

Investing in vision

Stories of lives changed
through Australian support



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Introduction

I am immensely proud of the global leadership role Australia has played in transforming our response to eye health so that the needs of key populations, including women and children, are adequately reflected.

By coordinating our response, NGOs have made enormous gains through Australian aid—delivering education and training, developing sustainable services, equipping blind and vision impaired people with key life skills and advocating for eye health to be on the agenda of national governments.

Ongoing success will require increased political will, sustained investment and harnessing the expertise and experience of those who can make a difference. But as a wealthy country with demonstrable expertise and knowledge, Australia is in a prime position to continue its leadership role to support countries in the Indo-Pacific region achieve their targets under the Global Action Plan.

“If just the two major causes of vision impairment were considered priorities and control measures were implemented consistently across the world, by providing refractive services and offering cataract surgery to the people in need, we could restore the sight of two thirds of vision impaired people.”



Bob McMullan
President of the International Agency
for the Prevention of Blindness

Around 223.4 million people around the world are blind or vision impaired. Ninety per cent live in developing countries and two-thirds are in our region.

Poverty is both a cause and consequence of blindness. It impacts those who are most vulnerable in society, like women and girls, and further entrenches a cycle of poverty and dependency.

The good news is one of the most cost-effective interventions we can make to people's lives and livelihoods is improving their eye health—it directly impacts on opportunities for employment, gender equality and educational outcomes.

Australia has been a leader in tackling avoidable blindness in the Indo-Pacific region for nearly a decade and has invested more than \$66 million through the Avoidable Blindness Initiative (ABI) which was launched back in 2007.

One of the key outcomes of the ABI was the formation of the Vision 2020 Australia Global Consortium, which has facilitated global engagement in blindness prevention since 2010 through the coordinated efforts of its Australian members.

Since the Vision 2020 Australia Global Consortium's inception, the Australian Government has helped support more than 439,953 treatment services through Global Consortium programs, over 838,922 people have been screened and more than 17,000 training events have been implemented.

These results highlight the importance of leadership and collaboration and the impact that can be made by working together.

Encouragingly, we are seeing a decline in blindness across the world. Since 1999 blindness prevalence has significantly decreased in the Indo-Pacific region, with a 38.5 per cent reduction in the Pacific and a 43 per cent reduction in Southeast Asia. This is remarkable given there has been a 23 per cent increase in our population across the region within the same period.

But more needs to be done to ensure that we continue to combat global poverty, strengthen health systems in our region and give people wherever they might be born the chance to achieve their dreams and aspirations.

This booklet celebrates some of the achievements made through Australian support and the positive impact made on millions of lives in our region.



Jennifer Gersbeck
CEO of Vision 2020 Australia



Pakistan

Across Pakistan nearly one in ten people are vision impaired, with more than two million people blind in both eyes.

Cambodia

More than 90 per cent of blindness in Cambodia is avoidable and is mostly due to cataract.

Eye health challenges in the region

Vietnam

The prevalence of disability in Vietnam is relatively high at 7.8 per cent, with vision disability representing 13.8 per cent of all disability.

Timor-Leste

In Timor-Leste around 61,100 people over 40 are vision impaired, including 14,100 who are blind.

Cost-effective local solutions

VIETNAM

Accessing eye care usually starts with a visit to a primary service provider—an optometrist, eye health nurse, or refractionist. Yet for many in the developing world, the barriers to access are almost insurmountable. Location, affordability, timing, and literacy levels can all impact on people receiving preventative care.

In the Ba Ria-Vung Tau province in the south of Vietnam, the Brien Holden Vision Institute has set up five vision centres that provide affordable and culturally appropriate eye care services for local communities.

Vision centres are permanent facilities that provide local people with training and employment opportunities, contributing to local capacity and enhancing health care systems. And they are fully operational, functioning in refurbished buildings with reliable equipment and spectacle supplies.

Vision centres target people with uncorrected refractive error, offering a range of services that include eye examinations and low vision assessments. They also provide a critical opportunity to assess a person's overall eye health and provide referrals to appropriate services for more complicated ocular conditions. They promote good eye health practices.

The centres aim to be sustainable and include cost-recovery mechanisms that help ensure financial independence over time.

"It's a success story for us and our partners," said Mitasha Yu, Brien Holden Vision Institute's Sub Regional Programs Manager - Asia Pacific. "From the get-go we saw a lot of patients, and three years on, they're still doing outreach, school screenings and other activities."

