

6 February 2014

Mr David Sullivan
Committee Secretary
Senate Foreign Affairs, Defence and Trade Standing Committee
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Dear Mr Sullivan

Vision 2020 Australia commends the Senate Standing Committee on Foreign Affairs, Defence and Trade for undertaking a review of the Australian Government's aid and development assistance program. Please find enclosed a submission to the Inquiry prepared by Vision 2020 Australia in consultation with the Australian eye health and vision care sector.

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, rehabilitation, eye research, professional assistance and community support.

The global policy and programming functions of Vision 2020 Australia are led by the Global Committee and Global Consortium respectively. The Global Committee, made up of member organisations committed to eliminating avoidable blindness and reducing the impact of vision loss in developing countries, combines the expertise from across the sector in advocacy and awareness raising efforts. The Global Consortium, a partnership of seven Australian eye health and vision care organisations, is the programming arm of Vision 2020 Australia which is currently delivering programs under the Australian Government's East Asia Avoidable Blindness Initiative.

Vision 2020 Australia recommends, on behalf of the eye health and vision care sector, that aid remains a critical and effective tool for forwarding Australia's interests in the region for alleviating poverty, and for improving health outcomes amongst the poorest. We also recommend that funding for non-government organisations is an efficient way to deliver community-based programs for the poorest in our region and should be a feature of Australia's overseas aid and development assistance.

Vision 2020 Australia in collaboration with member representatives, would welcome the opportunity to appear before the Committee at a public hearing to elaborate on the enclosed submission and further assist the Inquiry.

Yours sincerely



Jennifer Gersbeck
Chief Executive Officer

Submission to the Inquiry into Australia's Overseas Aid and Development Assistance Program

The Senate Standing Committee on Foreign Affairs, Defence and Trade

February 2014

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.

Executive Summary

Vision 2020 Australia commends the Senate for undertaking a review of the Australian Government's aid and development program. This submission recommends that:

- Aid remains a critical and effective tool for forwarding Australia's interests in the region, for alleviating poverty, and for improving health outcomes amongst the poorest.
- Funding for non-governmental organisations (NGOs) is an efficient way to deliver community-based programs for the poorest in our region and should be a feature of Australia's overseas aid and development assistance.

This submission goes on to contend that:

- Reducing blindness and vision impairment reduces poverty in developing countries, improves quality of life and contributes to efforts to achieve the Millennium Development Goals (MDGs).
- Interventions to improve eye health and vision care in developing countries are among the most cost effective public health interventions available and research shows an economic return of \$4 for every \$1 invested.
- Eye health and vision care provides opportunities for private sector partnerships through research, innovation and enterprises, and results are tangible and simple to measure.
- Australia, particularly Australian NGOs, is internationally recognised as playing a leading role in the elimination of avoidable blindness.

Addressing Terms of Reference

a) Australia's ability to deliver aid against stated policy objectives and international commitments

Improved foreign aid

As a member of the Group of 20 (G20), the Organisation for Economic Cooperation and Development (OECD), and the United Nations, it remains essential that Australia invests appropriately in global efforts towards poverty alleviation. However, Australia's annual development assistance has traditionally lagged behind the average effort of other OECD Development Assistance Committee (DAC) donor countries as a percentage of GNI¹. In 2012, our OECD DAC rating was 13th of 24 member economies, based on the ratio of aid to GNI². The OECD noted that given the comparative strength of the Australian economy, it remains important that the Australian Government delivers ODA at a similar level to our peers.

Australia is internationally recognised for playing a leading development role in our region, where two-thirds of the world's poor— approximately 800 million people— reside, yet receive less than one third of global aid. Lifting people out of poverty fosters peace and sustainable local economies, protects Australia from regional conflicts, and lowers the threat of other regional issues such as potential health pandemics.

Australian NGOs have a long history of tackling blindness and vision impairment in developing countries globally. Coupled with Australia's leading development role and commitments to eye health and disability inclusion through the foreign aid program, the expertise of Australian NGOs in reducing blindness and vision impairment has a crucial role to play in improving health outcomes and strengthening health systems. Globally, the prevalence of vision impairment is five-fold higher in developing countries than in developed countries³. Vision impairment is a cause and consequence of poverty. There are direct links 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 sanitation⁴.

