



Global Eye Health

Australia's vision for the future in our region
Policy and funding proposal, 2013

Global Eye Health: Australia's vision for the future

Policy and funding proposal 2013

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Executive Summary: Commitment to eye health

Blindness and vision impairment is a major public health problem.

Globally, the World Health Organisation estimates that 232.5 million people are blind or vision impaired,¹ an unacceptable figure given that 80 per cent of all blindness and vision impairment is preventable or treatable.

In the lead up to the Federal election in September 2013, Vision 2020 Australia, with its 14 members involved in global eye care initiatives, are calling on the Australian Government and the Coalition to continue their bipartisan support for eye health and rehabilitation and make a pre-election funding commitment of **\$167.8 million over the next five years (to 2019) in Asia and the Pacific to increase efforts to eliminate avoidable blindness and increase the participation of people with permanent blindness or vision loss.**

Research has shown that interventions to improve eye health in developing countries are among the most cost effective public health programs available,² and return \$4 for every \$1 invested³. Reducing blindness and vision impairment also 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 Millennium Development Goals (MDGs).

What is exciting is that through interventions, a difference is being made 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 2010.⁴

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 because:

- 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.

¹ World Health Organisation, *the Global Burden of Disease Study 2010*, 2012.

² Marseille E, 'Cost effectiveness of cataract surgery in Nepal', *Bulletin of the World Health Organisation*, 74 (1996), 319-324

³ Price WaterhouseCoopers, *Investing in Vision - Comparing the costs and benefits of eliminating avoidable blindness and vision impairment*, 2013 pg 4.

⁴ Gretchen A Stevens, Richard A White, Seth R Flaxman, Holly Price, Jost B. Jonas, Jill Keeffe, Janet Leasher, Kovin Naidoo, Konrad Pesudovs, Serge Resnikoff, Hugh Taylor, Rupert R A Bourne, *Global Prevalence of Vision Impairment and Blindness: Magnitude and Temporal Trends, 1990-2010*, (yet to be published) pg 5.

Key recommendations summary

Principal Recommendation	
<p>Vision 2020 Australia is calling on the Australian Government for a five-year funding commitment for the Pacific (\$45.3 million) and countries in Asia (\$122.5 million) to increase efforts to eliminate avoidable blindness and increase the participation of people with permanent blindness or vision loss.</p>	
Recommendations - Multisectoral engagement	2014-19
<p>Recommendation 1: Eliminate trachoma in the region. <i>(\$5.9 million for the Pacific, \$2.6 million for Asia).</i></p>	\$8.5 million
<p>Recommendation 2: Validate the use of retinal image analysis for detection of diabetic retinopathy in the region. <i>(\$2 million for the Pacific, \$3 million for Asia).</i></p>	\$5 million
<p>Recommendation 3: To continue to develop child eye health screening programs to be integrated into school health programs in the region. <i>(\$5 million for the Pacific, \$12 million for Asia).</i></p>	\$17 million
<p>Recommendation 4: To gain a 20 per cent increase in the participation of people with permanent blindness or vision loss in all aspects of life. <i>(\$9.5 million for the Pacific, \$18.5 million for Asia).</i></p>	\$28 million
Recommendations - Integration and planning	2014-19
<p>Recommendation 5: For countries across Asia and the Pacific to develop national eye health and vision care plans <i>(\$800,000 for the Pacific and \$800,000 for Asia).</i></p>	\$1.6 million
<p>Recommendation 6: To continue developing a comprehensive eye health workforce for prioritised countries throughout the region <i>(\$20 million for the Pacific, \$80 million for Asia).</i></p>	\$100 million
Recommendations - Policy and data	2014-19
<p>Recommendation 7: <i>Advocate</i> for a tripartite (Member States, World Health Organisation, International Agency for the Prevention of Blindness) monitoring group to oversee the implementation and impact of the WHO Global Action Plan.</p>	<i>Nil</i>
<p>Recommendation 8: <i>Support</i> a declaration on the elimination of avoidable blindness at CHOGM by 2015.</p>	<i>Nil</i>
<p>Recommendation 9: Strengthen health information system to develop an evidence base in the region. <i>(\$2.1 million for the Pacific, \$5.6 million for Asia).</i></p>	\$7.7 million