"The vision centres are in districts of about 70,000 to 100,000 people," added Ha Phuong, Service Development Manager for Vietnam at Brien Holden Vision Institute. "In the bigger areas they are receiving more than 300 patients per month." There are also more women having eye examinations than men, in stark contrast to global trends which show women in developing countries are often least able to access services because of stigma, discrimination and affordability.

"When a vision centre is set up, we help train a technical team including the spectacle technician and the refractionist. In Vietnam, optometry education did not exist until last year. We helped train the trainers so that local trainers can now continue what we started. Local partners can now easily send their own staff to attend refraction training or other new skills to the Ho Chi Minh Eye Hospital or the Vietnam Institute of Ophthalmology in Hanoi. In the south and in the north we have partnerships with the local practitioners who are capable of continuing the training," said Phuong.

There are a number of organisations and institutions keen to continue rolling out the vision centre model across Vietnam, including the national Government. "We regularly monitor operations to see how sustainable the centres are," Phuong said. "The good news is that after a year of operations they are all financially sustainable. The model, suitable for the local context, is a good example for other provinces in Vietnam to replicate, and merge into the existing eye care system, especially at the district level."

Women in the workforce

PAKISTAN

“There is a lot of stigma around women being in the eye health workforce,” notes The Fred Hollows Foundation’s Camille Neyhouser. “In Laos, there is a myth that women cannot stand the sight of blood and that they will faint during operations. They’re not encouraged to become ophthalmologists. Luckily, this is slowly changing.”

And as women chip away at the stereotypes, Australian organisations are there to support the entrance, development and retention of women in the eye health workforce. In Pakistan, The Fred Hollows Foundation, in conjunction with the Australian Government, and the Government of Pakistan, has opened a women’s hostel to accommodate 250 eye health students attached to the ophthalmology college at Mayo Hospital.

The hostel allows women the security of being able to walk directly to their tutorials within the grounds. After their training, they will become an invaluable asset to their communities.

Fourth-year student Iqra Liaqat, is from a small village in Rajasthan, about 1,800 kilometres away, where there is, in her words, “no education for girls”. Her parents are illiterate and did not go to school and are determined for their children to benefit from a good education. Iqra’s brother is studying engineering; another brother is studying accountancy. “Our parents want us to have a bright future; they don’t want us to experience the same hardships and difficulties they had,” she said.

Having a hostel on campus means Iqra can avoid travelling on public transport and the danger that may come from being a woman travelling alone. As men and women’s contact is limited in Pakistan, supporting Iqra means more women are able to be treated too. “In some societies women feel uncomfortable having an eye examination because it requires close physical proximity,” said Neyhouser. “Or their husbands might not let them

be touched by men. If there are more women in the eye health workforce, women benefit as patients.”

Keeping women in the profession can also be problematic, added Neyhouser. “Fewer women go through university so the pool to recruit women into eye health careers is smaller than for men. If women make it all the way to becoming eye doctors, or eye nurses, then they may not stay because of expectations that they will look after the household and the children.”

The Fred Hollows Foundation also supports the retention of women in the workforce through offering career development and training opportunities. Dr Trang Minh Phuong, chief surgeon at the Phu Yen Eye Hospital in Vietnam, was one who received training in children’s eye surgery with the support of the Australian organisation.

“Whenever I complete cataract operations on older patients I feel great satisfaction that I am able to make such a great difference to people’s lives, but when I operate on children, my heart melts for them,” she said.

“Being blind when you are poor and living in a remote area means it is almost impossible to get an education so these operations truly transform lives. Australian funding has also helped me personally, because I can now perform many surgeries that deliver good results.”

The Fred Hollows Foundation continues to implement both gender-specific projects and mainstreams gender in other programs across their global portfolio. Funding from the Avoidable Blindness Initiative has supported education, training and development for women from Pakistan, Vietnam and Cambodia.



"A woman the age of 22 is seen as 'getting on', but luckily my parents were determined for me to have a career and a satisfying job before I get married, and just as importantly, afterwards as well."

The first optometry degree

VIETNAM

When there are no optometrists, the burden of primary services often falls to ophthalmologists. Taken away from their focus on surgeries, ophthalmologists instead spend time on refraction and prescribing glasses, creating a backlog at hospitals for things like cataract surgery.

There are just nine optometrists in Vietnam, a far cry from the 1 in 50,000 ratio advocated by the World Health Organisation. To meet the target, 1,780 optometrists will need to be trained by 2020.

