health.[20] While acknowledging that there is a growing level of education and affluence for some Aboriginal and Torres Strait Islander people, generally the relative socio-economic disadvantage experienced by Aboriginal and Torres Strait Islander people compared to non-Indigenous Australians means they are more likely to be exposed to behavioural and environmental health risk factors because a higher proportion of Aboriginal and Torres Strait Islander households live in conditions that do not support good health.[21] Poor education and literacy are linked to low income and poor health status (for example vision loss) and affect the capacity of people to use health information; poverty reduces access to health care services and medicines; overcrowded and run-down housing associated with poverty contributes to the spread of communicable disease; and smoking and high-risk behaviour are also factors associated with lower socio-economic status.[22]

Further, populations where poverty is coupled with inadequate personal hygiene, insufficient housing and sanitation, crowded living conditions and poor water supply are linked to trachoma. Australia is the only developed country to still have trachoma, endemic in many outback Aboriginal and Torres Strait Islander communities. The economic impact of the disability caused by trichiasis and blindness on those who are poor contributes to keeping them in the cycle of poverty.[23]Where a person lives also contributes to health, with isolation in remote and very remote communities reducing access to services.

The 2008 *National Indigenous Eye Health Survey* determined that Aboriginal and Torres Strait Islander people have six times the rate of blindness and three times the rate of vision loss than the broader population.[24] 94 per cent of vision loss for Aboriginal and Torres Strait Islander people is preventable or treatable; however 35 per cent of Aboriginal and Torres Strait Islander adults have never had an eye exam.[25] Improvements in Aboriginal and Torres Strait Islander people's health requires an integrated approach encompassing the strengthening of community functioning, reinforcing positive behaviours, and improving education participation, regional economic development, housing and environmental health, and spiritual healing. It is vital for communities and individuals to have the ability and freedom to be empowered and able to translate their capability (knowledge, skills, understanding) into action.

Please note trachoma and cataract are further explored at Goal 3, Target 3.3 and 3.4.

Poverty and disability

It is estimated that people living with disability make up 15 per cent of the global population, yet they often remain unintentionally excluded from social and political decision making. The strong correlation between poverty and disability perpetuates a cycle in which disability is both a cause and consequence of poverty. The World Bank estimates that people with a disability account for approximately one in five of the world's poorest people. Disability contributes to and excavates poverty at both an individual and community level due to discrimination and entrenched institutional and social barriers. Extreme poverty gives rise to disability through various causes, including a lack of access to adequate nutrition, healthcare and access to clean

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[20] Marmot, M and Wilkinson, R, *Social Determinants of Health*, Oxford University Press, New York, (eds) 1999.
[21] Australian Bureau of Statistic, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*, ABS Cat. No. 4704.0, Canberra, 2005.
[22] Jarvis, M & Wardie, J, *Social pattering of individual health behaviours; the case of cigarette smoking*, in Marmot, M and Wilkinson, R, Social Determinants of Health, Oxford University Press, New York., (eds) 1999.
[23] Australian Government, Department of Health, Review of Current Arrangements for the Collection, Recording, Transfer and Reporting of National Trachoma Data, 8 April 2011, available at
http://www.health.gov.au/internet/publications/publishing.nsf/Content/review_nationaltrachomadata~trachoma_surveillance~Trachoma_Indigenouspop
[24] Taylor HR, National Indigenous Eye Health Survey Team, National Indigenous Eye Health Survey: Minum Barreng (Tracking Eyes), Melbourne: Indigenous Eye Health Unit, The University of Melbourne, 2009.
[25] Ibid

water and sanitation. An individual with a disability is less likely to have access to rehabilitation, education, skills training and employment, all which function to lessen poverty.

Vision 2020 Australia is a partner of *End the Cycle of Poverty and Disability*, seeking to promote the human rights of people with a disability living in extreme poverty. Without adequate healthcare services that cater for people living with disability living in socioeconomic disadvantage, eye disease and disease more broadly can be traumatic and treacherous with a greater risk of entering into a cycle of poverty. The inclusion of people with disabilities across all sectors of international development is imperative to break the cycle. Empowering people with a disability to obtain education, access to health and rehabilitation services and to participate fully and independently in society is essential to end the cycle of poverty and disability.[26]

Please note disability is further explored at Goal 4, Target 4.5; Goal 5, Target 5.1; Goal 8, Target 8.5; Goal 10, Target 10.2; and Goal 11, Target 11.2 and 11.7.

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[26] CBM: End the Cycle of Poverty and Disability, *End the Cycle of Poverty and Disability: Information Booklet*, available at http://www.endthecycle.org.au/content/about-end-the-cycle/resources/information-booklet

Goal 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture

Target 2.2	By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons.
Indicator 10	Prevalence of stunting and wasting in children under 5 years of age
Indicator 2.1	Percentage of population with shortfalls of: iron, zinc, iodine, vitamin A, folate, vitamin B12 [and vitamin D]
Indicator 2.2	Proportion of infants 6-23 months of age who receive a minimum acceptable diet

Retinopathy of Prematurity

Target 2.2 makes a strong connection between understanding maternal and child health and eye health connection. Retinopathy of Prematurity (ROP) is an example of an eye disease specific to childhood known to be particularly prevalent in developing countries.

In many developing countries ROP remains a highly prevalent cause of childhood blindness. When a baby is born very prematurely, the retina and its blood vessels are not yet fully developed. These tissues rely specifically on a constant level of oxygen in the blood to develop. Direct links can thus be made between poverty, malnutrition and eye disease. These three factors are interlinked through mutual causality; each contributes to the presence and permanence of the others. A lack of access to basic needs during pregnancy, such as health services and good nutrition leads to poor health during pregnancy, thereby increasing the risk of eye disease in newborn infants. The key to addressing the burden of ROP is through inequality and poverty reduction and through increasing access to basic needs and services during and after pregnancy.[27]

The treatment of ROP, typically laser treatment, is highly specialised, requiring expensive equipment and highly trained staff. Increasing the capacity of the workforce through health system strengthening and training will have tremendous implications in reducing the burden of ROP.[28]

Nutritional Blindness

Nutritional Blindness, also known as Vitamin A deficiency, is an eye disease commonly associated with childhood. Vitamin A deficiency has the potential to damage the eye and cause night-blindness from reduced retinal function. Vitamin A deficiency causes 'surface tissues of the eye to become dry and cloudy and reducing their capacity to fight infection or repair surface damage.' In pregnant women, a vitamin A deficiency may contribute to maternal mortality. Further complications include damage to the immune system, as well as increasing the chance of death from malaria, measles and diarrhoea.[29]

The management of Vitamin A deficiency is a large and complex public health challenge, specifically in developing nations. Breaking the cycle of poverty and malnutrition is key to the prevention of nutritional blindness.

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[27] Moran, D, *Children and Eye Disease*, The Fred Hollows Foundation, available at: http://www.hollows.org/eye-health/eye-health/children-and-eye-disease
[28] Ibid
[29] Ibid

For more information on the link between eye health and poverty please refer to Goal 1, Target 1.2.

For more information on the importance of workforce development please refer to Goal 3, Target 3.8, Goal 11, target 11.1 and Goal 16, target 16.6.

Goal 3: Ensure healthy lives and promote well-being for all at all ages

Target 3.2

Target 3.2	By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under -5 mortality to at least as low as 25 per 1000 live births
Indicator 3.1	Percentage of births attended by skilled health personnel (MDG Indicator)

As mentioned at Target 2.2 there are strong links between maternal and child health and eye health. Target 3.2 is an important initiative which builds on progress made in the MDGs on child survival.

For more information on the link between maternal and child health and eye health please refer to Goal 2, Target 2.2.

Target 3.3

Target 3.3	By 2030, end the epidemic of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseased and other communicable diseases
Indicator 26	Consultations with a licensed provider in a health facility or in the community per person, per year
Indicator 27	Percentage of population without effective financial protection or health care, per year- to be developed
Indicator 3.15	Neglected Tropical Disease (NTD) cure rate

Trachoma

Neglected tropical diseases (NTDs) are a diverse group of diseases with distinct characteristics that are most prevalent in the developing world. Trachoma is classified as an NTD and is the leading infectious cause of preventable blindness in the world. The World Health Organisation (WHO) estimates trachoma to be endemic in 51 countries and responsible for the vision impairment of approximately 1.8 million people globally, of whom 0.5 million are irreversibly blind.[30]Africa remains the most affected continent, making it a priority for intervention. Of the 46 countries within the African Region, 29 are thought to be, or have been, endemic, accounting for 77 per cent of the total population estimated to be living in endemic areas worldwide.[31] During 2012, surveys for active trachoma were completed in Fiji, the Solomon Islands and Kiribati. Results from those surveys showed that trachoma is endemic in all three countries and

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[30] World Health Organisation (WHO), *Trachoma: Key facts, May 2015, available at:* http://www.who.int/mediacentre/factsheets/fs382/en/

[31] World Health Organisation (WHO), *Weekly epidemiological record* (WER), No. 39, 26 September 2014, available at: http://www.who.int/wer/en/

indicated the need for further resource allocation for mapping in Pacific Island countries where no prevalence data exists.

Rates of trachoma are known to be higher in women than men. As women and girls are often the primary childcare providers, they acquire active trachoma from young children. Surveys carried out in trachoma endemic areas demonstrated that 75 per cent of all adults with in-turned eyelashes (the stage of the disease that leads to blindness) were female.[32]

Australia is the only developed country in the world where trachoma is endemic. While trachoma disappeared from mainstream Australia in the early 20th century, it continues to be endemic in Aboriginal and Torres Strait Islander populations in some parts of the Northern Territory, South Australia and Western Australia. According to the results of the 2008 *National Indigenous Eye Health Survey,* 60 per cent of very remote communities experience endemic trachoma. Further, trachoma affects seven per cent of children in very remote regions with the highest prevalence, 23 per cent, in children five to 15 years.[33] According to The University of Melbourne's September 2015 Annual Update on the *Implementation of the Roadmap to Close the Gap for Vision* trachoma rates in Aboriginal and Torres Strait Islander communities are down from 14 per cent in 2009 to four percent in 2014.[34]

Elimination of trachoma

A meeting convened by the WHO program for the Prevention of Blindness and Deafness (PBD), held at WHO's headquarters in Geneva from 25 to 26 November 1996 resulted in the development of a strategy with the goal of the elimination of trachoma by 2020.The Alliance for the Global Elimination of Blinding Trachoma by 2020 (GET 2020) initiative, supported by the WHO, advocates for the implementation of the SAFE strategy:

- Surgery to treat the blinding stage of the disease (trachomatous trichiasis)

- Antibiotics to treat infection, particularly mass drug administration of antibiotics, which is donated by the manufacturer to elimination programs through the International Trachoma Initiative

- Facial cleanliness and

- Environmental improvement, particularly improving access to water and sanitation.

Interventions within the SAFE strategy will be community-targeted and will seek community involvement through primary health care. The strategy requires a multisectoral approach with ministries and organisations working in water, sanitation and hygiene (WASH), health promotion, education, women's health, the environment and infrastructure working closely together to ensure the elimination of trachoma.

The Queen Elizabeth Diamond Jubilee Trust (the Trust) has partnered with GET 2020 to work towards the elimination of trachoma by the year 2020. The Trust's Trachoma Initiative is tackling 11 of the 18 countries within the Commonwealth where trachoma is endemic through implementation of the SAFE strategy. The Trachoma Initiative works with partners towards eliminating blinding trachoma in three regions of the Commonwealth: Africa, Australia and the Pacific.[35]

In Australia the Trachoma Initiative will work in partnership with members of the Australian Trachoma Alliance such as The Fred Hollows Foundation to work towards the elimination of blinding trachoma in Aboriginal and Torres Strait Islander communities by 2020. The Australian Government has taken initiative in addressing the plight of trachoma within Aboriginal and

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[32] Ibid.