The Facts

- Around **232.5 million** people have a vision impairment, 33.5 million of whom are blind.⁵
- For many people in the developing world, **blindness or vision impairment means decreased life expectancy and a life of poverty.**
- It is estimated that in the developing world 80 per cent of all blindness and vision impairment is avoidable or treatable, meaning **186 million people are needlessly blind or vision impaired.**
- Research has shown that **interventions to improve eye health in developing countries are among the most cost effective public health programs available,**⁶ and return \$4 for every \$1 invested.⁷
- 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.
- **Australia is well placed to help eliminate avoidable blindness and vision impairment and provide inclusive development for those whose vision impairment is untreatable.** The benefits of tackling these issues will make improvements that will benefit Australia, our region, and the world.
- Some two-thirds of the world's poor—approximately 800 million people—live in Asia and the Pacific, yet they receive less than one third of global aid. **Through providing aid, Australia's economic and security interests are better protected because we are helping to build stronger communities, stronger economies and more stable governments within our region.**
- **Women account for approximately 64 per cent of all blind people globally,**⁸ and in some countries, women and girls are only half as likely as men to be able to access eye care services.
- 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. **This exclusion increases their vulnerability to poverty and creates a vicious cycle of poverty and disability.**⁹
- **Some 90 per cent of people who are blind or vision impaired live in developing countries,** two thirds of which live in Asia and the Pacific - approximately 190 million people.

⁵ World Health Organisation, *the Global Burden of Disease Study 2010*, 2012.

⁶ Marseille E, 'Cost effectiveness of cataract surgery in Nepal', *Bulletin of the World Health Organisation*, 74 (1996), 319-324.

⁷ Price WaterhouseCoopers, *Investing in Vision - Comparing the costs and benefits of eliminating avoidable blindness and vision impairment*, 2013 pg 4.

⁸ 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.

⁹ CBM, *Introducing: Disability Inclusion in Eye Health Programs*, 2013.

Recommendations

Vision 2020 Australia is seeking a total commitment of \$167.8 million over the next five years (to 2019) in Asia and the Pacific (\$45.3m in the Pacific and \$121.6m in Asia) to increase efforts to eliminate avoidable blindness and increase the participation of people with permanent blindness or vision loss.

While much more funding will be needed, up to an additional \$2.30 per capita per year over ten years across the region, this contribution would make an important initial investment in selected countries.

Multisectoral engagement

In moving to a more integrated approach, increasing multisectoral engagement and continuing to build effective partnerships for improved eye health and rehabilitation is a key pillar of the Vision 2020 Australia Regional Strategy (see pg 12). As part of this broader approach key areas have been identified as a focus over the coming five years, including: **elimination of trachoma; diabetic screening; child eye health; and disability inclusion.**

Recommendation 1: Elimination of trachoma

Globally, trachoma is the leading infectious cause of blindness. According to the WHO, the disease accounts for 3 per cent of all blindness and is found mostly in very poor communities. Trachoma is associated with access to water, hygiene and face washing.

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

Addressing trachoma alone is not going to lead to the elimination of the eye disease. The WHO recommends implementation of the SAFE Strategy (Surgery, Antibiotics, Facial cleanliness, and Environmental changes) to manage trachoma. This 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.

Unless more coordinated efforts and resources are geared toward addressing the challenges of trachoma facing Asia and the Pacific, the aim of global elimination of trachoma by the year 2020 may not be realised.

While some funding has been committed or pledged by donors such as DFID and USAID, it is estimated that \$8.5 million is needed to eliminate trachoma in the Pacific, South-East Asia and Papua New Guinea.

Funding for this could be prioritised from the Federal Budget allocation of \$279 million in Financial Year 2013-14 for the WASH programming across the Asia-Pacific and Africa.

Recommendation 1

Vision 2020 Australia recommends funding of \$8.5 million to eliminate trachoma.

(\$5.9 million for the Pacific, \$2.6 million for Asia).