The University of Medicine Pham Ngoc Thach (UPNT) in Ho Chi Minh is changing that with the introduction of the first ever Bachelor of Optometry and Vision Science. With support from the Brien Holden Vision Institute, the degree now boasts 16 students in their second year and 30 students in their first year of the four-year course.

"It has been a long road," admits Mitasha Yu, Brien Holden Vision Institute's Sub Regional Programs Manager - Asia Pacific. "In 2008 we started the first round of refraction courses and from then, we were already starting to talk with our partners about the optometry degree because we saw that as our long-term goal."

The Institute worked with key stakeholders across the six-year journey, including the Ministry of Education, to ensure the right planning and support was given to establishing optometry as a recognised profession in Vietnam.

"Optometry is such a focused area, so the students can see themselves having a career in it. They will come out of this course as qualified optometrists. The first students still have a couple of years to go, it's not a formal cadre as yet, but it's very close to becoming one in the national eye care system," said Amanda Davis, Chief Operating Officer, Public Health, Brien Holden Vision Institute.

After the students graduate they will have the choice of working in the public or fast-growing private system. "In Vietnam, the public eye hospital system in the cities, provinces and districts is quite established so that's one avenue the students could find a job in. They also have the option of the private sector, where they can set up a practice. There are also specialist public eye hospitals such as the Ho Chi Minh Eye Hospital that are really thriving," Davis added.

Tran Hoai Long is head of the Optometry sub-department at UPNT, having trained in France and Australia. He has high hopes for the students' futures, both as optometrists and as future trainers. "The optometry students are hard-working and enthusiastic. Although it's a real challenge for us as optometry is totally new in Vietnam, we have great support from the management board of the UPNT and other departments, including the physics department, ophthalmology department, and public health department," he said.

While the students are studying, there is still a lot left to do. "Our big focus is to develop the faculty, to make sure the lecturers have the right skills and teaching techniques to train the students. Now we've established the degree, we will continue to support it and make sure it runs well and is sustainable. We also want to continue supporting the enthusiastic and burgeoning optometry sector to engage with a broad range of stakeholders to ensure that optometry does become an accredited cadre in the national eye system," noted Davis.

Future optometrists will play an important role in Vietnam's health services. Being able to provide primary eye care will mean ophthalmologists will be able to focus on the medical and surgical treatment of eye diseases and give patients better care. The creation of skilled optometrists will, in time, increase the efficiency of eye care services in Vietnam and improve the health system's cost-effectiveness.



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Improving ophthalmology practice

CAMBODIA

"Five years ago Cambodian ophthalmologists couldn't treat things like vitreous hemorrhage and retinal detachment because we didn't have the knowledge or the equipment. We couldn't do the surgery and this was a problem, especially for poorer people who lived in the provinces," Dr Sarin Sun, Chair of Cambodian Ophthalmology Society Continual Professional Development Committee explained.

"The only solution was to refer patients to countries like Thailand or Vietnam for treatment and this obviously was not an option for poorer patients," Dr Sarin said.

As more ophthalmologists graduate in Cambodia and the profession grows, The Royal Australian and New Zealand College of Ophthalmologists (RANZCO), through Australian Government funding, has for the past three years been sharing its expertise with the Cambodian Ophthalmology Society (COS). The medical college has helped the Society implement a functioning Continual Professional Development (CPD) system in Cambodia that will ensure its ophthalmologists not only continue to improve their clinical expertise but also enhance the profession's practice standards.

"The results have been positive," Dr Sarin said. "From not knowing anything about CPD in the beginning, the Cambodian Ophthalmology Society has acquired the knowledge to transition to a fully developed CPD system."

But the real impact has been an increase in the standard of eye care delivery which is having tangible benefits for patients.

"We are seeing an increase in the number of cataract surgeries being done and the quality of surgery is improving," Dr Sarin said.

"And the adoption of the CPD system means there is increased access to ophthalmology for people living in the provinces."

According to RANZCO's Dr Richard Hart, the medical college's role has been to provide technical expertise and resources to support the development of a CPD program, building the capacity of the COS to develop and manage a CPD system in a Cambodian setting.

But the journey to implement the system has not been an easy one as CPD in Cambodia is not mandatory for ophthalmologists.

"The absence of a link between medical registration and compulsory CPD in Cambodia was identified as a challenge, highlighting the need for ongoing education and communication to manage the change," Dr Hart said.

"To overcome this obstacle we helped deliver educational sessions and workshops to ensure members were knowledgeable and engaged in CPD."

Perseverance has paid off with the Society's membership reaching nearly 100 and around 30 per cent registering their CPD activities.