[33] Taylor HR, National Indigenous Eye Health Survey Team, National Indigenous Eye Health Survey: Minum Barreng (Tracking Eyes), Melbourne: Indigenous Eye Health Unit, The University of Melbourne, 2009.

[34] Taylor HR, National Indigenous Eye Health Survey Team, Annual Update on The Roadmap to Close the Gap for Vision, Melbourne: Indigenous Eye Health Unit, The University of Melbourne, September 2015.

[35] The Queen Elizabeth Diamond Jubilee Trust, available at http://jubileetribute.org/program/avoidable-blindness/blinding-trachoma/

Torres Strait Islander communities. In 2009, the Australian Government invested in the *Closing the Gap - Improving Eye and Ear Health Services for Indigenous Australians measure* which included committing $16 million over a four year period towards eliminating trachoma in Australia. In 2013, the Australian Government committed a further $16.5 million to continue, improve and expand trachoma control initiatives in jurisdictions with known endemic levels of trachoma. Further the National Trachoma Surveillance and Reporting Unit (NTSRU), funded by the Department of Health, is responsible for trachoma data collation, analysis and reporting to ensure the ongoing surveillance of trachoma in Australia.

The Australian Government has recently confirmed their ongoing strong commitment to addressing the issue of trachoma in Australia, allocating $1.6 million (GST exclusive) over the period 2015-16 and 2016-17 to the Indigenous Eye Health Unit (IEHU), University of Melbourne, to undertake trachoma health promotion. It is expected that this activity will be based on the SAFE Strategy, particularly focusing on clean faces and safe bathrooms.

Onchocerciasis

Onchocerciasis, also known as river blindness, is a parasitic disease caused by the filarial worm onchocerca volvulus. Infection with this worm causes inflammation within the eye, leading to severe inflammation, damage to critical structures and in many cases permanent blindness. There are several Central American countries where onchocerciasis occurs, however the majority of those who suffer live in Africa. Onchocerciasis is one of the main causes of blindness affecting economically disadvantaged countries and is the second most frequent infectious cause of blindness after trachoma. In the last 35 years a number of programs have been implemented to treat communities and individuals suffering from onchocerciasis, however a great deal of work needs to be done. The elimination of onchocerciasis will require a coordinated, consistent and intensive approach at various levels.[36]

Target 3.4

Target 3.4	By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being
Indicator 3.27	Age-standardized (to world population age distribution) prevalence of diabetes (preferably based on HbA1c), hypertension, cardiovascular disease, and chronic respiratory disease.
Indicator 26	Consultations with a licensed provider in a health facility or in the community per person, per year
Indicator 3.21	Waiting time for elective surgery

Non-communicable diseases and eye care

Globally, 80 percent of blindness and vision loss is preventable or treatable if detected early enough. Many eye conditions are classified as chronic, or non-communicable diseases (NCD), including cataract, macular degeneration, glaucoma and diabetic retinopathy. While refractive error is not traditionally classified a disease, Vision 2020 Australia considers it a chronic condition. NCDs disproportionately affect low and middle income countries where nearly three quarters of all NCD deaths (approximately 28 million) occur.[37] Poverty is closely linked with NCDs. The rapid rise in NCDs is predicted to impede poverty reduction initiatives in developing countries, particularly due to the associated household costs associated with health care.

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[36] World Health Organisation (WHO), Onchocerciasis: Fact Sheet, March 2015, available at: http://www.who.int/mediacentre/factsheets/fs374/en/

[37] World Health Organisation (WHO), *Noncommunicable diseases: Fact sheet*, January 2015, available at: http://www.who.int/mediacentre/factsheets/fs355/en/

As the first point of contact between the community and the health system, primary care plays an important role in preventing, detecting and managing non-communicable eye disease. Patients with an existing non-communicable disease often have multiple co-morbidities including those which affect the eyes and vision. Many non-communicable conditions also exhibit early signs and symptoms that can only be detected upon comprehensive ocular investigation. Primary eye care readily facilitates the early detection of non-communicable disease that may otherwise go undetected until the later stages of disease progression and primary eye care professionals such as optometrists are therefore essential and willing participants in the multi-disciplinary approach to non-communicable disease prevention and management.

The Australian context

The Australian Government has acknowledged the link between chronic disease and eye care in the *Implementation Plan under the National framework for action to promote eye health and prevent avoidable blindness and vision loss* (NFIP). The NFIP outlines Commonwealth responsibilities for eye health and vision care, nominating three key priority areas:

- Aboriginal and Torres Strait Islander eye health;

- Preventing eye disease associated with chronic conditions (particularly diabetes); and

- Improving the evidence base.

Diabetes is the leading cause of vision loss and blindness in working age Australians and a significant cause of vision loss in older Australians. It is noted that over 1.15 million Australians have been diagnosed with diabetes. Additionally, an estimated 500,000 Australians are living with undiagnosed type-2 diabetes. Affecting an estimated 300,000 Australians, diabetic retinopathy is the leading cause of vision loss and blindness in Australians under 60, and is observed in almost all patients with diabetes after 20 years duration of having the disease. Evidence shows that early detection and timely treatment can prevent the majority of diabetes-related vision loss. Vision 2020 Australia contends that the establishment of a national diabetes blindness prevention program would dramatically decrease the incidence of blindness from diabetes in Australia.

Cataract

Cataract is the leading cause of blindness in the world, responsible for nearly 48 per cent of world blindness. Results from *Clear Focus: The Economic Impact of Vision Loss in Australia* in 2009, suggest that cataract is responsible for 15 per cent of Vision loss in Australia.[38] Most cases of cataract are related to the process of ageing, risk factors include diabetes, prolonged exposure to sunlight, tobacco use and alcohol. It is anticipated that as the world's ageing population continues to grow so will the number of cataracts. Fortunately, cataract can be easily treated and surgically removed. Cataract surgery is considered one of the most cost-effective interventions. However in many countries, particularly those in the developing world, barriers exist that prevent equitable access to care.

The cataract surgical rate (CSR) is defined as the number of cataract operations per million population per year, providing a quantifiable measure of cataract surgical service delivery. Cataract surgical coverage (CSC) indicates the proportion of vision impaired individuals with bilateral cataract who were eligible for surgery and who received it. CSC is used to assess the degree to which needs are met by cataract surgical services; at least 85 per cent coverage is needed to meet the needs and the demands of a population.[39]

Universal eye health: a global action plan 2014-2019 (the Global Action Plan), approved by the World Health Assembly in May, 2013 outlines a number of relevant indicators:

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[38] Vision 2020 Australia by Access Economics Pty Limited, Clear Focus: The Economic Impact of Vision Loss in Australia in 2009, June 2010.
[39] The International Agency for the Prevention of Blindness (IAPB), *Cataract*, available at: http://www.iapb.org/vision-2020/what-is-avoidable-blindness/cataract

- prevalence and causes of vision impairment, including blindness (preferably disaggregated by age and gender)
- number of eye care personnel by cadre, including ophthalmologists, optometrists and allied ophthalmic personnel
- cataract surgical rate
- cataract surgical coverage.

The CSC rate is between 1.2-1.7 times higher for males than for females in developing countries. The barriers for this include:

- fewer transport options and restrictive social norms surrounding women and travel means that women are less likely to travel for health services
- lower education and literacy levels, particularly among elderly women, leads to women being less likely to know about treatment options or how to access them
- Less decision making power in the family affects women's chances of treatment as women's health needs are often not a priority.[40]

The CSC fits within indicator 3.21 and fulfils the criteria for an ideal Universal Health Coverage (UHC) and is thus an important inclusion, as cataract surgery provides a strong base for developing wider eye health systems. Having eye health measures in the SDG indicators will incline governments to demonstrate progress against these measures. Vision 2020 Australia considers CSC as an important indicator of how well the existing eye health system is working. Therefore the Australian Government should support its inclusion as an indicator of Universal Health Coverage in the SDGs.[41]

Target 3.6

Target 3.6	By 2030, half the number of global deaths and injuries from road traffic accidents.

Trauma related blindness

Neurological vision impairment is loss of vision resulting from an acquired brain injury. It is estimated that approximately 160,000 Australians of all ages are living with some form of acquired brain injury. Of these 160,000 Australians more than half experience problems with their vision.[42] An acquired brain injury can be attributed to a variety of causes, including trauma from road traffic accidents.

Unfortunately trauma related blindness cannot simply be corrected through glasses or contact lenses as the cause lies within the brain. Specialised programs such as the Acquired Brain Injury Mobility Service provided by Guide Dogs Victoria provide specialised assessment and training programs to ensure the complex needs of people living with an acquired brain injury are met.[43]

Vision 2020 Australia encourages the ongoing support of these programs to ensure the full and independent participation of people with an acquired brain injury resulting in vision impairment in the community.

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[40] The World Health Organisation (WHO), *Universal eye health: a global action plan 2014-2019,* Spain, 2013.
[41] Ibid
[42] VisAbility, *Acquired Brain Injury, available at: http://www.visability.com.au/our-services/therapy-for-adults/acquired-brain-injury/#sthash.QDnBvxJq.dpufMore than half experience problems with their vision.*
[43] Guide Dogs Victoria, *Acquired Brain Injury Mobility,* available at: https://www.guidedogsvictoria.com.au/our-services/acquired-brain-injury/

Target 3.8

Target 3.8	Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
Indicator 27	Percentage of population without effective financial protection or health care, per year – to be developed
Indicator 3.30	Percentage of population with access to affordable essential drugs and commodities on a sustainable basis
Indicator 3.33	Ratio of health professionals to population (MDs, nurse midwives, nurses, community health workers, EmOC caregivers)
Indicator 26	Consultations with a licensed provider in a health facility or in the community per person, per year
Indicator 3.21	Waiting time for elective surgery

Service coordination and provision

Despite significant rates of refractive error, cataract and diabetic retinopathy, eye health and vision care services in many developing countries remain under-resourced. Workforce capacity building is critical to the delivery of effective eye care. In Asia and the Pacific there is a vast shortage of personnel trained in eye health and vision care, which is having tremendous implications for the health and wellbeing of millions of people in the region.

The issues are complex and vary throughout the region; however two key issues are:

1.   The general lack of infrastructure to provide training; and

2.   The lack of quality training.

Where countries do have adequate human resources there may be an uneven distribution of personnel including doctors, nurses and primary health workers. In these cases, most of the workforce is concentrated in a few facilities or confined to urban areas. Coordination and planning at local, provincial and national levels is essential to ensure existing resources in eye health and vision care service delivery are operating as efficiently and effectively as possible.

Vision 2020 Australia considers that building workforce capacity is essential to fostering sustainable eye health and vision care systems and reducing avoidable blindness, which is a known driver of poverty. It is important to use the local knowledge, international experience, resources and networks of local, national and international stakeholders.