Recommendation 2: Diabetic Screening

In 2011, over 366 million people had diabetes globally; by 2030, this is expected to rise to 525 million people. Every person with diabetes is at risk of developing diabetic retinopathy which is the most common complication of diabetes and a growing global cause of vision loss. Diabetic retinopathy will affect the poorest of the poor, with 80 per cent of all people with diabetes living in low and middle-income countries. The prevalence of diabetes has increased and the age of onset has decreased, due to urbanisation and other factors, resulting in a public health crisis. If this crisis is not effectively addressed, millions of people will needlessly lose their vision.

Programs are proposed to validate the use of retinal image analysis as an adjunct to teleretinal surveillance for the detection of diabetic retinopathy. This method will provide an increase in health care value with respect to improved risk analysis and management of diabetes and cardiovascular disease. Incorporation of this early detection method within the overarching disease management system application will provide data that demonstrates the program is both clinically effective and cost effective.

Collaboration with the non-communicable disease (NCD) agenda will be important along with working with other partners such as Diabetes Alliance.

Recommendation 2

Vision 2020 Australia recommends funding of \$5 million to validate the use of retinal image analysis for diabetic retinopathy in the region.

(\$2 million for the Pacific, \$3 million for Asia).

Recommendation 3: Child Eye Health

There are approximately 19 million children who are vision impaired worldwide.¹⁰ In developing countries, approximately 500,000 children become blind each year.

It is estimated that at least one-third of the world's 72 million children who are not in school have a disability, including those with vision impairment.¹¹ Vision impairment in childhood affects all aspects of a child's life - including the child's social, emotional, and physical development¹² and impacts on his or her quality of life and that of the family.¹³ These wide-ranging consequences determine the individual's health, wellbeing, and social opportunities throughout life.

By linking in with education systems, including school health programs, school screening will vastly improve paediatric eye care services across the region. Providing access to eye health services to children when they are young allows for eye health and vision care interventions to be most successful. Interventions will include: screenings, provision of spectacles, establishing referral pathways for further treatment (which includes spectacles, surgery, low vision and rehabilitation services) and/or surgery, and the training of teachers and nurses on how to screen

¹⁰ Pascolini D, Mariotti SP, *Global estimates of visual impairment*, 2010, *Br J Ophthalmol* 2012; 96(5):614-8.

¹¹ Secretary General's Report on CRC, United Nations Secretary General's Report on the Status on the Rights of the Child (2011) UN Doc A/66/230.

¹² Dale N, Salt AT. Early support developmental journal for children with visual impairment: the case for a new developmental framework for early intervention. *Child Care Health Dev.* 2007;33(6):684-690.

¹³ Chak M, Rahi JS, British Congenital Cataract Interest Group. The health-related quality of life of children with congenital cataract: findings of the British Congenital Cataract Study. *Br J Ophthalmol.* 2007;91(7):922-926.

referral pathways for further treatment (which includes spectacles, surgery, low vision and rehabilitation services) and/or surgery, and the training of teachers and nurses on how to screen for eye conditions and to provide community health education. Programs will also seek to identify and reach children that are not in school.

Collaboration with the education ministries and other school screening programs will be needed.

Recommendation 3

\$17 million to continue to develop child eye health screening to be integrated into school health programs in the region.

(\$5 million for the Pacific, \$12 million for Asia).

Recommendation 4: Disability Inclusion

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. This exclusion increases their vulnerability to poverty and creates a vicious cycle of poverty and disability. To end this cycle, all eye health and vision care programs must be equipped to include people with untreatable eye conditions.¹⁴

Inclusive-designed aid and development efforts ensure that people with untreatable eye conditions can access opportunities in education, rehabilitation, livelihoods and social inclusion.

In order to effectively reach the poorest of the poor, all efforts must be made to include people with permanent vision loss who are often excluded from community and mainstream programs. This can be achieved through the establishment of referral pathways, training, infrastructure development to ensure accessibility, awareness raising, and the collection of disability data.¹⁵

Funding is sought to gain a 20 per cent increase in the participation of people with permanent blindness or vision loss in all aspects of life through the development of low vision services and comprehensive community-based rehabilitation including access to eye care and other health services, inclusive education and vocational training and development. This will also go towards infrastructure for disability inclusive access, and training for eye health staff in inclusive approaches for people with disabilities.

Collaboration with disability ministries, local disability persons' organisations, and community rehabilitation programs will be needed.