The next step is securing government recognition and support from the Medical Council of Cambodia which will strengthen the program and help cement its credibility.

"Change in any society can take time and be problematic and Cambodia is no different," Dr Sarin said.



“We are seeing an increase in the number of cataract surgeries being done and the quality of surgery is improving.”

Independent living

TIMOR-LESTE

Domingos Gusmao is an Timorese man who lost much of his sight from a genetic condition. His brother and sister are also vision impaired.

Passionate about ensuring vision impaired people are not disadvantaged in Timor-Leste, Domingos is dedicated to helping people who are blind or vision impaired lead independent and productive lives.

He is President of the East Timor Blind Union—a Timorese rehabilitation organisation that provides education, training and support to people who are blind or have low vision—and recently took part in a Train-the-Trainer program run by the Royal Australasian College of Surgeons, funded with the support of the Australian Government.

He is one of six Orientation and Mobility trainers to graduate from the program that has been running in Timor-Leste since 2010.

Orientation and Mobility Specialist Instructor Bashir Ebrahim said the program had provided essential orientation and mobility skills to people in the community with vision impairment in Timor-Leste.

“In doing so, it has not only empowered people who are blind or vision impaired with the skills and knowledge to independently navigate their own lives, but to actively contribute to their community through training others,” Bashir said.

Domingos who also teaches English at the national university in Dili said he is now able to safely navigate the bustling streets of the capital city.

“They teach us how to cross streets and how to travel. The skills are useful,” Domingos said.

Bashir said the training included instruction of different types of canes, electronic technology such as the ultra cane and the Miniguide and other mobility aids such as the talking compass and the colour centre.

“Six trainers have graduated, we hope that this is the start of something that they can pursue and develop and grow,” Bashir said.

Orientation and mobility training is essential for people with a vision impairment or low vision as it enables them to fully participate in their community.

“It’s a very important component of rehabilitation of people who are blind and vision impaired, particularly developing nations like this where there are a significant amount of people who have blindness or vision impairment among other disabilities, who could lead just as independent and productive lives as other people with disabilities, and within the wider population,” Bashir said.



"We will transfer the training to others, not just at the East Timor Blind Union, but [the knowledge] we get from our teachers we should give the gift ... we are taking a gift [the training] and we will transfer it to others."

Working effectively with government

CAMBODIA

Undertaking school screenings in Cambodia can be logistically challenging, but it is vital as an intervention that can directly impact on a child's educational outcomes and future opportunities. "We have to notify the teachers and all the parents prior to our team turning up, to give their consent. If any issues are picked up, we can refer them to the vision centre to get further testing and be prescribed glasses. The teacher is notified and a letter is sent home with the student. The teachers understand what's going on and they can help coordinate any follow-up, including talking to the parents to help them understand what's going on. If it's a more serious problem, the child can be referred to the eye hospital," said Mitasha Yu, Brien Holden Vision Institute's Sub Regional Programs Manager - Asia Pacific.

It's now their aim to integrate this program into every school in the country. The Brien Holden Vision Institute and The Fred Hollows Foundation are working together with other stakeholders to support the Ministry of Education, Youth and Sport to develop the school health policy and national school screening guidelines.

"We worked with the Ministry to help draft the policy," noted Yu. "It includes not just eye care, but water and sanitation, nutrition and general health care for children. Eye care is just one component of the health services in there that will have a big impact on the health needs of children."

Importantly, she added, the Cambodian Government is leading the process, broadening both its scope and length. "They're really keen for this to happen. They realise the last policy was limited. They're keen for this to become something that becomes accepted and implemented by the Government as well as all the other stakeholders involved."

Ha Phuong is Brien Holden Vision Institute's Service Development Manager for Vietnam

and Cambodia. He has been involved in the discussions since May 2015, when the existing policy was first reviewed. "We're making good progress now and we are in the final stages so that the policy will be finalised and approved by the Prime Minister very soon."

The school health policy is envisioned as a long-term national policy running until 2030 and will form the basis for all in-line ministries and government bodies to mobilise resources for its implementation. "It will be the first time comprehensive eye care will be delivered to all schools around the country, not just ones where external NGOs work," said Ha. "Human resource development will also be ensured. Teachers will be well-trained to deliver the program and monitor the implementation of the policy at the school level."

The Fred Hollows Foundation has also partnered in developing the implementation guidelines, and notes that achieving the guidelines will involve the Ministry of Education, Youth, and Sport and NGOs in dissemination, education and training, developing school-based programs, collaboration with communities and local health facilities and rigorous monitoring and evaluation.