In the Australian national context, Vision 2020 Australia believes that coordination is essential to improve access to eye care, provide better links and improve the delivery of services. Jurisdictional eye care systems coordination would provide a platform in each state and territory to look at needs and gaps. From this the various arms of primary, secondary and tertiary care can be integrated, the specific regional population needs can be identified, future resources defined and systems improvements implemented. The *Close the Gap in Aboriginal and Torres Strait Islander Eye Health and Vision Care: Sector Funding Proposal,* developed by Vision 2020 Australia and representatives from the Aboriginal and Torres Strait Islander Committee, recommends that each state and territory be tasked with this high level systems coordination function, hosted through the state and NT fundholders that will administer both the Rural Health Outreach Fund (RHOF) and the Visiting Optometrists Scheme (VOS). It is noteworthy that these jurisdictional fundholders are also responsible for the Commonwealth's Aboriginal and Torres Strait Islander chronic disease funds through the Medical Outreach - Indigenous Chronic Disease

Programme (MOICDP), and can therefore further support eye care particularly around people with diabetes.[44]

Recent reforms

The Australian Government has taken a number of recent steps towards improving access to quality health care for all Australians, including those with blindness and vision impairment. For example:

- The National Disability Insurance Scheme (NDIS): Arguably one of the single most significant reforms in disability policy in Australia's history. The NDIS has the potential to empower people who are blind or vision impaired, as well as people with disability more generally, on a scale like never before by providing the freedom of choice and control over the services and supports they need to fully participate in the community as equal citizens. The NDIS is expected to fully roll out across the country by July 2019.

- Aged care reforms: Major reforms in aged care are also moving towards person-centred service provision through Home Care and Home Support. The effectiveness of aged care reforms are particularly relevant to people who are blind or vision impaired given the majority of this population group are aged over sixty-five and ineligible for NDIS support.

- Primary health care consultations: Current consultations into chronic and complex care in primary health and subsequent reforms will shape reform which will ensure the primary health care system in Australia works to better prevent, detect and manage chronic disease by encouraging best practice, innovation and targeted action.

However, in order for people who are blind or vision impaired to be empowered by a shift to person-centred support, it is of utmost importance to ensure participants have access to specific and appropriate information to assist with making an informed decision. It is also essential in a fiscally constrained environment to ensure that people are not arbitrarily locked out from support by decisions about the severity of need based on medical diagnosis rather than functional need.

Vision 2020 Australia therefore considers it critical for consumers who are blind or vision impaired seeking support through the NDIS or aged care, to have access to a holistic specialist assessment both at the time of application and during support planning.

Equality of access

One of the principal barriers in access to quality healthcare is access to information. Increasingly, there is an emphasis being placed upon the importance of people being educated consumers of health services. This concept of informed consumption relies upon the notion of free and equal access to information, something that is often denied for people who are blind or vision impaired.

The majority of healthcare information in General Practice (GP) is often presented in printed format and is therefore inaccessible for people with a print disability. Information related to community services and campaigns is often distributed via bulletins and brochures, with only a small fraction of this available in an accessible version. Additionally, little attention has been paid to the provision of information regarding pharmaceuticals in accessible formats. Packaging of most pharmaceuticals is generally labelled in such a way that is inaccessible for people with a print disability. Equipment for measurement and monitoring of pharmaceuticals is also either inaccessible or prohibitively expensive. 'The lack of independent access to this information creates unnecessary dependence on others and compromises privacy and dignity, and (most alarmingly) puts the health of people who are blind or vision impaired in jeopardy.'[45]

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[44] Vision 2020 Australia, *Close the Gap in Aboriginal and Torres Strait Islander Eye Health and Vision Care: Sector Funding Proposal,* April 2015.
[45] Blind Citizens Australia (BCA), *Access to health services for people who are blind or vision impaired,* pp.7, available at: http://wordpress.bca.org.au/polocy/

Vision 2020 Australia contends that Australia's ratification of the Marrakesh Treaty will deliver exponentially greater access to books and other materials, and help eliminate the discriminatory barriers that currently prevent the international sharing of materials in accessible formats.

Furthermore, people who are blind or vision impaired are continually faced with issues relating to access to the public environment, including to healthcare services. Many healthcare services are not accessible for people with a disability, lacking appropriate lighting, pathways, signage, tactile and auditory cues. Little consideration is often given to wayfinding for people who are blind or vision impaired in public healthcare environments such as hospitals. Operationally it is essential that procedures for meeting the needs of people with a disability are implemented across the spectrum of the healthcare sector.[46]

Please refer to Goal 16, Target 16.10 for further information on the Marrakesh Treaty.

Means of Implementation

The Open Working Group on the Sustainable Development Goals and targets have agreed upon a number of implementation measures, fundamental to achieving *Goal 3: Ensure healthy lives and promote well-being for all at all ages*. Vision 2020 Australia supports the following means of implementation, relevant to the eye health and vision care sector:

3a. Strengthen the implementation of the WHO framework Convention on Tobacco Control in all countries as appropriate

Smoking is known to be a major contributor to the early development of age-related macular degeneration. Smoking may also increase the risk of age-related cataract.

Vision 2020 Australia therefore supports the implementation of the WHO framework Convention on Tobacco Control as beneficially by reducing the risk of AMD and cataract.

3c. Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States

As discussed at target 3.8, Vision 2020 Australia considers that building workforce capacity, both within Australia and globally, is essential to fostering sustainable eye health and vision care systems and reducing avoidable blindness. Workforce development and training as an effective tool in supporting the integration of eye health into the health system and improving quality service provision.

For more information on the importance of workforce development please refer to Goal 3, Target 3.8, Goal 11, target 11.1 and Goal 16, target 16.6.

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[46] Blind Citizens Australia (BCA), *Access to health services for people who are blind or vision impaired*, pp.7, available at: http://wordpress.bca.org.au/polocy/

Goal 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

Target 4.5

Target 4.5	By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, Indigenous peoples and children in vulnerable situations
Indicator 33	Primary completion rates for girls and boys
Indicator 35	Secondary completion rates for girls and boys
Indicator 4.11	Presence of legal frameworks that guarantee the right to education for all children for early childhood and basic education, and that guarantee a minimum age of entry to employment not below the years of basic education

Education and eye health

As per target 1.2, vision impairment is both a cause and consequence of poverty. Recent World Bank estimates suggest that people with disabilities may account for as many as one in five of the world's poorest people and are often excluded from communities, education, public health services and development programs. This exclusion increases their vulnerability to poverty and creates a vicious cycle of poverty and disability.

An individual with a disability has less opportunity for formal education and children with an intellectual or sensory disability are among the least likely group to attend school.[47] A 2007 World Bank study in India found that disability has a stronger association to non-enrolment than gender or socioeconomic status.[48] There are many reasons why children living with disabilities in poverty may miss out on education, for example:

- accessibility issues for wheelchair users or those with mobility restrictions

- teachers may not have the tools or training they need to help all their students learn

- families and communities may not understand the importance of learning life skills in an educational setting

- attitudinal barriers, such as practices of labelling, stigmatisation and discrimination

- where tertiary education is available, students with disabilities are often restricted in what they are allowed to study[49]

- families with several children may often give priority to children without disabilities.[50]

Over 100 million children worldwide are marginalised from education, including approximately 40 million with some form of disability residing in the Indo Pacific region. For these children with a disability education has the potential to transform experiences of deprivation into opportunities for independence and empowerment.

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[47] CBM: End the Cycle of Poverty and Disability, *End the Cycle of Poverty and Disability: Education, Disability and Poverty Fact Sheet*, available http://www.endthecycle.org.au/content/about-end-the-cycle/resources/factsheets

[48] UNICEF, *Children and Young People with Disabilities Fact Sheet*, May 2013, available at: www.unicef.org/disabilities

[49] UNICEF, *Children and Young People with Disabilities Fact Sheet*, May 2013, available at: www.unicef.org/disabilities

[50] CBM: End the Cycle of Poverty and Disability, *End the Cycle of Poverty and Disability: Education, Disability and Poverty Fact Sheet*, available http://www.endthecycle.org.au/content/about-end-the-cycle/resources/factsheets

Women and girls with disabilities are disproportionally affected by inequality and discrimination. In low-income countries, women who are or become disabled are at greater risk of living in extreme poverty as they are often excluded from education and training and are less able to work and support themselves.[51] Lower education and literacy levels, particularly among elderly women, leads to women being less likely to know about treatment options or how to access them. According to Women With Disabilities Australia (WWDA), women with disabilities living in Australia and around the world are denied equal access to education, with literacy levels estimated at less than five per cent.[52]

Inclusive education is central in promoting fair and equitable societies. Ensuring the inclusion of children with disabilities in education will require systemic and on the ground change. 'As with other complex change, it will require vision, skills, incentives, resources, and an action plan.'[53] Supports for inclusion are entrenched within everyday practices. Inclusive education involves creating an environment in which each child belongs and in which their individual contribution is valued. To end this cycle, significant effort must be made to include people with disabilities within community and mainstream projects. For people who are blind or vision impaired, access to inclusive designed assistive technology can work to ensure access to opportunities in education, rehabilitation, livelihoods and social inclusion.[54]

For further information on women and girls please refer to Goal 5, Targets 5.1 and 5.5 and Goal 8, Target 8.5.

Aboriginal and Torres Strait Islander people

As per Target 1.2, education plays a vital role in social determinants of health. Vision loss accounts for 11 per cent of the health gap between Aboriginal and Torres Strait Islander people and other Australians. The Australian Bureau of Statistics estimates that approximately 50 per cent of Aboriginal or Torres Strait Islander people have some form of disability or long term health condition.[55] However, a lack of research means that disability within Aboriginal and Torres Strait Islander people is often regarded as the silent determinant of inequality. Further, many Aboriginal and Torres Strait islander people living with disability do not identify as such. This can be attributed to differences in language, terminology, as well as a fear of stigmatisation.

Disability can often take Aboriginal and Torres Strait Islander children out of the education system, perpetuating further disengagement and social exclusion. Many Aboriginal and Torres Strait Islander people with disabilities are subject to further interference to their education due to poverty, isolation, lack of services and family breakdown. The First Peoples Disability Network (FDPN) is the peak body for Aboriginal and Torres Strait islander people with a disability living in Australia. Learning and education is a fundamental way in which to empower people with a disability. 'Education and employment are key enablers of social change, so the key to undertaking a systemic approach starts with understanding the barriers to accessing education and employment.'[56]

[51] Despouy, L., *Human Rights and Disabled Persons*, Centre for Human Rights Geneva and UN New York, cited in Inclusion International, *Fact Sheet on Poverty and Disability,* http://www.addc.org.au/content/resources/20040203-fact-sheet-on-poverty-and-disability/592/

[52] Howe. K, *Lack of Data Means Lack of Action: A clinical examination of access to Health Services for women with disabilities*, Women With Disabilities Australia Presentation to the HREOC Forum: Access to Health Services for People with Disabilities, 28 May 2004.

[53] World Health Organisation (WHO), *World Report on Disability*, Malta, 2011

[54] CBM, *Introducing: Disability Inclusion in Eye Health Programs*, 2013

[55] First Peoples Disability Network Australia (FPDN), *Why Ignoring Disability will Derail Attempts to Create Parity in Aboriginal and Torres Strait Islander Employment and Other Social Outcomes*: Response to the Forrest Review - 'Creating Parity,' September 2014, pp.2

[56] First Peoples Disability Network Australia (FPDN), *Why Ignoring Disability will Derail Attempts to Create Parity in Aboriginal and Torres Strait Islander Employment and Other Social Outcomes*: Response to the Forrest Review - 'Creating Parity,' September 2014, pp.2

Vision 2020 Australia understands education to be a key social determinant of health, with lower education levels linked with poor health. Learning and education is thus fundamental in the fight against avoidable blindness and the full participation of people who are blind or vision impaired in the community.