Recommendation 4

\$28 million to gain a 20 per cent increase in the participation of people with permanent blindness or vision loss in all aspects of life.

(\$9.5 million for the Pacific, \$18.5 million for Asia).

¹⁴ CBM, *Introducing: Disability Inclusion in Eye Health Programs*, 2013.

¹⁵ *Ibid.*

Integration and planning

Recommendation 5: National eye health plans

Eye health and vision care cannot be an add-on and sit outside any nation's programs. It must be integrated across a range of policy areas including health, education, and disability. While not all eye health and vision care plans have been integrated into government systems as yet, a number of nations across Asia and the Pacific have been identified as not having plans at all.

Vision 2020 Australia seeks support for these countries to develop national eye health and vision care plans so the process of integration with government systems can begin.

Recommendation 5

\$1.6 million for countries across Asia and the Pacific to develop national eye health and vision care plans.

(\$800,000 for the Pacific and \$800,000 for Asia).

Recommendation 6: Workforce development, education and training

Sufficient human resources, with the appropriate skill sets, are critical to the delivery of effective eye care. In Asia and the Pacific there is a huge shortage of personnel coupled with an imbalance in the skill set, which is having tremendous implications for the health and wellbeing of millions of people in this region.

The issues are complex and vary throughout the region; however two key issues are the general lack of infrastructure to provide training and the lack of quality training or skill set. Where countries do have adequate human resources the issue lies in the 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.

Funding is sought to implement a strategy aimed at eliminating gaps in human resources through a twofold approach within prioritised countries:

- through partnerships with local stakeholders to facilitate the essential resources (financial, technical and managerial);
- building the capacity of in country-based eye care institutions so they may produce sufficient eye care human resources and support certifying institutions that can ensure the quality of training.

This would result in scaled up educational programs to produce more eye doctors, eye care nurses, optometrists, refractionists and primary eye care workers which are in urgent need. It would ensure that adequate skill sets and competence levels are maintained through continuing education.

The poorest people will only gain access to comprehensive eye care and rehabilitation services when personnel at all levels understand their role in diagnosing, treating and referring people with eye conditions. It is particularly essential that the eye health workforce framework seeks to re-engage primary health care workers in all countries.

Recommendation 6

\$100 million to continue developing a comprehensive eye health workforce for prioritised countries throughout the region.

(\$20 million for the Pacific, \$80 million for Asia).

Policy and data

Recommendation 7 & 8: International policy and leadership

In economically uncertain times, where other countries are no doubt considering their investments in the region, it is strategically important for Australia to continue to provide highly visible leadership as evidenced by its current position on the WHA Executive Board and as a proposing member for the WHA resolutions. Support by Australia for the Global Action Plan is testament to this international leadership role.

To continue its support of the Global Action Plan, Vision 2020 Australia requests that Australia advocates for a tripartite (Member States, WHO, IAPB) monitoring group to oversee the implementation and impact of the Global Action Plan.

Vision 2020 Australia also calls on Australia to exercise its leadership in eye health and vision care at CHOGM to support a declaration on the elimination of avoidable blindness at the meeting in 2015.

This will further enhance the important work being done through the Queen Elizabeth Diamond Jubilee Trust which is raising funds for avoidable blindness programs in the areas of trachoma, glaucoma and diabetic retinopathy across impoverished Commonwealth countries.

Recommendation 7

Advocate for a tripartite (Member States, WHO, IAPB) monitoring group to oversee the implementation and impact of the Global Action Plan.

Recommendation 8

Support a declaration on the elimination of avoidable blindness at CHOGM by 2015.

Recommendation 9: Evidence and data

While the argument for focusing on eye health and vision care at the global level is evident, regional and local evidence and data is needed to continue to build a compelling case for national governments to make policy and financial commitments to eye health and vision care for the benefit of their own citizens and remove or reduce the need for funding from other governments or NGOs.

Funding is sought to contribute to strengthen health information systems to develop an evidence base in the region through conducting epidemiological research (including Rapid Assessment of Avoidable Blindness and Rapid Assessment of Refractive Errors) and qualitative research to better understand community perspectives towards eye health (including Knowledge, Attitude and Practice and Quality of Life studies) in prioritised countries and assessing programs through outcome based research (such as spectacle utilisation and cataract surgery outcomes) as well as establishing on-line regional databases to improve the dissemination of data.