"For the last five years we have worked closely with our partners, the Ministry and DFAT to successfully implement eye health education programs for students at primary schools in five provinces. We now need to extend that collaboration to a comprehensive school health program across the entire country," The Fred Hollows Foundation CEO, Brian Doolan said.

"School attendance is quite high in Cambodia, especially in the late primary school, early high school years. That's great to get to children and make sure that they get their eyes checked," said Yu. The effective collaboration between members of the Global Consortium, other NGOs and the Government to develop the policy, and subsequent guidelines will ensure that no child is left behind.



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A bright future for all

VIETNAM

Like so many other students transitioning to secondary school, 12-year-old Ha Anh had to adapt to new experiences in the commencing school year. Ha Anh started Year 6 at the Hanoi Nguyen Dinh Chieu Secondary School with new teachers, new friends, a new environment and a six-day-a-week school calendar instead of her previous five.

Unlike other students Ha Anh had other barriers to overcome in the transition to a more demanding study load. As a student with vision impairment, Ha Anh is conscious of the activities at school she can happily take part in, and the others she might need assistance with. "I have to look longer and slower than the others. I try to focus more of my attention in listening to lectures. I have blurred vision for tasks that require distance vision. Sometimes I have to go closer to things to have better vision. I do not write as fast as the others, but I try to write more concisely," she explained.

The Hanoi Nguyen Dinh Chieu Secondary School that she attends includes children with vision impairment in an educational environment alongside sighted pupils. To support children with vision impairment, the school provides rehabilitation, orientation and mobility skills, daily living skills, Braille production, computers and vocational programs.

Ha Anh participates in school alongside other vision impaired and sighted students, who she said are a great help to her. "Khanh Linh often helps me to read text on the board and do exercises in class. Khanh Linh is always willing to help me when I need it."

The inclusion of all students at the school helps increase student engagement through the incorporation of a wide range of learning modalities and creates a respect for diversity. Having a school that all students can attend means children who are blind or vision impaired have

equal opportunities to succeed and reach their full potential.

Both her teachers and family have been supportive of Ha Anh's transition to secondary school. In class, the head teacher has placed Ha Anh at a desk closer to the front so she can see the blackboard and low vision resource teachers can easily help out. She is encouraged to read alongside the other students and join in group activities.

There are three low vision resource teachers who were trained through the Australian Government-funded East Asia Vision Program (EAVP) on low vision rehabilitation; they now train other teachers and staff at the school.

With funding from the Australian Government, CBM Australia's partner, the Vietnam National Institute of Ophthalmology (VNIO), has provided Ha Anh's parents with home consultations and support over the past three years. Ha Anh's parents say they have changed their attitude to their daughter's eye condition and are more confident in their own parenting and Ha Anh's growing independence and maturity.

The annual tuition for a child with vision impairment at Ha Anh's school is approximately 30,000,000 Vietnamese dong or \$2,000 Australian dollars. This helps to cover the cost of low vision services and devices such as magnifiers, glasses and textbooks. Currently, low vision aids such as these are not subsidised under the Vietnam health insurance system – something CBM Australia in collaboration with the VNIO are working on, to better integrate low vision services into the Vietnam healthcare system.

With her family's help and through CBM Australia's partnership in supporting the school's inclusive education programs, Ha Anh has the opportunity to maximise her full potential as a student in Vietnam.



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Vision 2020 Australia was established in October 2000.

We are part of VISION 2020: *The Right to Sight*, an initiative of the World Health Organisation and the International Agency for the Prevention of Blindness.

Vision 2020 Australia's role is to ensure that eye health and vision care remains high on the health, disability and international development agendas of Australian governments. This will ensure that Australia fulfils its commitments under the World Health Assembly resolutions and World Health Organisation's *Universal eye health: a global action plan 2014-2019*.

The Vision 2020 Australia Global Consortium brings together seven Australian non-government organisations which work with national partners to reduce avoidable blindness and vision loss, improving living standards and economic development in the Indo-Pacific region.

The Global Consortium was created to facilitate coordination and collaborative implementation of eye health programs that support achieving the global target of 25 per cent reduction in avoidable blindness and vision loss by 2019, as identified in the World Health Organisation's *Global Action Plan: Universal Eye Health*.

These activities have been implemented by Vision 2020 Australia members and Vision 2020 Australia Global Consortium.



An Australian partnership working to eliminate avoidable blindness and reduce the impact of vision loss in our region



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

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