Goal 5: Achieve gender equality and empower all women and girls

Target 5.1

Target 5.1	End all forms of discrimination against all women and girls everywhere
Indicator 33	Primary completion rates for girls and boys
Indicator 43	Secondary completion rates for girls and boys
Indicator 35	Percentage of seats held by women and minorities in national parliament and/or sub-national elected office according to their respective share of the population (modified MDG Indicator)
Indicator 5.1	Gender gap in wages, by sector of economic activity

Gender and eye health

Gender is one of the most significant groupings of social structure and remains a fundamental determinant of health. Vision loss undermines gender equity as women account for approximately 64 per cent of all blind people globally,[57] and in some countries, women and girls are only half as likely as men to be able to access eye care services. In addition to the obvious social and development reasons for tackling inequality, actively broadening the benefits of economic growth to include women and girls can work to increase the pace of economic progress in developing countries. Vision 2020 Australia believes it is important to recognise that the links between gender equality and blindness can contribute significantly to upholding the rights of women and girls and ensuring their full participation and independence in public and private life.

Women are disproportionately affected by vision loss, often because of gendered access barriers to services.

- Two out of every three people in the world who are blind are women

- Women tend to be last in line for medical care in the developing world

- Women and girls who are blind are doubly disadvantaged – by their gender and their disability.

Available evidence suggests that women in developing countries face greater barriers in accessing eye care due to cultural, geographical, gender role and cost-related factors. [58] More so, women with disability are at far greater risk of social exclusion and abuse and are affected by 'double discrimination' on the basis of their disability and gender and have even reduced access to health care, education and employment.[59] At the root of the problem is the fact that women of all ages are more frequently exposed to causative factors such as infectious diseases and malnutrition. Women are more at risk of developing cataract, trachoma, and other eye health problems regardless of age.[60] In the developing world, they are also much less likely than men to use eye health and vision care services. For example, population-based surveys from five

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[57] Abou-Gareeb I, Lewallen S, Bassett K, Courtright P, *Gender and blindness: A meta-analysis of population-based prevalence surveys*, Ophthalmic Epidemiology, 2001; 8:39-56.
[58] Sightsavers, *Women and Blindness*, World Sight Day Fact Sheet, 2009
[59] The World Bank, *Gender and Disability Article 3 & 6, 2009*, available at: http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTSOCIALPROTECTION/EXTDISABILITY/0,,contentMDK:20193528~menuPK:418895~pagePK:148956~piPK:216618~theSitePK:282699,00.html
[60] Courtright, P. and Lewallen, S, *Improving gender equality in eye care: advocating for the needs of women*, *Community Eye Health Journal*, 2007, Vol. 20

Asian and African countries show that women account for between 53 per cent and 72 per cent respectively of all people living with cataract. In addition, women were not receiving surgery at the same rate as men, with women much less likely to have cataract surgery as men with cataract.[61]

The Australian context

In Australia women with disabilities constitute as many as 20 per cent of the female population. A woman with a disability living in Australia is likely to face particular disadvantage when compared with men living with a disability. Such patterns of disadvantage are often associated with differences in the social structures of women and men. For example, according to research conducted by WWDA, in 1996 51 per cent of women with a disability earned less than $200 per week compared to 36 per cent of men with a disability.[62] For women with disabilities structural inequality is enhanced by gender inequality, resulting in higher rates of institutionalisation, poverty and less education.[63] Further, women with disabilities living in Australia are much less likely to seek medical attention, increasing their chances of developing avoidable and preventable diseases.[64] In Australia women with disabilities are less likely to receive service support when compared with disabled men, inhibiting their ability to participate fully in society.[65]

Vision 2020 Australia believes that empowering people who are blind or vision impaired or who have a disability to have access to education, health and support services will ensure that they are able to participate fully and independently within society.

Target 5.5

Target 5.5	Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life
Indicator 43	Percentage of seats held by women and minorities in national parliament and/or sub-national elected office according to their respective share of the population (modified MDG Indicator)
Indicator 5.1	Gender gap in wages, by sector of economic activity
Indicator 5.3	Percentage of women without incomes of their own

Equal opportunities for women and girls

The lack of strong female role models in local and national governments across the world is connected with social norms that exist to dictate a woman's role, effectively reducing their chances of leadership and their chance at increased economic opportunity. Women with disabilities are frequently denied equal access to the labour market. The United Nations reports that less than 25 per cent of women with disabilities globally are in paid employment, though the majority contribute significantly to their families and communities, this goes unrecognised. Women's participation, leadership and voice will not increase at the same rate as economic

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[61] WHO, *Gender and Blindness*, 2002 http://www.who.int/gender/other_health/en/genderblind.pdf.
[62] Howe. K, *Lack of Data Means Lack of Action: A clinical examination of access to Health Services for women with disabilities*, Women With Disabilities Australia Presentation to the HREOC Forum: Access to Health Services for People with Disabilities, 28 May 2004.
[63] Frohmader. C, *Assessing the situation of women with disabilities in Australia : a human rights approach*, A Policy Paper by Women With Disabilities Australia (WWDA), June 2011.
[64] Howe. K, *Lack of Data Means Lack of Action: A clinical examination of access to Health Services for women with disabilities*, Women With Disabilities Australia Presentation to the HREOC Forum: Access to Health Services for People with Disabilities, 28 May 2004.
[65] Frohmader. C, *Assessing the situation of women with disabilities in Australia : a human rights approach*, A Policy Paper by Women With Disabilities Australia (WWDA), June 2011.

development, but economic participation is a necessary precondition for increased levels of female leadership and voice.[66]

The promotion of gender equality has had widespread implications for the economic and social development of individuals, communities, nations and the world, eliminating avoidable blindness and vision impairment will play a positive contribution in terms of striving to achieve Sustainable Development *Goal 5: Achieve gender equality and empower all women and girls*.

Eye health and vision care programs are an effective means of reducing the gender gap by increasing economic opportunity through providing access to health services and education, and therefore the voice of women in society. Eye health and vision care programs of the Vision 2020 Australia Global Consortium actively seek to provide equal access to services to both men and women, and encourage women to take up leadership and training positions. With attainment of the right to sight through access to eye care services, women and girls have increased access to education and better health outcomes and can contribute more to their communities economically, socially and culturally, leading to their meaningful empowerment.

For more information on the importance of employment for women and girls please refer to Goal 8, Target 8.5.

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[66] Frohmader. C, *Assessing the situation of women with disabilities in Australia : a human rights approach*, A Policy Paper by Women With Disabilities Australia (WWDA), June 2011.

Goal 6: Ensure availability and sustainable management of water and sanitation for all

Target 6.1 and 6.2

Target 6.1	By 2030, achieve universal and equitable access to safe and affordable drinking water for all.
Target 6.2	By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations
Indicator 45	Percentage of population using safely managed water services, by urban/rural (modified MDG Indicator)
Indicator 6.2	Percentage of population with basic hand washing facilities with soap and water at home
indicator 6.3	Proportion of the population connected to collective sewers or with on-site storage of all domestic wastewaters
Indicator 6.4	Percentage of pupils enrolled in primary schools and secondary schools providing basic drinking water, adequate sanitation, and adequate hygiene services.
indicator 6.5	Percentage of beneficiaries using hospitals, health centers and clinics providing basic drinking water, adequate sanitation, and adequate hygiene

Sanitation, water and eye health

As has been previously discussed, there exist direct links between vision impairment and lack of access to basic needs such as health services, good nutrition, safe housing and clean water and sanitation.[67] Across the world, extreme poverty gives rise to vision impairment and blindness through various causes, including a lack of access to adequate nutrition, healthcare and access to clean water and sanitation.

Access to adequate and equitable sanitation, water and hygiene for all is integral to eliminating avoidable vision loss and ensuring the full participation of people who are blind or vision impaired in the community; particularly for women and girls and those in vulnerable situations. Neglected tropical diseases such as trachoma disproportionately affect populations both globally and within Australia where inadequate personal hygiene, insufficient housing and sanitation, crowded living conditions, and poor water supply are prevalent. We also know that rates of trachoma are known to be higher in women than men.

Further information on trachoma and the impact of other neglected tropical diseases such as Onchocerciasis can be found under Goal 1, Target 1.2 and Goal 3, Target 3.3.

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[67] Gooding. K, *Poverty and Blindness: A survey of the literature,* Sight Savers International, 2006.

Goal 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

Target 8.5

Target 8.5	By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value
Indicator 5.1	Gender gap in wages, by sector of economic activity

Meaningful employment

Work is the cornerstone of social inclusion. It generates wages, less reliance on welfare, dignity, a sense of purpose and productivity. Vision 2020 Australia supports the Blind Citizens Australia (BCA) position that the underemployment of people who are blind or vision impaired is representative of a number of barriers to employment that still exist for people with a disability in Australia.[68] BCA asserts that the majority of people who are blind or vision impaired are not out of work through choice and are proactive in their job-seeking efforts and that it is the responsibility of employers to ensure that people who are blind or vision impaired are considered equally throughout the recruitment process.

There are a number of barriers known to have contributed to the inability to find long term, well paid and meaningful employment for people who are blind or vision impaired. These include:[69]

- pre-conceived ideas about what people who are blind or vision impaired can and can't do

- the effort and perceived cost of hiring a person with disability

- accessibility of the worksite and processes

- inaccessible recruitment processes

- positions descriptions which indirectly discriminate

- the specialist knowledge of Disability Employment Services (DES) staff to promote the capacity of qualified jobseekers who are blind or vision impaired

- people losing their sight while employed

- access to work experience

- community barriers which compromise access to employment.

BCA have identified a strategy for moving towards improving employment outcomes and workplace equality for people who are blind or vision impaired. The four elements of this strategy are:[70]

1. building the capacity of people with disability as viable employees

2. supporting federal, state and territory governments to lead by example

3. showcasing the best of the best and how they are doing it

4. a solid marketing campaign which outlines the facts

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[68]Blind Citizens Australia Submission: *A New System for Better Employment and Social Outcomes*, August 2014.
[69] Blind Citizens Australia: *Blind Citizens Australia Policy Paper Employment: the cornerstone of social inclusion for people who are blind or vision impaired,* Melbourne, 2013.
[70] Ibid

Vision 2020 Australia considers it integral to meeting Australia's national and international obligations to invest in a new approach to address the long standing inequity for people who are blind or vision impaired and who are seeking work.

Access to employment in Australia

Australia is one part of a global economy – a country which must compete against other markets where labour is offered at a much lower rate of pay. This does not mean that Australia should devalue its workforce but it does mean that the Australian workforce needs to be competitive and provide high quality outcomes in order for Australia to remain a viable, flourishing country.

The employment of people with disability, and of people who are blind or vision impaired, needs to be demonstrated to employers as a venture which is profitable – both in terms of time invested and money – not just as 'the right thing to do' or to give a person with disability a 'fair go.' This requires a significant shift in how the employment of people with disability is marketed to businesses across Australia. Greater awareness and advocacy is required to reduce the attitudinal barriers of employers. Further, workplaces need to be made inclusive with access to appropriate levels of supports, training and education for people with disability and of people who are blind or vision impaired. The NDIS has the potential to transform the landscape of the Australian workforce, improving opportunities of people with disability to engage in meaningful employment. There is also an opportunity here for Australia to lead the way and provide an example to the rest of the world which highlights the important economic and social contribution that can be made by people with a disability.

More information on the NDIS is available at Goal 3, Target 3.8.