Recommendation 9

\$7.7 million to strengthen health information systems to develop an evidence base in the region (\$2.1 million for the Pacific, \$5.6 million for Asia).

Background

Blindness and vision impairment is a major public health problem.

Globally, the World Health Organisation estimates that 232.5 million people are blind or vision impaired,¹⁶ an unacceptable figure given that 80 per cent of all blindness and vision impairment is preventable or treatable.

Research has shown that interventions to improve eye health in developing countries are among the most cost effective public health programs available,¹⁷ and return \$4 for every \$1 invested.¹⁸ Reducing blindness and vision impairment also 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 MDGs.

What is exciting is that through interventions, a difference is being made 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 2010.¹⁹

Further funding for initiatives to address avoidable blindness and vision impairment in our region will strengthen health systems and health indicators and have an immediate impact on reducing the number of needlessly blind people. Furthermore, eye health and vision care programs can be effectively delivered by linking in with the broader non-communicable diseases, education, water and sanitation and health frameworks, and can effectively incorporate and address cross-cutting issues such as gender. Further funding will also help to support those whose vision cannot be restored by intervention, by providing access and support to wider opportunities in rehabilitation, education, improved livelihood and employment.

Australia's eighteen 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. However, Australia is well placed to help eliminate avoidable blindness and vision impairment and provide inclusive development for those whose vision impairment is untreatable. The benefits of tackling these issues will make improvements that will benefit Australia, our region, and the world.

There are now mechanisms in place for significant progress in the elimination of avoidable blindness to be made. 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 of the poor in our region, it is now, especially because:

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

¹⁶ World Health Organisation, *the Global Burden of Disease Study 2010*, 2012.

¹⁷ Marseille E, 'Cost effectiveness of cataract surgery in Nepal', *Bulletin of the World Health Organisation*, 74 (1996), 319-324.

¹⁸ Price WaterhouseCoopers, *Investing in Vision - Comparing the costs and benefits of eliminating avoidable blindness and vision impairment*, 2013 pg 4.

¹⁹ Gretchen A Stevens, Richard A White, Seth R Flaxman, Holly Price, Jost B. Jonas, Jill Keeffe, Janet Leasher, Kovin Naidoo, Konrad Pesudovs, Serge Resnikoff, Hugh Taylor, Rupert R A Bourne, *Global Prevalence of Vision Impairment and Blindness: Magnitude and Temporal Trends, 1990-2010*, (yet to be published) pg 5.

Poverty is being reduced

Globally, the prevalence of vision impairment is five-fold higher in developing countries than in developed countries²⁰ rendering vision impairment a cause and consequence of poverty as there are direct links with education, employment, access to general health and nutrition, housing and water and sanitation.²¹ For example, even minor eye conditions can affect people's ability to work and limit children's access to education. Furthermore, people in developing countries who live with a disability are likely to have lower standards of housing conditions and less access to water and sanitation, making them more susceptible to communicable eye diseases such as trachoma. Additionally, restricted access to adequate nutrition and general health can leave people susceptible to non-communicable eye diseases such as diabetic retinopathy.

However, eye health and vision care programs are having success on a global scale in reducing the prevalence of blindness and vision impairment and, as a result, are reducing poverty.

Around 65 per cent of people who are vision impaired are over 50 years of age. As populations continue to age it would be expected that there should be a relative increase in the number of people with vision impairment. New statistics demonstrate that the global prevalence of blindness from all causes, not just avoidable blindness, in those over 50 years of age, from 3 per cent in 1990 to 1.9 per cent in 2010.²²

This shows that programs being delivered, for instance by the Global Consortium, are having a significant impact not only at the local level but on key global indicators, reducing poverty.

Preventing people from becoming blind or vision impaired and treating those with treatable eye conditions effectively works to lift people out of poverty as it allows for improved access to education, empowerment and employment, and therefore better access to general health services, nutrition, housing, water and sanitation.