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 be easily measured and reported. For example, the potential lost productivity resulting from the global burden of uncorrected refractive error is over

¹ This can be seen through an examination of the past 10 years of OECD DAC Annual Development Assistance Co-operation Reports, available at <http://www.oecd.org/dac/stats/analyses.htm> and Australian aid allocations over the same period.

² OECD DAC, 2013, see Preliminary ODA 2012 and trends since 2002-Interactive charts, available at <http://www.oecd.org/dac/stats/oda2012-interactive.htm>

³ Resnikoff S, Pascolini D, Etyaàle D, Kocur I, Pararajasegaram R, 'Global Data on Vision Impairment for the Year 2002', *Bulletin of the World Health Organisation* 82 (2004), 844-851

⁴ Gooding K, *Poverty and Blindness: A survey of the literature*, Sight Savers International, 2006

US\$225 billion dollars annually⁵. For individuals, productivity gains are immediately realised once sight is restored.

Research by Polack and Kuper⁶ in developing country contexts, found large improvements in the quality of life after one year of surgery. In the three-country study, cataract surgery also led to a reduction in household poverty and increased engagement in productive activities.

Australians can be confident that funds through the Australian Blindness Initiative have been a highly effective use of development assistance. During the first phase of the Vision 2020 Australia's Global Consortium Avoidable Blindness Initiative program for Asia Pacific countries:

- **772,182 people were screened or examined for eye health conditions**
- **419,389 people received eye health care treatment**

Even minor eye conditions can affect people's ability to work and limit children's access to education. 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.

Economic Diplomacy

Australia's economy, as well as the economies of neighbouring countries, will be hampered if chronic poverty and instability persist or increases in our region. In a global economy, the success of Australian business and investment depends on the strength, stability and health of the nations with which we work. Asia is home to some of the fastest growing economies, but there remain unacceptably high numbers of people in poverty, and huge gaps between the rich and poor. In order for the Government to promote economic development and take economic diplomacy seriously, the Government must first invest to strengthen the necessary pre-conditions to sustainable economic growth and poverty alleviation, such as peace and security, health, education, rule of law and environment.

The Australian aid program has an essential role to play in promoting sustainable economic growth and poverty alleviation in recipient countries, and also in protecting Australia's own national and economic interests. The economic report commissioned by The Fred Hollows Foundation and prepared by PricewaterhouseCoopers (PwC), *Investing in Vision*, indicates that eye health and vision care programs are among the most cost effective public health interventions available and provide an economic return of \$4 for every \$1 invested. The benefits of investing in eye health and vision care go beyond economic benefits, and extend to social gains as well. *Investing in Vision* states that an

⁵ Smith, TST, Frick, KD, Holden, BA, Fricke, TR & Naidoo KS, 'Potential lost productivity resulting from the global burden of uncorrected refractive error', *Bulletin of the World Health Organisation* 2009

⁶ Polack, S & Kuper, 'Cataract Impact Study Summary Report' International Centre for Eye Health, 2010

additional \$394.2 2009 USD billion is needed globally to eliminate avoidable blindness over 10 years. But only 33% of that amount, 128.2 2009 USD billion over 10 years is required to eliminate avoidable blindness and ensure sustainable eye health services for people living in developing countries⁷. 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 2020.⁸

In promoting economic development through the Australian overseas aid and development program, as a means of poverty reduction in developing countries, it is important that the Australian Government recognises the inherent risk for people with disability. Research suggests that economic growth for people in low and middle income countries does not necessarily lead to sustainable human development for all:

“The disparity between people with disability and the general population appears to increase with overall economic development with higher disparity in lower-middle income countries compared to low income countries.”⁹

Engage with Female Leaders in our Region and Improve Gender Equality

Within the Coalition’s policy it states that, “Economic analyses by the World Bank and the United Nations reveal a strong link between levels of gender equity and national development. Women can be powerful drivers of economic development.” Gender equality has been a feature of aid and development programs for a number of years, and funding cuts could have negative impacts on progress already made.