Access to employment in developing countries

Development programs that build eye health and vision care capacity can reduce the burden of avoidable blindness and vision impairment, which empowers people who regain their sight to have greater access to employment opportunities.

Beyond the eye health and vision care sector, aid and development programs that address barriers to economic opportunity for disadvantaged people can benefit people with blindness or vision impairment. By adopting and promoting inclusive policy and practice around issues such as gender and disability, development programs seek to address sociocultural barriers to inclusiveness and can provide education, support and resources for governments, non-government organisations and the private sector to increase opportunities to employ people experiencing disadvantage.

Women and girls

Social and cultural barriers can mean women, even more so women from ethnic minorities, particular castes, and women with a disability, such as blindness or low vision, can have limited legal rights, lack of opportunities for education and training, productive employment and limited access to productive resources such as land and credit.[71] A woman or a girl living with a disability is less likely to be employed than a man with disability, and less likely to be employed than a woman without a disability. Globally 53 per cent of men with a disability and 20 percent of women with a disability are in employment, compared with 65 per cent for men and 30 per cent for women without a disability.[72] Lack of accessibility due to non-inclusive infrastructure, transport and education is compounded by community and employer perceptions that women with disability are unable to work and contribute to society. This then has economic consequences for the individual, their family and community.[73]

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[71] AusAID, *Sustainable economic development – Private sector development*, 2012

[72] World Health Organisation (WHO), *World Report on Disability*, Cited in World Health Organization & World Bank, Malta, 2011, pp. 237.

[73] Walton. O, *Economic Benefits of Disability-Inclusive Development (GSDRC Helpdesk Research Report)*, Governance and Social Development Resource Centre, University of Birmingham, Birmingham, UK, 2012.

Barriers to women's economic opportunities vary, but can include: gender inequity in household decision making; prioritisation of formal and vocational education for males over females; lack of ownership over money, including money earned by women; and lack of support for local business.

Aboriginal and Torres Strait Islander people

The value of Indigenous sight: An economic analysis, a report recently released by Indigenous Eye Health, University of Melbourne in collaboration with PricewaterhouseCoopers (PwC),[74] compares the economic impacts of continuing the current provision of eye care services and programs to the additional economic impacts that would be generated by implementing in full the recommendations outlined in the *Roadmap to Close the Gap for Vision* (the Roadmap). The purpose of the report is to help to understand and quantify the case for government investment in the Roadmap.

In 2015-16 the Australian, state and territory governments will spend approximately $40 million on continuing existing programs focussed on Indigenous eye care, made up of: capped and uncapped costs to provide services; coordination, governance and evaluation costs; and funding for trachoma elimination and health promotion programs.

The additional strategies and activities set out in the Roadmap require another $24 million in funding to enhance eye care through: further regional and national collaboration and coordination; improving care pathways and patient support; and enhancing data collection and monitoring, accountability and oversight.

The report states that over the next ten years, current eye care services and programs will generate an estimated total of $278 million in economic benefits, but they will cost the Australian, state and territory governments $308 million to provide. Further, investment in the Roadmap's recommendations in addition to current eye care will cost an additional $227 million over ten years, but will generate further economic benefits of $578 million.

Currently, for every $1 spent on eye care the return to the Australian economy is $0.90. The implementation of the recommendations set out in the Roadmap is intended to address the challenges and barriers to effective and efficient eye care service provision and so is anticipated to provide a return on government investment of $2.50 for every additional $1 spent.

Overall, the elimination of unnecessary vision loss for Indigenous Australians will generate an estimated return of $1.60 for every $1 of funding for eye care. The implementation of the Roadmap can be achieved for a net fiscal cost to governments of $167 million over ten years. The ensuing elimination of unnecessary vision loss for Indigenous Australians has the potential to generate close to $900 million in economic benefits for Australia over a ten year period from 2015 to 2024, and a net benefit of $321 million.

The years of productive life lost due to disability (YLD) approach is a method developed by the World Health Organisation to measure the impact of disability and disease. One YLD represents the equivalent of one year of full health and productive life lost due to disability,

The total number of YLDs averted by closing the gap for Indigenous eye health and eliminating unnecessary blindness is estimated to be between 1,700 and 7,300 years of life free of disability for the Indigenous community (depending on the calculation method used).

Vision 2020 Australia notes the significant economic impact of both ensuring that people who are blind or vision impaired are receiving appropriate support to undertake gainful employment; and promoting equal access to eye health and vision care services for at-risk populations.

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[74] The University of Melbourne and PricewaterhouseCoopers, *The value of Indigenous sight: An economic analysis*, July 2015.

Goal 10: Reduce inequality within and among countries

Target 10.2, 10.3 and 10.4

Target 10.2	By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status
Target 10.3	Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard
Target 10.4	Adopt policies, especially fiscal, wage and social protection policies, and progressively achieve greater equality
Indicator 43	Percentage of seats held by women and minorities in national parliament and/or sub-national elected office according to their respective share of the population (modified MDG Indicator)
Indicator 5.1	Gender gap in wages, by sector of economic activity

Inequality

One in five of the world's poorest people live with a disability and are often excluded from communities, public health services and development programs. As outlined earlier in this document, this exclusion increases their vulnerability to poverty and creates a vicious cycle of poverty and disability.[75]

Further, equal access to appropriate and effective primary health services, specialised and surgical services, as well as blindness and low vision support services can empower people who are blind, vision impaired or at risk of an eye health condition; enabling them to better participate in the social, economic and political fabric of society on a number of levels.

Goal 10 provides a number of opportunities for Vision 2020 Australia to address the economic benefits of effective eye health and vision care; and independence and participation of people who are blind and vision impaired for the Australian and international governments.

Further information on the link between poverty and disability can be found under Goal 1, Target 1.2.

Further information on equal access to services and social, economic and political inclusion for Aboriginal and Torres Strait Islander people can be found under Goal 3, Target 3.8 and Goal 8, Target 8.5.

Further information on social, economic and political inclusion for women and girls can be found under Goal 5, Target 5.5 and Goal 8, Target 8.5.

Further information on equal opportunity, including by eliminating discriminatory practices can be found at Goal 16, target 16.3, 16.8 and 16.10.

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[75] CBM, *Introducing: Disability Inclusion in Eye Health Programs*, 2013

Goal 11: Make cities and human settlements inclusive, safe, resilient and sustainable

Target 11.1

Target 11.1	By 2030, ensure access for all to adequate, safe and affordable housing and basic services and upgrade slums
Indicator 26	[Consultations with a licensed provider in a health facility or the community per person, per year] – to be developed
Indicator 45	Percentage of population using safely managed water services, by urban/rural (modified MDG Indicator)
Indicator 46	Percentage of population using basic sanitation services, by urban/rural (modified MDG Indicator)
Indicator 66	Percentage of urban population living in slums or informal settlements (MDG Indicator)

Access to eye health care in Australia

Vision 2020 Australia has long advocated that 75 per cent of blindness and vision loss in Australia is preventable or treatable if detected early enough. Additionally, many eye conditions are chronic by nature, including refractive error, cataract, macular degeneration, glaucoma and diabetic retinopathy and therefore require ongoing care and coordination to ensure that vision loss is not incurred unnecessarily. It is Vision 2020 Australia's position that effective eye health care should include access to eye care services within primary care, ongoing specialist eye care once diagnosed and requiring treatment and equal access to blindness and low vision services to ensure that people with unavoidable vision loss are empowered to participate within the community.

Further, the eye health and vision care sector acknowledges the higher burden of eye health conditions in at risk population groups, including Aboriginal and Torres Strait Islander people, people from lower socioeconomic backgrounds, older Australians and Australians living in rural and remote areas. It should further be noted that the 2008 *National Indigenous Eye Health Survey* advocates that 94 per cent of vision loss in Aboriginal and Torres Strait Islander people is preventable or treatable.[76]

Eye care coordination through jurisdictional fundholders

Vision 2020 Australia believes that coordination is essential to improve access to eye care, provide better links and improve the delivery of services. Jurisdictional eye care systems coordination would provide a platform in each state and territory to look at needs and gaps. From this the various arms of primary, secondary and tertiary care can be integrated, the specific regional population needs can be identified, future resources defined and systems improvements implemented. The *Close the Gap in Aboriginal and Torres Strait Islander Eye Health and Vision Care: Sector Funding Proposal,* developed by Vision 2020 Australia and representatives from the Aboriginal and Torres Strait Islander Committee, recommends that each state and territory be tasked with this high level systems coordination function, hosted through the state and NT fundholders that will administer both the Rural Health Outreach Fund (RHOF) and the Visiting Optometrists Scheme (VOS). It is noteworthy that these jurisdictional fundholders are also responsible for the Commonwealth's Aboriginal and Torres Strait Islander chronic disease funds through the Medical Outreach - Indigenous Chronic Disease Programme

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[76] Taylor HR, National Indigenous Eye Health Survey Team, National Indigenous Eye Health Survey: Minum Barreng (Tracking Eyes), Melbourne: Indigenous Eye Health Unit, The University of Melbourne, 2009.

(MOICDP), and can therefore further support eye care particularly around people with diabetes.[77]

In order to be most effective, any coordination will need to work collaboratively with all regional stakeholders including PHNs, Local Hospital Networks/Districts, Aboriginal Community Controlled Health Organisation (ACCHO) state and territory affiliates, Aboriginal Health Services, GPs, allied health providers and relevant regional eye health stakeholders.

Primary Health Networks

Primary Health Networks (PHNs) are also an integral resource that can be utilised to co-ordinate service delivery, encompassing early detection, treatment and management of eye disease, particularly for rural and remote areas. PHNs should work with local and regional stakeholders to develop and refine clear referral pathways, including for eye health; and to ensure that services are provided equally and in a culturally appropriate way. Additionally, PHNs should be tasked with undertaking activities to better engage with at risk, low socioeconomic, disadvantaged, rural and remote groups to ensure that these populations are receiving appropriate health literacy education and access to care.

Australian eye health workforce

The current structure of the Australian health care system means that eye health workforce availability fluctuates regionally rather than being centrally coordinated to account for need across the country. Often some areas are oversupplied with eye health professionals, whereas some regional areas have trouble keeping or attracting eye health professionals. For example, the Victorian Eye and Ear Hospital has difficulty attracting ophthalmologists due to inability to compete with the remuneration available through private practice. This has an impact on eye health across the country and in a recent submission to *House of Representatives Standing Committee on Health Inquiry into Chronic Disease Prevention and Management into Primary Health Care*, Vision 2020 Australia encouraged state and territory governments to consider the implementation or expansion of flexible arrangements such as those at the Victorian Eye and Ear Hospital, where eye health professionals are supported to work part time in private practice or to be involved in research projects.

Access to eye health care in developing countries

The East Asia Vision Program 2013-2016 (EAVP) is delivered by the Vision 2020 Australia Global Consortium, and is a key component of the Australian Government funded Avoidable Blindness Initiative (ABI). The $7.6 million East Asia Vision Program 2013 – 2015 (EAVP) builds on the work completed by the Vision 2020 Australia Global Consortium during phase one of the ABI.

The EAVP aims to reduce avoidable blindness and low vision amongst the poor, the vulnerable, and people with disabilities in East Asia. The EAVP seeks to build the capacity and commitment of partner governments (Cambodia, Timor-Leste and Vietnam) to provide integrated, equitable and sustainable eye health care. The four components of the EAVP are: governance, policy and coordination; workforce development; service delivery; and data and research.