Programs are now also more effectively addressing the needs of people with untreatable vision impairment. Through providing people who are blind or vision impaired increased access to opportunities in rehabilitation, education and livelihood prospects, this can increase life expectancy and quality of life.

Eye health can target the poor and most vulnerable

By addressing eye health and vision care, the poorest and most vulnerable can be targeted and lives can be transformed, particularly for women and girls and people with a disability.

Vision loss undermines gender equity as women account for approximately 64 per cent of all blind people globally.²³ In some areas, women and girls are only half as likely as men to be able to access eye care services. For example, population-based surveys from five 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

²⁰ Resnikoff S, Pascolini D, Etyaale D, Kocur I, Pararajasegaram R, 'Global Data on Vision Impairment for the Year 2002', *Bulletin of the World Health Organisation* 82 (2004), 844-851.

²¹ Gooding K, *Poverty and Blindness: A survey of the literature*, Sight Savers International 2006.

²² Gretchen A Stevens, Richard A White, Seth R Flaxman, Holly Price, Jost B. Jonas, Jill Keeffe, Janet Leasher, Kavin Naidoo, Konrad Pesudovs, Serge Resnikoff, Hugh Taylor, Rupert R A Bourne, *Global Prevalence of Vision Impairment and Blindness: Magnitude and Temporal Trends, 1990-2010*, (yet to be published) pg 5.

²³ 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.

men, with women much less likely to have cataract surgery as men with cataract.²⁴

Trachoma was also found to be more common in women than in men. As women and girls are 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.²⁵ Furthermore, the care of a blind or vision impaired relative often falls to another member within that same family unit, usually a young girl, effectively reducing her possibilities of both education and employment. One in five of the world's poorest people continue to live with a disability and continue to be excluded from communities, public health services and development programs.²⁶ This exclusion further increases their vulnerability to poverty, and creates a vicious cycle of poverty and disability. To end this cycle, all aid and development programs, including eye health and vision care programs, must include people with untreatable eye conditions. In order to effectively reach the poorest of the poor, all efforts must be made to include people with permanent vision loss who are often excluded from community and mainstream programs.

Eye health and vision care programs are designed to include women and girls and people with permanent vision loss to ensure the poorest of the poor are provided with access to eye care and rehabilitation services increasing their participation in all aspects of life.

Economic imperative

The economic report prepared by PricewaterhouseCoopers (PwC), *Investing in Vision*, indicates that an additional \$39 billion is needed globally per year to eliminate avoidable blindness by the year 2020. But less than a quarter of this amount, approximately \$8.4 billion per annum, is required to eliminate avoidable blindness and ensure sustainable eye health services for people who live in Asia and the Pacific.

This further investment represents both the cost of providing additional primary and secondary health services each year as well as the 'capital' investment required to increase the primary and secondary health workforce and infrastructure systems in line with the workforce ratios recommended by VISION 2020.²⁷

In Asia and the Pacific over 38 million people who are blind or have severe vision loss cannot have their sight restored. Funding is also required to ensure these people's active participation in all aspects of life, by improving their access to education, rehabilitation, livelihood and social opportunities. Committing funds to these endeavours will reap significant economic benefits. In developing countries, where the need is greatest, for every \$1 invested there is a \$4 return, not to mention the individual social and community benefits.²⁸

Australia's leading reputation

Australia is internationally recognised for playing a leading role in our region, particularly in PNG and the Pacific. Australian aid is extremely important here as two-thirds of the world's poor—approximately 800 million people—live in Asia and the Pacific, yet they receive less than one

²⁴ WHO, *Gender and Blindness*, 2002 http://www.who.int/gender/other_health/en/genderblind.pdf.

²⁵ Ibid.

²⁶ CBM, *Introducing: Disability Inclusion in Eye Health Programs*, 2013.

²⁷ PwC, *The price of sight: The global cost of eliminating avoidable blindness*, 2013.

²⁸ PwC, *Investing in vision: Comparing the costs and benefits of eliminating avoidable blindness and visual*, 2013.

third of global aid. Additionally, our own economic and security interests are better protected because we are helping to build stronger communities and economies and more stable governments within our region. Because of this, strategic relationships and potential close engagement opportunities for Australia in Asia and the Pacific through effective aid programs can flourish. Eliminating avoidable blindness and vision loss is an effective means of creating stronger economies and communities in the region as evidenced by the PwC report, and is an area where Australia can add value and make a proven return on investment.