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. Vision loss undermines gender equity as women account for approximately 64 per cent of all blind people globally.¹⁰ 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 are not receiving surgery at the same rate as men, with women much less likely to have cataract surgery

⁷ PwC, *The price of sight: The global cost of eliminating avoidable blindness*, 2013
http://www.hollows.org.au/sites/default/files/pdfs/research/FHF_Price_of_Sight_Report_final_201302.pdf

⁸ PwC, *The price of sight: The global cost of eliminating avoidable blindness*, 2013
http://www.hollows.org.au/sites/default/files/pdfs/research/FHF_Price_of_Sight_Report_final_201302.pdf

⁹ Mitra, S. et al. *Disability and Poverty in Developing Countries: A Multidimensional Study*, World Development (2012), p.11, available from: <http://dx.doi.org/10.1016/j.worlddev.2012.05.024>

¹⁰ 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

as men.¹¹ 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.¹²

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 both her education and employment opportunities. Women with disability face a double burden, and experience even greater exclusion and marginalisation due to their disability and gender. They experience discrimination, marginalisation, and are often excluded from communities, public health services and development programs.¹³ This exclusion further increases women's vulnerability to poverty, and creates a vicious cycle of poverty and disability.

Aid and development assistance programs, including eye health and vision programs, are an effective means of ending the cycle of poverty by reaching the poorest of the poor and the marginalised. Cuts to these programs could result in a reduction of progress made in gender equality across the region, and affect the number of females in positions of leadership.

Disability Inclusive Development

People with disability form the world's largest minority group estimated at 15 per cent of the global population, or one billion people¹⁴. As 80 per cent of people with disability live in developing countries¹⁵, some of the world's poorest people 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 aid and development programs must be equipped to include people with disability. Disability inclusive aid and development policy and practice ensures that people with disability have equal access opportunities in education, rehabilitation, livelihoods and social inclusion, to lift them out of poverty.

¹¹ WHO, *Gender and Blindness*, 2002 http://www.who.int/gender/other_health/en/genderblind.pdf

¹² Ibid.

¹³ CBM, *Introducing: Disability Inclusion in Eye Health Programs*, 2013

¹⁴ World Health Organization/World Bank, *World Report on Disability*, 2011

¹⁵ UNDP

Eye health and vision care programs of the Vision 2020 Australia Global Consortium are committed to improving access to and inclusion of people with disability. Vision 2020 Australia understands that to effectively reach and improve the lives of the poorest of the poor, all efforts must be made to ensure people with disability have full access to eye health programs. Removing social, economic and physical barriers to eye health services can be achieved through the establishment of counselling, referral pathways, training, consultation with Disabled Peoples Organisations, accessible infrastructure, awareness raising, and the collection of disability disaggregated data¹⁶.

Provide a Principled Voice on Human Rights

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 on human rights. Australia's current position as chair of the World Health Assembly (WHA) Executive Board and role as a proposing member for WHA resolutions demonstrates Australia's leadership role. Furthermore, Australia's support for the Global Action Plan and Regional Action Plan for the prevention of avoidable blindness and visual impairment (2014-2019) are demonstrations of this leadership role.

Programs of the Vision 2020 Australia Global Consortium, through extensive planning and collaborative program implementation, are reducing levels of blindness, building local capacity, strengthening infrastructure, and encouraging local buy-in to ensure all efforts are sustainable for years to come. Through such efforts, programs are generating good will and partnership among the Government and people of Australia and recipient countries, and increasing local ownership. For example, between 2010-2012, Vision 2020 Australia Global Consortium programs resulted in 24 new commitments of policy support by partner governments, and 12 new commitments of funding by partner governments at an AUD equivalent of \$1.54 million. This figure understates the size of growing commitment we are seeing by governments region-wide. In Vietnam, for example, more than 70% of eye care treatments are now funded through national health insurance and Cambodia, Lao PDR and Philippines have made similar reforms to insurance programs to promote universal access to eye health procedures, such as cataract surgery.