The EAVP design focused on workforce development as the most effective initial step supporting integration of eye health into the health system and scale up of quality service provision. Workforce development activities under the EAVP are tailored to the local context in each country, but can be summarised as broadly including: capacity development for all streams of the workforce; and development of contextually relevant and accredited training and accessible outreach across key areas, with a view to holistic capacity development and skill building. By providing support for outreach services and strengthening capacity at the community level, the EAVP aims to mitigate the geographical barriers to service access that are faced by people in remote and regional settings. There are also financial barriers to travelling to services: research

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[77] Vision 2020 Australia, *Close the Gap in Aboriginal and Torres Strait Islander Eye Health and Vision Care: Sector Funding Proposal,* April 2015.

in PNG and Fiji[78] has found that even those people living within an hour of eye clinics are often unable to afford the bus fare or the time to travel to such a clinic. Those living further away, and those living on islands without eye clinics, have almost no access to eye care.

The EAVP is scheduled to end program delivery in February 2016. An independent consultant will be preparing a final evaluation that will focus on the workforce development approach of the consortium with a view to developing best practice recommendations that go beyond the life of the EAVP to inform sustainable approaches that have relevance for other countries in developing sustainable eye health and vision care systems. The evaluation will also assess the impact made by the Global Consortium model.

Target 11.2

Target 11.2	By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons
Indicator 67	Percentage of people within 0.5km of public transit running at least every 20 minutes

Access to transport

The Vision 2020 Australia Independence and Participation Committee is focussed on improving the ability of Australians who are blind or vision impaired to participate in the community. According to the 2009 report *Clear Focus: The Economic Impact of Vision Loss in Australia,* almost 575,000 Australians over 40 have vision loss, representing 5.8 per cent of the population in that age group. Of these people around 66,500 were blind.[79]

The total annual economic cost of vision loss in Australia was estimated to be $16.6 billion in 2009 or $28,905 per person with vision loss aged over 40. However through better understanding of the social and economic benefits of delivering services and supports, people who are blind or vision impaired in Australia will be better able to participate in the community and live independently.[80]

While access to public transport has not to date been a key advocacy platform for Vision 2020 Australia, a number of our members have been active in this space, ensuring that the accessibility needs of people who are blind or vision impaired are catered for in Australia's public transport systems.

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[78] Garap, J.N., et al, *Blindness and vision impairment in the elderly of Papua New Guinea,* Clinical and Experimental Ophthalmology, 2006, 34(4), p. 335-341.

[79] Vision 2020 Australia by Access Economics Pty Limited, *Clear Focus: The Economic Impact of Vision Loss in Australia in 2009,* June 2010.

[80] ibid

Target 11.7

Target 11.7	By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities

Access to public spaces

People who are blind or vision impaired are continually faced with issues relating to access to the public environment, including access to health services. Public spaces are often designed without taking into consideration the needs of people who are blind or vision impaired.[81] This effectively shuts them out of participating in any activities that may take place in these spaces, including employment, education and other activities in the economic, social and political sphere.

Vision 2020 Australia continues to advocate on behalf of our members in the blindness and low vision services sector to ensure that people who are blind or vision impaired are appropriately acknowledged in any discussion regarding access to public spaces. Additionally, Vision 2020 Australia works to ensure that the voices of our members and individuals within the community who are blind or vision impaired are heard in relation to access to services and supports to empower them to be independent and participate within the community.

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[81] Blind Citizens Australia (BCA), *Access to services for people who are blind or vision impaired,* available at
http://wordpress.bca.org.au/polocy/

Goal 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

Target 16.3

Target 16.3	Promote the rule of law at the national and international levels and ensure equal access to justice for all

Access to justice for people with disability

In writing *Equal Before the Law: Towards Disability Justice Strategies* for the Australian Human Rights Commission (AHRC), Graeme Innes, the Disability Discrimination Commissioner at the time, commented that 'equality before the law is a basic tenet of human rights…but equality is not always available for Australians with disabilities in the criminal justice system.'[82] The 2014 report also notes that 'access to justice in the criminal justice system for people with disabilities who need communication supports or who have complex and multiple support needs is a significant problem in every jurisdiction in Australia.'[83]

The AHRC identified five barriers to equal access faced by people with disabilities and their carers:

1. Community support, programs and assistance to prevent violence and disadvantage and address a range of health and social risk factors may not be available to some people with disabilities.

2. People with disabilities do not receive the support, adjustments or aids they need to access protections, to begin or defend criminal matters, or to participate in criminal justice processes.

3. Negative attitudes and assumptions about people with disabilities often result in people with disabilities being viewed as unreliable, not credible or not capable of giving evidence, making legal decisions or participating in legal proceedings.

4. Specialist support, accommodation and programs may not be provided to people with disabilities when they are considered unable to understand or respond to criminal charges made against them ('unfit to plead').

5. Support, adjustments and aids may not be provided to prisoners with disabilities so that they can meet basic human needs and participate in prison life.

As a result of the consultation conducted by the AHRC into this issue, it was recommended that each jurisdiction in Australia should develop a holistic, overarching response to these issues through a Disability Justice Strategy.

Vision 2020 Australia notes that many of these barriers are indicative of attitudes held more broadly than just within the justice system; and which go to the heart of the issue of empowerment.

Empowerment is further discussed in relation to a number of topics under Goal 1, Target 1.2; Goal 5, Target 5.5 and Goal 8, Target 8.5.

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[82] Australian Human Rights Commission, *Equal Before the Law: Towards Disability Justice Strategies,* Sydney New South Wales, February 2014.
[83] Ibid

Target 16.6

Target 16.6	Develop effective, accountable and transparent institutions at all levels

Effective, accountable and transparent eye health institutions

The World Health Organisation's *Towards Universal Eye Health: A Regional Action Plan* for the Western Pacific (2014–2019) envisions a region in which no one is needlessly vision impaired, those with unavoidable vision loss can achieve their full potential and comprehensive eye care services are available to all. The endorsement of the Regional Action Plan by member states represents great progress in recognising the importance of addressing eye health and vision care in the region and the important and influential role of multilateral organisations in development.

The action plan recommends a number of strategic actions for member states to take in developing effective, accountable and transparent eye health institutions. These include:

- develop or update monitoring systems of national and subnational policies, plans and programmes for eye health, low-vision and rehabilitation

- establish or maintain coordination mechanisms

- develop and strengthen appropriate integration of primary eye care within the primary health system

- promote, develop and enhance effective and coordinated partnerships for eye health

- Support a sustainable eye health workforce with standardised training and career development at all levels including community health workers, mid-level eye care personnel and low vision service providers[84]

East Asia Vision Program

The EAVP design (**see section 11.1**) is in line with the WHO Regional Action Plan to work towards universal eye health in its strong focus on building in-country governance structures and workforce capacity to ensure that scale up and improvement continues beyond the life of the program.[85]

In line with this framework, the core objectives of the EAVP (**see section 11.1**) are:

Component	Objective
Governance, policy and coordination	Improved capacity of national and sub-national level health agencies to provide strategic and policy guidance, coordination and integration of eye health and vision care services.
Workforce development	Increased quality and capacity of training institutions to provide qualified eye care workers.
Service delivery	Improved standards and policy framework for delivery of quality of eye health and vision care services through national health systems.
Data and research	Improved capacity to identify data needs, undertake surveys, collect and analyse data.

The desired outcome of the EAVP is to improve capacity of the eye health program to scale up delivery of eye health and vision care services through the broader health system.

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[84] World Health Organisation (WHO) Western Pacific Region, *Towards Universal Eye Health: A Regional Action Plan for the Western Pacific (2014-2019),* Geneva, Switzerland, 2014, available at:http://www.iapb.org/sites/iapb.org/files/Towards_Universal_Eye_Health%20Western%20Pacific_0.pdf
[85] Ibid

Workforce development is discussed under section 11.1.

The effective leadership and governance of a health system is arguably the most complex but critical building block of any health system. Any approach to leadership and governance must be contingent on national circumstances and should call for collaboration and coalition building, regulation, accountability and oversight functions. The Global Consortium aligns EAVP program work with national government eye health and general health plans; and collaborates with and supports national level Prevention of Blindness Committees (PBLs) that bring together government and non-government stakeholders for coordinating the national policy and programs to improve eye health and vision care.

The improved data and research capacity fostered through the EAVP means a higher level of accountability due to more available data. Data can also inform needs assessments and service planning, which in turn means more effective services. Securing more investment in health system strengthening will largely depend on being able to demonstrate progress through data collection and transparent evaluation techniques. Robust monitoring and evaluation frameworks will thus be essential to maintaining and developing effective and accountable health systems at all levels.[86]

For additional information on how the Global Consortiums EAVP has contributed to eye health workforce development please refer to Goal 11, Target 11.1.

National eye health coordination

In the *Close the Gap in Aboriginal and Torres Strait Islander: Sector Funding Proposal* developed by Vision 2020 Australia and representatives of the Aboriginal and Torres Strait Islander eye health and vision care sector, health-system strengthening through regional implementation of the Roadmap, a national oversight funding and ongoing service coordination are identified as imperative to closing the gap in eye health and vision care outcomes between Aboriginal and Torres Strait Islander people and non-Indigenous Australians.

It is acknowledged by the sector that PHNs, regional fundholders, and Aboriginal Community Controlled Health Organisations (ACCHOs) offer great potential to support development in many of these areas at a regional and local level. Further, an existing platform to host the high level eye care systems coordination is the state and territory fundholders that are being transitioned to administer both the RHOF and the VOS from 1 July 2015.

The sector identified that high level regional coordination of eye health and vision care delivery would better integrate and strengthen local systems, fostering stakeholder collaboration and leading strategic dialogue, identifying gaps and assessing levels of service need, advocating for required system improvements and undertaking monitoring and evaluation to feed into a national oversight function. Essential to ensuring success in the coordination of eye care services, especially referrals to specialist and hospital services, will be the establishment, monitoring and reporting against specific eye health Key Performance Indicators (KPIs) in each region or jurisdiction. Targeted KPIs will drive the systemic coordination of the health system in relation to Aboriginal and Torres Strait Islander eye health and vision care. It is well understood that in order for coordination to be successful, collaboration between all regional stakeholders including PHNs, the Local Hospital Network/District, ACCHO State/Territory affiliates, Aboriginal Health Services and relevant regional eye health stakeholders is critical.

Further, in the October 2013 *Eye Health and Vision Care Sector Response* to the Government's *Sector Consultation Report*, Vision 2020 Australia noted the need to establish national oversight. Guided by the Roadmap, it was recommended that an oversight function be established by the Commonwealth Government, incorporating existing national advisory committees and other stakeholders, including jurisdictions. The oversight function would report to the Australian Health Ministers' Advisory Council (AHMAC) and provide oversight to ensure continuity and

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[86] Ibid

accountability through setting priorities, monitoring progress, and evaluating program implementation and effectiveness. Input and advice from the sector will be integral to ensuring that the oversight function is effective. Stakeholder expertise should be drawn on as required to provide expert, technical and policy advice, for example, existing mechanisms such as the Vision 2020 Australia Aboriginal and Torres Strait Islander Committee.

In a win for the sector, the Australian Government announced in September 2015 that funding of $6.63m has been allocated for Aboriginal and Torres Strait Islander eye health and vision care:

- $4.61 million over the period 2015-16 to 2018-19 ($200,000 annually per jurisdiction) to the fundholders for RHOF, VOS and Medical Outreach, Indigenous Chronic Disease Programme (MOICDP) for coordination of Aboriginal and Torres Strait Islander eye health;

- $420,000 over the period 2015-16 to 2017-18 for development of an annual report on Aboriginal and Torres Strait Islander eye health, to assist with national oversight; and

- $1.6 million (GST Exclusive) over the period 2015-16 and 2016-17 for the Indigenous Eye Health Unit (IEHU), University of Melbourne, to undertake trachoma health promotion.