Strategy and approach to 2019

WHO Global Action Plan

In January 2010, the Executive Board of the World Health Assembly (WHA) decided that a new action plan the *Universal Access to Eye Health: A Global Action Plan: 2014-19* (Global Action Plan) needed to be developed. Following consultation with Member States and international partners the Global Action Plan was endorsed by the World Health Assembly in May.

The Global Action Plan is an important document for WHO Member States, WHO Secretariat, and international partners (NGOs) to guide and align efforts to end avoidable blindness and address vision impairment, and to help achieve the goals of VISION 2020. Importantly, this Global Action Plan sets as a global target, the reduction in prevalence of avoidable vision impairment by 25 per cent, significantly reducing the global prevalence of avoidable vision impairment by 2019.

WHO regions are starting to develop Regional Action Plans. In May 2013, the WHO Western Pacific Regional Office hosted a consultation workshop in Manila to develop a *Regional Action Plan for the Prevention of Avoidable Blindness and Visual Impairment in the Western Pacific Region*.

Vision 2020 Australia

In Australia, members of Vision 2020 Australia, the peak body for the eye health and vision care sector, have come together to develop a Vision 2020 Australia Regional Strategy (Strategy) to set the direction to 2019.

This Strategy includes ambitious indicators to ensure Australia continues to build on its global leadership and reputation in health and eye health, and have a significant impact for the millions of people in the region who are needlessly blind or vision impaired. This Strategy provides clear evidence for Australian investment in the region to continue to build on strategic partnerships in Asia and the Pacific.

This Strategy aligns with the Global Action Plan, sharing its vision and cross-cutting principles of universal access and equity, human rights, evidence-based practice, life-course approach, empowerment of people with blindness and vision impairment.

Goal

The goal of the Strategy is to reduce avoidable blindness and vision impairment as a global public health problem and secure access to rehabilitation services for people with vision impairment in Asia and the Pacific.

Purpose

The purpose of the Strategy is to mobilise and support the efforts of governments, civil society and private sector organisations to ensure the development of comprehensive eye care and rehabilitation services integrated in strong health and other systems throughout Asia and the Pacific. In terms of engaging with these three key areas: governments, civil society and private sector organisations, the following approach is being taken.

Governments - Australia has a long history supporting the work of governments and local NGOs in the region. Through the Global Consortium, Australian NGOs provide technical expertise, working with partner governments to coordinate approaches. This collaboration enables programs to respond to the needs and context of different countries, particularly seeking alignment with national plans for eye health where they exist.

Vision 2020 Australia recognises that the most significant and sustainable changes can be made from within countries, through policies and funding focussed on eye health and vision care, and where there is integration of eye health and vision care into the broader health plans and programs within Ministries of Health and other related areas such as education.

By working together, governments and NGOs can have a greater and more sustained positive impact for people in the region.

Civil Society Organisations - Vision 2020 Australia and its members continue to work in partnership with a broad range of civil society organisations (CSOs) to strengthen efforts to eliminate avoidable blindness and ultimately reduce poverty in Asia and the Pacific.

Working at the grassroots level, CSOs effectively provide for marginalised communities by giving them a voice, providing expertise and knowledge, testing approaches to poverty reduction that meet the needs of a particular community, people or person, and ensure local communities are involved in projects.

Partnering with CSOs ensures the effectiveness, quality and sustainability of programs and projects. CSOs provide on-the-ground insight and perspective to policy dialogue and stakeholder consultations around eye health and vision care issues.

Engagement with CSOs should be a central focus of all eye care services. Vision 2020 Australia and members have identified the need to partner with a variety of CSOs in all stages of program design and implementation to ensure a horizontal, multisectoral approach is taken to development.

Private Sector Organisations - Vision 2020 Australia and members recognise the growing importance of the private sector's role in development. The private sector is becoming increasingly active in the development sphere, and has the ability to enhance the scope of NGO programs and projects.