In the spirit of soft diplomacy and partnership, all programs are developed in consultation with local, provincial and central governments, and require the signing of Memoranda of Understanding with the relevant Ministry.

¹⁶ CBM, *Introducing: Disability Inclusion in Eye Health Programs*, 2013

Millennium Development Goals

The Foreign Minister recently expressed the ongoing commitment of the Australian Government to working towards achieving the United Nations' Millennium Development Goals (MDGs) by 2015. With the timeline for an increase in overseas development assistance extended, and uncertainty around the future of the foreign aid budget, the Government must look to programs that effectively work to achieve the MDGs.

Eye health and vision care programs can have a huge impact on communities and on the overall effort to achieve the MDGs. 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. Ensuring that eye health programs are fully accessible and inclusive of people with disability also ensures that MDGs are reaching the poorest of the poor.

Australia has played an important role in the development of a post-2015 development agenda. A retreat in overseas aid and development activity could reduce our potential influence in these discussions. To date, Australia has been a key player in discussions to ensure that the new agenda is broadened, but also practical for current and future challenges in Asia and the Pacific. Promoting the inclusion of action on non-communicable diseases and people with disability are two examples that demonstrate Australia's influence.

- b) Australia's ability to maintain its international development priorities, including sectoral, regional, bilateral and multilateral international relationships**

Sectoral Engagement

The Australian NGO Sector

The NGO sector is an integral part of the Australian foreign aid program, bringing expert knowledge to effectively reach the most marginalised and vulnerable.

However, while the Australian ODA has increased substantially over the years, the contribution to ANGOs has remained a relatively small portion of official development assistance. This is a missed opportunity. Partnering with and leveraging from the expertise of the NGO sector will increase the effectiveness of aid spending.

The Australian Government's strong support to efforts to eliminate avoidable blindness saw the 2007 establishment of the \$45 million Avoidable Blindness Initiative (ABI), based on a 10-year Regional Plan developed by Vision 2020 Australia and its members

to guide the work of the sector in the elimination of avoidable blindness and vision impairment in our region.

The results from the Vision 2020 Australia Global Consortium Avoidable Blindness Initiative Phase 1 Completion Report demonstrate the effectiveness of programs. From 2010-2012 inclusive:

- **772,182 people were screened or examined for eye health conditions**
- **419,389 people received eye health care treatment**
- **86 new eye health care centres are providing integrated eye health care services**
- **48 new eye care services are using referral pathways to disability services**
- **49 new eye health care service buildings have been constructed or renovated**
- **14,147 individuals received training**
- **24 new commitments of policy support shown by partner governments**
- **12 new commitments of funding by partner governments at an AUD equivalent of \$1.54 million.**

In 2010, the Australian Government's pre-election Aid Policy Statement: A Good International Citizen – Australia's Development Assistance included avoidable blindness as one of eight key 'future challenges' which Australia's aid program would address, and DFAT's 2011 Annual Report specifically included avoidable blindness as one of five key areas of focus over the coming year.

In 2011, the Australian Government committed \$21.3 million over four years for the next phase of the ABI in East Asia, with \$10 million of this committed to Consortium activities in Timor-Leste, Vietnam and Cambodia. Comprehensive planning was undertaken to ensure the effectiveness of the next phase of the ABI.

Civil Society Organisations in Developing Countries

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.

Experience from the work of the Global Consortium has demonstrated that partnering with local 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 and contributing to developing local buy in for all activities.

Aid remains an effective means of building the capacity of local CSOs and provides an avenue for Australian NGOs to work with local CSOs to share expertise and contextual knowledge, thus increasing program efficiency, cultural relevance and local buy-in.

Private Sector Organisations

Vision 2020 Australia and members recognise the growing importance of the private sector's role in effective 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. In the provision of health services, the private sector has always had an important role to play through research, the provision and sale of medicines, private hospitals, practitioners in private practice, social enterprise and innovative financing through loans and bonds. Globally within eye health, there are many useful models of public-private partnerships.