Following this announcement, the sector will come together in October 2015 to shape the next steps for Aboriginal and Torres Strait Islander eye health and vision care in Australia and determine the sector's advice to be provided to the Australian Government.

Target 16.8

Target 16.8	Broaden and strengthen the participation of developing countries in the institutions of global governance

Global governance

As mentioned at Target 16.6, the Vision 2020 Australia Global Consortium continues to strengthen participation of EAVP countries in global governance processes. The Vision 2020 Australia Global Committee used the WHO Western Pacific Regional Action Plan to inform the development of the Vision 2020 Australia Regional Strategy. The alignment of the Vision 2020 Australia Regional Strategy with the regional and global strategies delineated by WHO ensures consistency in reporting against identified global targets and best practice approaches.

Vision 2020 Australia considers that multilateral, regional and non-government organisations and civil society play an important role in contributing expertise, funding and resources to development in Asia and the Pacific. The most effective and efficient way of developing eye health and vision care systems and workforce capacity in the region is a coordinated approach using the local knowledge, international experience, resources and networks of these stakeholders.

The Global Consortium provides support for improving data collection systems and for research in EAVP countries. The objective is to improve capacity to identify data needs, undertake surveys, and collect and analyse data. By strengthening in-country data collection and management systems and developing workforce capacity to gather and assess data, service delivery can be targeted to areas of identified need and accountability can be strengthened. Improved data also improves the ability of EAVP countries to report against the indicators of the Global and Regional Action Plans.

Target 16.10

Target 16.10	Ensure public access to information and protect fundamental freedoms, in accordance with national legislation and international agreements
Indicator 93	Existence and implementation of a national law and/or constitutional guarantee on the right to information

Marrakesh Treaty

Vision 2020 Australia has argued for Australia's ratification of the Marrakesh Treaty. The expectation of the Marrakesh Treaty is to create a set of mandatory limitations and exceptions to ensure that people who are blind, vision impaired and otherwise print disabled are granted equal access to publications and print material. Thus, there is both an inherent humanitarian and social development dimension at play.

If sanctioned the Marrakesh Treaty will deliver exponentially greater access to books and other materials through the elimination of existing barriers to the international sharing of materials in formats that people who are blind or vision impaired can read. Ratification of the Marrakesh Treaty is paramount to safeguarding the human rights of people who are blind or vision impaired and people with a print disability.

Vision 2020 Australia therefore contends that ratification of the Treaty is an important step in meeting Australia's obligations under Article 30 of the UN Convention on the Rights of Persons with Disabilities. Article 30 requires States Parties to ensure that persons with disabilities can participate in cultural life, which includes ensuring that laws protecting intellectual property rights do not constitute an unreasonable or discriminatory barrier to access by persons with disabilities to cultural materials.

Audio description

Members of the eye health and vision care sector, with the support of Vision 2020 Australia, have long advocated for equal access to the digital economy. Audio description is a visual description, which narrates and describes what is happening in a television program. The Australian Government recently announced the commencement of an audio description trial on its online iview service from April 2015. While this is a positive step forward, it is imperative that audio description is made available across the full spectrum of television programs for all Australians who are blind or vision impaired.

Vision 2020 Australia supports Vision Australia's submission to the Australian Government to amend the Broadcasting Services Act 1992 to set mandatory audio description targets across all channels. Further, Vision 2020 Australia contends that the availability of audio description in Australia will The availability of audio description in Australia will help ensure that people who Australia will help ensure that people who are blind or vision impaired are given equal access to information and are able to maintain a high quality of life, independence and participation within the community.

Goal 17: Strengthen the means of implementation and revitalize the global partnership for sustainable development

Target 17.2

Target 17.2	Developed countries to implement fully their official development assistance commitments, including to provide 0.7 per cent of gross national income in official development assistance to developing countries, of which 0.15 to 0.20 per cent should be provided to least developed countries
Indicator 96	Existence and implementation of a national law and/or constitutional guarantee on the right to information
Indicator 17.10	Percent of official development assistance (ODA), net private grants, and official climate finance channelled through priority pooled multilateral financing mechanisms

The international target for official development assistance

As mentioned previously, Vision 2020 Australia supports the international target of 0.7 per cent of gross national income (GNI) to be allocated by developed governments to ODA.[87] As part of advocacy towards this goal Vision 2020 Australia joined the Campaign for Australian Aid, which seeks to increase public understanding and support for the importance of Australian aid, and to inspire a new movement to advocate for bi-partisan support for increased Australian Aid.

The Australian Government's intended decrease of ODA to 0.22 per cent of gross national income (GNI) represents an ODA contribution of only 31 per cent of the internationally agreed target.

Vision 2020 Australia Global Consortium

In 2008, drawing upon a plan developed by Vision 2020 Australia and member agencies, Australia committed $45 million to an Avoidable Blindness Initiative (ABI) in Asia and the Pacific. In 2011, a further commitment of $21.3 million over four years for the next phase of the ABI in East Asia was made, and in the May 2013 Federal Budget a further $39 million over four years was committed to tackle avoidable blindness in Asia and the Pacific (although this funding has not been allocated and it is uncertain whether it ever will be).

The Global Consortium is currently made up of seven Australian eye health and vision care NGOs and has been implementing programs since 2010.

Through the Global Consortium:

- over one million people have been screened or examined for eye health conditions
- over 445,000 people have received eye health care treatment
- over 21,500 training activities have been delivered
- over 75 eye care facilities have been constructed or renovated.

In 2015 Vision 2020 Australia submitted a proposal to the Australian Government for funding to be allocated to continue the work of the Global Consortium. Australia is well placed to help eliminate avoidable blindness and vision impairment and provide inclusive development for those whose vision impairment is untreatable, and the benefits of tackling these issues would flow to Australia from the region. The Australian Government took the decision not to support

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[87] Organisation for Economic Cooperation and Development, *The 0.7% ODA/GNI target – a history,* 2015, available at: http://www.oecd.org/dac/stats/the07odagnitarget-ahistory.htm

the funding proposal, and this means the cessation of effective Global Consortium programs that have made significant improvements to eye health in developing countries in the Indo-Pacific region.

Eye health and vision care alignment with Australian Government priorities

Eye health and vision care work in the Indo-Pacific region is well aligned with the Department of Foreign Affairs and Trade (DFAT) priorities identified in the *Health for Development Strategy* and the *Development for All strategy*. Both strategies call for private sector partnerships, and eye health and vision care provide opportunities for private sector partnerships through research, innovation and enterprises, and results are tangible and simple to measure.

There are clear links between poverty and blindness; preventing avoidable blindness means eliminating a known driver of poverty. Australian Government investment in reducing avoidable blindness and vision loss will facilitate the economic growth and poverty reduction that is an important aspect of the Australian aid strategy.

The Australian Government health and disability-inclusive development strategies have a strong focus on empowering women and girls. As mentioned throughout, blindness is a gender issue, particularly in developing countries where women and girls carry a greater burden of vision impairment, have less access to eye care services, and may need to care for vision impaired relatives and thereby miss out on vital opportunities such as income and education.

The Development for All strategy identifies the need the enhance participation and empowerment and improve equality for people with disabilities in all areas of public life. People living with long term vision impairment can effectively be supported with counselling and referrals to low vision services, inclusive education and employment services, Community Based Rehabilitation and Disabled Persons Organisations.

Target 17.9

Target 17.9	Enhance international support for implementing effective and targeted capacity-building in developing countries to support national plans to implement all the sustainable development goals, including through North-South, South-South and triangular cooperation

Coordination with the World Health Organisation and the International Agency for the Prevention of Blindness

The Vision 2020 Australia Regional Strategy sets the direction of the sector's work to 2019. This strategy is aligned with the *WHO Global Action Plan for Eye Health*, sharing its principles of universal access and equity, human rights, life course approach, evidence based practice and empowerment of people with blindness and vision impairment. Aligning the strategy with the *Global Action Plan* maximises effectiveness and collaboration between Vision 2020 Australia and the IAPB.

The WHO Global Action Plan calls for international partnerships that 'support building strong and sustainable health systems' and one of its objectives encourages 'development and implementation of integrated national eye health policies, plans and programmes in line with WHO's framework for action for strengthening health systems to improve health outcomes.'[88] The EAVP design has priortised integration of eye health and vision care services into the countries' health systems.[89]

The International Agency for the Prevention of Blindness (IAPB) also receives support through the Global Consortium. IAPB delivers workshops throughout the region to enhance communication,

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[88] World Health Organisation (WHO), Universal Eye Health: A global action plan 2014 – 2019, 2013, available at: http://www.who.int/blindness/actionplan/en/
[89] Ibid

encourage good data collection and oversee implementation of National Eye Health Plans. A key focus of the IAPB's work is to support and build capacity at a local level to strengthen advocacy and coordination in-country.

Target 17.15

Target 17.15	Respect each country's policy space and leadership to establish and implement policies for poverty eradication and sustainable development

Governance, policy and coordination support through the EAVP

One of the four key components of the EAVP is governance, policy and coordination, with the objective of improving capacity of national and sub-national level health agencies to provide strategic and policy guidance, coordination and integration of eye health and vision care services (**see section 16.6**).

In EAVP Year Two as part of the implementation of the WHO-IAPB work plan, Consortium members collaborated with IAPB to support the development of a roadmap for the next plan for eye health in Cambodia and the drafting of the new eye health plan for Vietnam. EAVP representatives also took part in IAPB's Policy Priorities Workshops in Hanoi (in July 2014) and Phnom Penh (in January 2015), which focused predominantly on domestic resource mobilisation and policy gaps in the national context.

Target 17.16

Target 17.16	Enhance the global partnership for sustainable development, complemented by multi stakeholder partnerships that mobilize and share knowledge, expertise, technology and financial resources, to support the achievement of the sustainable development goals in all countries, in particular developing countries
Indicator 96	Existence and implementation of a national law and/or constitutional guarantee on the right to information
Indicator 17.10	Percent of official development assistance (ODA), net private grants, and official climate finance channelled through priority pooled multilateral financing mechanisms

A unique partnership approach: the Global Consortium

With the support of the Australian Government's Avoidable Blindness Initiative, the Vision 2020 Australia Global Consortium works with governments across the region and has become a leading example of the improved sustainable health outcomes that can be achieved through effective partnerships.

The Global Consortium exemplifies a unique partnership approach that enhances collaboration, understanding and skill sharing and removes duplication to ensure that efforts are cost effective and efficient. One of the key strengths in the Consortium approach used for EAVP is that activities can be targeted towards strengthening several levels of a countries' health system. This is a capability that would not be possible for a single agency to achieve, and under the Consortium, can be implemented in such a way as to maximise each agency's comparative advantage and ensure activities are coordinated and complementary.

The implementation of the SDGs represents an opportunity to fundamentally transform the ways in which civil society organisations work, not only across sectoral divides but with both government and the private sector. The SDGs are an opportunity for Vision 2020 Australia to work collectively and mobilise new and unexpected partnerships. As the peak body for eye health and vision care, it will be essential for Vision 2020 Australia to work collaboratively, building coalitions to make progress towards achieving our shared agenda.