Partnerships with the private sector can be complementary, or provide an alternate option, to advocacy and lobbying of government. However, this is dependent on the issue being addressed. Private sector organisations can provide NGOs with greater access to funds which can lead to a higher impact of programs and projects implemented by partnering organisations, and can work in conjunction with NGOs to tackle issues that require action within different sectors.

As a result, a partnership approach to development is more effective and sustainable as it allows for greater cooperation among different actors within a variety of sectors. This opens up further possibilities and allows for better well-rounded perspective and approaches to different issues.

Objectives

A range of indicators have been developed which fall under the three objectives of the Global Action Plan including:

- Multisectoral engagement and effective partnerships for improved eye health and rehabilitation strengthened.
- National eye health policies, plans and programs for eye health integrated into national health systems.
- Evidence generated and used to advocate for increase political and financial commitment of national governments for eye health.

Australian support

Australian NGOs have a long history of tackling blindness and vision impairment in Asia and the Pacific. Coupled with Australia's commitment to eye health and disability inclusion through the overseas aid program, this has provided incredible benefits to people, communities and countries in the region.

Not only is this approach having a profound impact on people's lives, reducing poverty and improving the economic situation in many countries, it has also helped cement Australia's reputational leadership on a global scale in supporting the development of sustainable and disability-inclusive health services, including in eye health and vision care.

Avoidable Blindness Initiative

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. Programs being implemented under the ABI are having a profound impact, both in immediately addressing the causes of blindness and in strengthening the health systems of countries in Australia's region.

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.

About Vision 2020 Australia

Vision 2020 Australia is the peak body for the eye health and vision care sector in Australia.

Members work in partnership and collaboratively with governments, local health services and civil society organisations towards the goal of the elimination of avoidable blindness and improving the quality of life for people who are vision impaired. Partnerships and collaboration provide the opportunity to pool member resources and competencies to deliver better aid outcomes on the ground. Members also work together to harmonise efforts and align with partner government priorities. This ensures local community ownership and creates mutual accountability for strong results. Working in partnership and collaboratively allows for better results for those most in need.

Vision 2020 Australia has a Global Committee which is made up of members who have an interest in or which work directly in international development and is focussed on policy and advocacy activities.

The Vision 2020 Australia Global Consortium is a partnership of eight leading eye health and rehabilitation NGOs.

Over the last three years, through the implementation of ABI programs through the Global Consortium alone, life-changing results have been achieved including:

- over 649,000 people screened for eye health conditions
- over 123,000 eye surgeries have been performed
- over 21,300 people have received spectacles
- over 13,800 individuals have received training
- over 70 eye care facilities have been built or upgraded
- over 370 centres now providing integrated eye health care services.

Vision 2020 Australia global members

- | | |
|--|---|
| • Australian College of Optometry | • Operation Eyesight |
| • Brien Holden Vision Institute* | • Optometrists Association of Australia |
| • CBM Australia* | • The Royal Australian and New Zealand College of Ophthalmologists* |
| • Centre for Eye Research Australia* | • Retina Australia |
| • Foresight Australia* | • Royal Australasian College of Surgeons* |
| • The Fred Hollows Foundation* | • Royal Institute for Deaf and Blind Children* |
| • International Agency for the Prevention of Blindness | • Vision Australia |

*member of Global Consortium

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About Vision 2020 Australia

Established in October 2000, Vision 2020 Australia is part of VISION 2020: The Right to Sight, a global initiative of the World Health Organisation and the International Agency for the Prevention of Blindness.

Vision 2020 Australia is the peak body for the eye health and vision care sector, leading advocacy efforts within Australia and globally, and raising community awareness about eye health and vision care. We provide a collaborative platform for our members—representing over 50 member organisations involved in local and global eye care, health promotion, low vision support, vision rehabilitation, eye research, professional assistance and community support.



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



ACFID Affiliate Member and signatory to the ACFID Code of Conduct

The Australian Council for International Development (ACFID) is the peak Council for Australian not-for-profit aid and development organisations. Vision 2020 is a signatory to the ACFID Code of Conduct, which is a voluntary, self-regulatory sector code of good practice. As a signatory we are committed and fully adhere to the ACFID Code of Conduct, conducting our work with transparency, accountability and integrity. More information about ACFID and the Code can be found at: www.acfid.asn.au