Research

A successful example of such partnerships in action is the Vision Cooperative Research Centre (Vision CRC) - a collaboration of researchers and industry partners from around the world, drawn together to deliver innovative solutions to common eye conditions such as myopia, presbyopia and hyperopia - problems that affect the vision of billions worldwide. The Vision CRC was established in July 2003 under the Australian Government's Cooperative Research Centres Program, and has been a success story in forging strong collaborative links between the participants, NGOs, universities and industry. It has established itself as a premier site for ground breaking eye care research, new vision correction products and technology development:

- Converting breakthrough research into successful commercial products that treat common eye conditions
- Developing effective models for sustainable eye care systems in developing communities worldwide
- Provide unique, multidisciplinary research opportunities for postgraduate students in basic research and a commercially aligned environment
- Training many thousands of practitioners and educators throughout the world.

Low cost technology

The Brien Holden Vision Institute is the lead participant in the Vision CRC and has also partnered with industry to develop new technologies that can be applied to affect change in eye health and vision care delivery. For example, the Brien Holden Vision Institute is partnering with industry on the design, manufacture and sale of affordable, high-quality diagnostic medical devices. A low cost intelligent retinal camera is currently under development and is being designed for ease of use in the most extreme environments so that it can be operated by support staff and in the most remote and under-served locations. The camera will be able to detect a number of important sight and life-threatening eye and general health conditions.

Another successful example, Intraocular lenses (IOLs) have modernised cataract surgery across low resource settings following efforts, including seed funding, provided by the late Fred Hollows and The Fred Hollows Foundation. By 2010 The Fred Hollows laboratories in Nepal and Eritrea had manufactured over four millions IOLs for use in low cost cataract surgery around the world. These factories further generate income that is then invested directly back into improving the local eye health care systems of both countries.

Regional and bilateral relationships

Australia has a long history supporting the work of governments and local NGOs in Asia and the Pacific. Through the Vision 2020 Australia 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 will be made by partner governments, 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 initiatives across the Ministry of Health and other areas such as education, finance and social services.

Multilateral engagement

Vision 2020 Australia recognises that multilateral organisations can influence countries and resolve an issue when it may be difficult for a single bilateral donor to do so. In addition, multilateral organisations are also able to deliver programs where Australia does not have a significant presence or where bilateral assistance is not possible.

Australia's leadership position on the WHA has highlighted the importance of eliminating avoidable blindness and the need to build on significant progress already achieved. Following Resolution WHA66.4 passed in 2013, the WHA endorsed the World Health Organisation action plan for the prevention of avoidable blindness and vision impairment, *Universal eye health: a global action plan 2014-19*. The Global Action Plan 2014-2019 builds upon the previous action plan 2009-2013 and recognises that globally, 80% of all vision impairment can be prevented or cured and that about 90% of the world's vision impaired live in developing countries. The action plan also recognises the linkages between universal eye health and efforts to address non-communicable diseases and neglected tropical diseases.

On 23 October 2013, following the endorsement of the Global Action Plan, *Towards Universal Eye Health: A Regional Action Plan for the Western Pacific (2014-2019)* was reviewed and endorsed by the World Health Organization Regional Committee for the Western Pacific. The endorsement of the Regional Action Plan represents great

progress among member states 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 Regional Action Plan has directly impacted the Vision 2020 Australia Global Committee which has adopted the Regional Action Plan to inform the development of the Vision 2020 Australia Regional Strategy to guide the work of Australian NGOs in the region.

c) The freeze in international development assistance funding

As well as delaying results on the ground, the cutting or freezing of aid could cause stress in Australia's relationships with recipient countries. The OECD noted in the 2013 Peer Review of Australia's aid program that "significant in-year budget re-allocations put at risk Australia's commitments to its partners as well as achieving the expected results of its development cooperation programmes."¹⁷

To build a stable and effective aid program, funding must be predictable, planned and rolled out over multi-year funding cycles. NGOs rely on predictable and long-term funding to support local partners to implement projects on the ground. If Australian NGOs do not have certainty of funding, then they are unable to meet the needs of their partners and therefore beneficiaries.