Target 17.18 and Target 17.19

Target 17.18	By 2020, enhance capacity-building support to developing countries, including for least developed countries and small island developing States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts
Target 17.19	By 2030, build on existing initiatives to develop measurements of progress on sustainable development that complement gross domestic product, and support statistical capacity-building in developing countries

Building research capacity

As part of the EAVP design, the Program works to improve the research capacity of eye health personnel so that there can be an increase in robust data collected on eye conditions and eye health services to better inform clinical guidelines and planning and policy decisions. Research workshops held in Cambodia and Vietnam in 2014 taught aspects of conducting research study including study design, data collection and analysis plans and writing scientific papers. After these workshops, seven research proposals were selected for funding and implementation, and researchers were paired with mentors. There are also operational research projects done by consortium members as part of the EAVP.

Building data gathering and analysis capacity and systems

The EAVP design recognises that having capacity to collect and analyse data related to the utilisation and quality of eye health and vision care services is a key enabler to the effective scale up of eye care and an important component in strengthening the planning and management of a health system. EAVP agencies work in partnership with in-country partners to undertake or support research and information system development and data collection.

Recent work of Vision 2020 Australia member organisations pertaining to targets 17.18 and 17.19 includes baseline prevalence surveys for trachoma, a Rapid Assessment of Avoidable Blindness (RAAB) in Vietnam and an Eye Health Systems Assessment in 2013.

The International Agency plays a coordinating for in-country and regional advocacy and acts as a network for making evidence accessible. IAPB has a website on the Western-Pacific Region and also has a repository of RAAB data.

Appendix A: Overview of Vision 2020 Australia and the Sustainable Development Goals

Overview

The following table maps Vision 2020 Australia's strategic pillars against the SDGs, targets and available indicators relevant to the eye health and vision care sector. This will be a useful tool in planning and framing Vision 2020 Australia's advocacy work, both globally and nationally over the next 15 years.

Goals	Targets	Indicators	Alignment with Vision 2020 Australia's strategic pillars
Goal 1: End Poverty and all its forms everywhere	Target 1.2: By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions	Indicator 2: Proportion of population living below national poverty line, differentiated by urban/rural (modified MDG Indicator) Indicator 3: Multidimensional Poverty Index Indictor 1.1: Poverty gap ratio (MDG Indicator)	• Prevention and early intervention • Aboriginal and Torres Strait Islander people • Independence and participation • Global advocacy
Goal 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture	2.2 by 2030 end all forms of malnutrition, including achieving by 2025 the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women, and older persons	10. Prevalence of stunting and wasting in children under 5 years of Age 2.1. Percentage of population with shortfalls of: iron, zinc, iodine, vitamin A, folate, vitamin B12 [and vitamin D] 2.2. Proportion of infants 6-23 months of age who receive a minimum acceptable diet	• Prevention and early intervention • Global advocacy
Goal 3: Ensure healthy lives and promote well-being for all at all ages	3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	Percentage of births attended by skilled health personnel (MDG Indicator)	• Prevention and early intervention • Global advocacy

Goals	Targets	Indicators	Alignment with Vision 2020 Australia's strategic pillars
	Target 3.3: By 2030, end the epidemic of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	Indicator 26: Consultations with a licensed provider in a health facility or in the community per person, per year Indicator 27: Percentage of population without effective financial protection or health care, per year- to be developed Indicator 3.15: Neglected Tropical Disease (NTD) cure rate	• Prevention and early intervention • Aboriginal and Torres Strait Islander people • Global advocacy
	Target 3.4: By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being	Indicator 3.27: Age-standardized (to world population age distribution) prevalence of diabetes (preferably based on HbA1c), hypertension, cardiovascular disease, and chronic respiratory disease. Indicator 26: Consultations with a licensed provider in a health facility or in the community per person, per year Indicator 3.21: Waiting time for elective surgery	• Prevention and early intervention • Aboriginal and Torres Strait Islander people • Global advocacy
	Target 3.6: by 2030 halve global deaths from road traffic accidents	TBA	• Independence and Participation
	Target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	Indicator 27: Percentage of population without effective financial protection or health care, per year – to be developed Indicator 3.30: Percentage of population with access to affordable essential drugs and commodities on a sustainable basis Indicator 3.33: Ratio of health professionals to population (MDs, nurse midwives, nurses, community health workers, EmOC caregivers) Indicator 26: Consultations with a licensed provider in a health facility or in the community per person, per year Indicator 3.21: Waiting time for elective surgery	• Prevention and early intervention • Aboriginal and Torres Strait Islander people • Independence and participation • Global advocacy

Goals	Targets	Indicators	Alignment with Vision 2020 Australia's strategic pillars
Goal 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all	Target 4.5: By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations	Indicator 33: Primary completion rates for girls and boys Indicator 35: Secondary completion rates for girls and boys Indicator 4.11: Presence of legal frameworks that guarantee the right to education for all children for early childhood and basic education, and that guarantee a minimum age of entry to employment not below the years of basic education	• Aboriginal and Torres Strait Islander people • Independence and participation • Global advocacy
Goal 5: Achieve gender equality and empower all women and girls	Target 5.1: End all forms of discrimination against all women and girls everywhere	Indicator 33: Primary completion rates for girls and boys Indicator 35: Secondary completion rates for girls and boys Indicator 43: Percentage of seats held by women and minorities in national parliament and/or sub-national elected office according to their respective share of the population (modified MDG Indicator) Indicator 5.1: Gender gap in wages, by sector of economic activity	• Prevention and early intervention • Aboriginal and Torres Strait Islander people • Independence and participation • Global advocacy
	Target 5.5: Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life	Indicator 43: Percentage of seats held by women and minorities in national parliament and/or sub-national elected office according to their respective share of the population (modified MDG Indicator) Indicator 5.1: Gender gap in wages, by sector of economic activity Indicator 5.3: Percentage of women without incomes of their own	• Independence and participation • Global advocacy

Goals	Targets	Indicators	Alignment with Vision 2020 Australia's strategic pillars
Goal 6: Ensure availability and sustainable management of water and sanitation for all	Target 6.1: by 2030, achieve universal and equitable access to safe and affordable drinking water for all Target 6.2: By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations	Indicator 45: Percentage of population using safely managed water services, by urban/rural (modified MDG Indicator) Indicator 6.2: Percentage of population with basic hand washing facilities with soap and water at home indicator 6.3: Proportion of the population connected to collective sewers or with on-site storage of all domestic wastewaters Indicator 6.4: Percentage of pupils enrolled in primary schools and secondary schools providing basic drinking water, adequate sanitation, and adequate hygiene services. indicator 6.5: Percentage of beneficiaries using hospitals, health centers and clinics providing basic drinking water, adequate sanitation, and adequate hygiene	• Prevention and early intervention • Aboriginal and Torres Strait Islander people • Global advocacy
Goal 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all	Target 8.5: By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value	Indicator 5.1: Gender gap in wages, by sector of economic activity	• Independence and participation • Global advocacy

Eye health, vision care and the Sustainable Development Goals

Goals	Targets	Indicators	Alignment with Vision 2020 Australia's strategic pillars
Goal 10: Reduce inequality within and among countries	Target 10.2: By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status Target 10.3: Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard Target 10.4: Adopt policies, especially fiscal, wage and social protection policies, and progressively achieve greater equality	Indicator 43: Percentage of seats held by women and minorities in national parliament and/or sub-national elected office according to their respective share of the population (modified MDG Indicator) Indicator 5.1: Gender gap in wages, by sector of economic activity	• Independence and participation • Global advocacy
Goal 11: Make cities and human settlements inclusive, safe, resilient and sustainable	Target 11.1: By 2030, ensure access for all to adequate, safe and affordable housing and basic services and upgrade slums	Indicator 26: [Consultations with a licensed provider in a health facility or the community per person, per year] – to be developed Indicator 45: Percentage of population using safely managed water services, by urban/rural (modified MDG Indicator) Indicator 46: Percentage of population using basic sanitation services, by urban/rural (modified MDG Indicator) Indicator 66: Percentage of urban population living in slums or informal settlements (MDG Indicator)	• Prevention and early intervention • Aboriginal and Torres Strait Islander people • Independence and participation • Global advocacy
	Target 11.2: By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons	Indicator 67: Percentage of people within 0.5km of public transit running at least every 20 minutes	• Independence and participation • Global advocacy

Goals	Targets	Indicators	Alignment with Vision 2020 Australia's strategic pillars
	Target 11.7: By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities	TBA	• Independence and participation • Global advocacy
Goal 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels	Target 16.3: Promote the rule of law at the national and international levels and ensure equal access to justice for all	TBA	• Aboriginal and Torres Strait Islander people • Independence and participation • Global advocacy
	Target 16.6: Develop effective, accountable and transparent institutions at all levels	TBA	• Aboriginal and Torres Strait Islander people • Independence and participation • Global advocacy
	Target 16.8: Broaden and strengthen the participation of developing countries in the institutions of global governance		• Global advocacy
	Target 16.10: Ensure public access to information and protect fundamental freedoms, in accordance with national legislation and international agreements	Indicator 93: Existence and implementation of a national law and/or constitutional guarantee on the right to information	• Independence and participation • Global advocacy
Goal 17: Strengthen the means of implementation and revitalize the global partnership for sustainable development	Target 17.2: Developed countries to implement fully their official development assistance commitments, including to provide 0.7 per cent of gross national income in official development assistance to developing countries, of which 0.15 to 0.20 per cent should be provided to least developed countries	Indicator 96 : Existence and implementation of a national law and/or constitutional guarantee on the right to information Indicator 17.10: Percent of official development assistance (ODA), net private grants, and official climate finance channelled through priority pooled multilateral financing mechanisms	• Global advocacy

Eye health, vision care and the Sustainable Development Goals

Goals	Targets	Indicators	Alignment with Vision 2020 Australia's strategic pillars
	Target 17.9: Enhance international support for implementing effective and targeted capacity-building in developing countries to support national plans to implement all the sustainable development goals, including through North-South, South-South and triangular cooperation	TBA	• Global advocacy
	Target 17.15: Respect each country's policy space and leadership to establish and implement policies for poverty eradication and sustainable development	TBA	• Prevention and early intervention • Aboriginal and Torres Strait Islander people • Independence and participation • Global advocacy
	Target 17.16: Enhance the global partnership for sustainable development, complemented by multi stakeholder partnerships that mobilize and share knowledge, expertise, technology and financial resources, to support the achievement of the sustainable development goals in all countries, in particular developing countries	Indicator 96: Existence and implementation of a national law and/or constitutional guarantee on the right to information Indicator 17.10: Percent of official development assistance (ODA), net private grants, and official climate finance channelled through priority pooled multilateral financing mechanisms	• Prevention and early intervention • Aboriginal and Torres Strait Islander people • Independence and participation • Global advocacy
	Target 17.18: By 2020, enhance capacity-building support to developing countries, including for least developed countries and small island developing States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts	TBA	• Aboriginal and Torres Strait Islander people • Independence and participation • Global advocacy

Goals	Targets	Indicators	Alignment with Vision 2020 Australia's strategic pillars
	Target 17.19: By 2030, build on existing initiatives to develop measurements of progress on sustainable development that complement gross domestic product, and support statistical capacity-building in developing countries	TBA	• Prevention and early intervention • Aboriginal and Torres Strait Islander people • Independence and participation • Global advocacy

Key

TBA (to be announced): In June 2015, the Inter-agency and Expert Group on SDG indicators (IAEG-SDGs) convened to begin work on developing an all-inclusive SDG indicator framework. The indicators are expected to be finalised in March 2016. This reference document will be updated throughout life of the SDGs to incorporate developments as they unfold.