The following three case studies demonstrate the breadth of work of the Vision 2020 Australia Global Consortium and the achievements of an Australian overseas aid and development supported initiative. Without the support of the Australian Government, such results would not have been possible.

1) CBM Australia: Vietnam

This story demonstrates the wide reaching impacts of sight restoring cataract surgery.

Name: Le Thi Luu

Sex: Female



Mrs Le Thi Luu, born in 1975, is a farmer from Thinh Thanh commune, Yen Thanh district, Nghe An Province. Ms Luu's commune is 20 km from the district hospital and 80 km from Vinh city. Her family is on the list of poor households in the commune. She currently lives with her husband while their only daughter lives in another commune with two small children. Ms Luu's husband has to work to provide for their small family in addition to taking care of Ms Luu. Their family income is generated from growing rice and a small banana plantation which provides them around 1 million Vietnam dong (Au\$ 75) a year. Ms Luu's home

¹⁷ OECD DAC, 2013, OECD Development Co-operation Peer Review-Australia 2013, available at <http://www.oecd.org/dac/peer-reviews/OECD%20Australia%20FinalONLINE.pdf>

has the basic necessities, with small luxuries including an old television and a bicycle.

Mrs Le Thi Luu's health deteriorated in 2009 when she was diagnosed with arthritis and Buerger's Disease. Three years later, as a result of side effects from treatment she developed cataracts in her eyes. Luu's mode of transport was by bicycle, and as the cataract progressed, there were occasions where she misjudged and fell off the side of the road. Life became difficult for Luu, and simple tasks were now very challenging, moving around the house, tending to her garden, and eventually her husband had to take care of Luu and cover both workloads.

Access to health care, particularly eye care is very difficult in poor and remote areas of Vietnam. In 2013, there was an outreach eye screening activity by the project in her district. Doctors from Nghe An Eye hospital and Yen Thanh district general hospital visited her village for eye screening, especially for poor women and people with disability. Luu was on the priority list. She was diagnosed as having cataract in both eyes and was referred from the district hospital to Nghe An Eye hospital for surgery. Luu's right eye was selected for the surgery.

The day after screening, Nghe An Eye hospital sent a bus to collect all the patients and return them to their homes. One week later, Doctors from Nghe An Eye hospital re-visited her commune for follow-up. The result of the surgery was positive and she received further instructions to look after her eye at home. Mrs Le Thi Luu now has post-surgery vision of 2/10 which allows her to see at a distance of 5 metres.

Her surgery cost 7 million Vietnam dong (equivalent to Au\$350). Mrs Le Thi Luu's family could not afford the cost of treatment, though with the support from local authorities, she received health insurance for the poor which covers 95% of the cost. Nghe An Eye hospital donated its social fund for the poor to cover the remaining 5%. Travel was also free of charge.

For Luu, the support for her cataract surgery in 2013 has improved her life, "Now I can see my husband again" she said in the interview.

"I feel happy when I am less a burden for my family. Previously, I even could not see my husband. Now I can see and move around the house."

2) Brien Holden Vision Institute: Cambodia

This story demonstrates the importance of human resources development for strengthening national eye health and vision care services.

Name: Ms Nay

Sex: Female



Ms Nay is an eye nurse and a refractionist at the Khmer Soviet Friendship Hospital, Phnom Penh. She has worked at the eye unit for more than 10 years as an eye nurse but furthered her training as a refractionist more recently to help provide a greater range of eye care services.

Recently Ms Nay was one of 12 people who participated in the Brien Holden Vision

Institute supported EyeTeach course which has enabled her to become a National Refraction Trainer.

“The new skills I learnt from the EyeTeach course have helped me to understand the best ways to teach refraction students. These practical skills and techniques I learnt from the Institute trainers have opened my eyes to the great benefit of knowledge and skill I can offer to the trainees,” Ms Nay said.

“During the course I also learnt about a game called ‘icebreaker’ which helps me learn how to interact with the students when I meet them for the first time. It really helps! For the next course they allow the new trainer and old trainer to work as partners to teach topics together. I think that is a great confidence building idea which I am very much behind,” she said smiling.

Ms Nay also explained that during the trainer’s instruction on the course she was able to refresh and deepen her refraction knowledge, giving her greater confidence not only to do her job but also to impart knowledge to the trainees.

“The eye unit is a very busy place and I have to multi task across assisting in the eye surgeries, spectacle dispensing and refraction. This makes it hard to progress my refraction skills as I rarely have time to focus on just one task. As a refractionist I used to have difficulty in confidently diagnosing the need and correct prescription for an astigmatic or multi-focus lens. It was always easier with a single focus or spherical lens but the more complex lens for me was an area I struggled with - but not anymore thanks to EyeTeach,” she said.

The new trainer spoke about how her new role would serve to help the progression of the National Program for Eye Health. She explained that due to the limited eye care human resources pool in Cambodia, she feels every trainer counts immensely as their potential for training new refractionists is greatly needed.

“We have decided the overall training plan for the next six months will include

both a refraction and eye nurse element, as both these skills are needed for eye care staff working in public hospitals. I will teach the refraction topic and help teach the nurse topic,” she said.

“I am so happy and excited to be a new trainer. Right now I feel very proud to be offered this opportunity and in this process I will be able to help so many people, directly or indirectly. It is a true gift I believe,” she smiled and continued to say, “My future ambition is to assist in making the training institute in this hospital one of the standout refraction training institutes in Cambodia.”

3) Royal Australasian College of Surgeons (RACS): Timor-Leste

This story demonstrates the impact of partnering with local civil society organisations.

Names: Florabela Pacheco (left) and Julio Fernandes (right)

Sex: Female and Male



Florabela (Bela) Pacheco was born in the mountains of Timor-Leste in a small town called Rotuto. Bela’s parents are subsistence farmers and she has eight brothers and sisters. Bela has been blind since early childhood and as result, did not attend school with her siblings.

Julio Fernandes was born in Same in the Manufahi District of Timor-Leste in 1984. His parents are subsistence farmers and Julio

completed primary school before losing his sight at the age of 20.

Since 2007, both Bela and Julio have been involved with local non-government organisation Fuan Nabilan, which provides education and rehabilitation services for children and youth who are blind or have low vision. Through their involvement in the Fuan Nabilan centre in Same in Manufahi District, Bela and Julio have had the opportunity to study braille, guitar and singing, and become adept at using a long cane for orientation and mobility. They have also had opportunities to undertake vocational study and training attachments in Malaysia and West Timor (supported by ABI funding) in handicraft and massage to develop practical livelihood generation skills. Together with other young blind residents of Fuan Nabilan, they have even formed the Fuan Nabilan Band! The band has produced three music CDs, the proceeds going back to supporting some of Fuan Nabilan’s operational costs.

Both Bela and Julio believe the ABI has been very positive. They highlight the importance of the O&M training to the quality of their daily lives and in particular, to their ability to move safely within their local community.

Income generation and vocational training programs have also made noticeable changes in their lives. Since returning from a training attachment in Kupang, West

Timor, they have made and sold more than 100 raffia dusters for US\$3.00 each at the local market in Same. Earnings from the sales are used by Bela and Julio to buy rice, vegetables, soap, clothing, shoes and other incidentals.

They are also excited about the opportunities that the future holds for them. Bela says that in the future she would like to stay with Fuan Nabilan and to teach other young blind people the skills she has learned. She would also like to improve her English language skills and learn computing. She would like to learn gardening, especially “planting flowers in pots”, which she says sell very well in Timor. Bela would also like to learn sewing and to be able to make curtains and table cloths, which also sell well.

Julio says that in future, he would like to teach other young blind people the skills he has learned. He would like to intensively study English and computing with voice output software. He thinks that this could possibly lead to a job, but what kind of job he is not certain. However, for the first time the future appears to hold several possibilities.

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