

Global Eye Health Australia's vision for the future

Submission to the 2014-15 Federal Budget

Contents

Executive Summary: Commitment to eye health	1
Contact	2
Introduction	2
Key recommendations summary	5
The Facts	6
Recommendations	7
Multisectoral engagement	7
Recommendation 1: Elimination of trachoma	7
Recommendation 2: Diabetic Screening	8
Recommendation 3: Child Eye Health	8
Recommendation 4: Disability Inclusion	9
Integration and planning	10
Recommendation 5: National eye health plans	10
Recommendation 6: Workforce development, education and training	10
Policy and data	11
Recommendation 7 & 8: International policy and leadership	11
Recommendation 9: Evidence and data	12
About Vision 2020 Australia	13
Strategy and approach to 2019	13
WHA Global Action Plan	13
Vision 2020 Australia	13
Goal	13
Purpose	14
Objectives	15
Avoidable Blindness Initiative	15
Vision 2020 Australia Global members	15

Contact

Jennifer Gersbeck
Chief Executive Officer
Email: jgersbeck@vision2020australia.org.au

Brandon Ah Tong
Director of Policy and Advocacy
Email: bAhTong@vision2020australia.org.au

Vision 2020 Australia
Level 2, 174 Queen Street
Melbourne Victoria 3000

Telephone: +61 3 9656 2020

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 Budget in May 2014, Vision 2020 Australia, with its 12 members involved in global eye care initiatives, are calling on the Australian Government 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 of Australian NGOs 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 significant impact on communities and on the overall effort to achieve the Millennium Development Goals (MDGs).

What is exciting is that progress 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 to achieve the global 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.

The Government's fresh agenda of delivering more aid through non-government organisations, exploring alternative financing mechanisms and harnessing the creative power of the private sector in international aid and development, sits comfortably with the membership of Vision 2020 Australia.

We are excited, energised and keen to play our part in this new development paradigm which recognises that aid plays only a small part in genuine social and economic development

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.

Introduction

The Australian NGO Sector

The Australian Non-Governmental Organisation (ANGO) 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 Overseas Development Assistance 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 ANGO sector will increase the effectiveness of aid spending.

NGOs are able to experiment with innovative approaches and develop and implement pilot projects. NGOs are flexible and can easily adapt to local situations and respond to local needs. Due to their strong understanding and awareness of local settings, NGOs can effectively reach the poorest of the poor and tailor assistance to their needs, and also build robust relationships with local organisations and governments.

The Australian Government has long supported Australian eye health and vision care NGOs in their efforts to eliminate avoidable blindness. In 2007, then Parliamentary Secretary Greg Hunt advocated successfully for the Coalition to adopt a proposal for a 10 year program aimed at targeting avoidable blindness in the Asia Pacific region. In 2008, a \$45 million Avoidable Blindness Initiative (ABI) was established 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.

In 2010, the Australian Government's pre-election aid policy statement 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 Vision 2020 Australia Global Consortium activities in Timor-Leste, Vietnam and Cambodia.

In the 2013-14 Federal Budget, \$39 million was allocated to the elimination of avoidable blindness in Asia and the Pacific. However, the allocation is yet to be committed. Vision 2020 Australia seeks clarity on the previous \$39 million allocation and a clear 2014-15 Federal Budget allocation to provide certainty to the eye health and vision care sector and ensure Australia is aligned with the international obligations under the World Health Assembly Global Plan of Action for Achieving Universal Eye Health (May 2013).

Partnering with the private sector

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.

A successful example of partnership between eye health and vision care NGOs and the private sector is the production of Intraocular lenses (IOLs) that 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 2013 The Fred Hollows laboratories in Nepal and Eritrea have manufactured over six million 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.

Partnerships between NGOs and private sector organisations are mutually beneficial. ANGOs have worked successfully with private eye health providers in China to drive the delivery of eye health services. Partnering with an NGO can help a private sector organisation address issues that it may not have the expertise, skills or resources to manage on its own. NGOs can seed fund necessary capital works and equipment purchases for which private players initially find difficulty accessing support from established financial institutions. NGOs also bring a different perspective. For the NGO, a partnership can provide a testing ground for the effectiveness of its approach to a particular issue. Within eye health and vision care there are numerous areas where innovation and efficiencies are required, such as the development of new technology, provision of medicines, provision of spectacles and research.

Vision 2020 Australia and members recognise that long term partnerships are ideal, and conduct extensive screening of private sector organisations to ensure compliance against certain criteria including: child protection, corporate values, corporate governance structure, and reputation. This is to ensure effectiveness of programs and longevity of the partnership.

Economic Diplomacy and value for money

Economic diplomacy is at the core of the Australian Government's international engagement. DFAT, through bringing together Australia's foreign, trade, development and other international economic activities, is encouraging economic growth and job-creating reforms in developing countries. However, economic growth is a necessary but insufficient factor in increasing development and poverty reduction outcomes. The World Bank reported that growth must be focused on fostering income growth and opportunities for the poorest 40 per cent of the people in developing countries, as well as those who live just above the threshold and are vulnerable to back-sliding into poverty⁵.

Aid can play an important role in helping create an enabling environment for growth by promoting peace and security, a functioning state and civil society, and effective health and education systems - many of the factors holding back least developed countries and fragile states today. Aid can redress rising economic inequality by helping ensure opportunities to participate in, and benefit from growth, extend to poor and marginalised groups.

But aid is only part of the answer. It is up to national governments to meet the health needs of their populations, and NGOs working in the area of avoidable blindness work to ensure all activities are grounded in national health plans which include eye health. Working with governments on appropriate health financing systems, including health insurance schemes, will become an increasingly important part of our work in the coming few years and we welcome the Australian Government's commitment, through the support of the WHA Global Plan of Action for Achieving Universal Eye Health, to assist developing nations to meet ambitious targets around ending avoidable blindness.

Vision 2020 members also enjoy strong support from Australian Ambassadors and embassy staff in all the countries in which we work, and we look forward to developing more opportunities to collaborate in ensuring agreed broader national goals are achieved with the support and participation of our member agencies.

⁵ World Bank, 2013, *End Extreme Poverty and Promote Shared Prosperity*

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 people⁶. 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 and maximise social and economic potential.

Vision 2020 Australia commends the Australian Government's commitment to disability inclusive development. Australia's foreign aid program has a growing track record of policy and programs focused on including people with disability, and is regarded as a world leader in disability inclusive development. Foreign Minister the Hon Julie Bishop addressed the United Nations in September 2013 demonstrating Australia's continued commitment to disability inclusive development: "Through our aid programs, Australia has an important role in improving the lives of people with disability in other countries"⁷.

The current disability inclusion strategy: *Development for All: Towards a disability inclusive Australian aid program 2009 - 2014* received international acclaim, and Vision 2020 Australia welcomes the policy commitment of the Australian Government to develop a new disability inclusion strategy to "ensure that people with disability play an active and central role in Australia's foreign aid program beyond 2015"⁸.

In order for the new inclusion strategy to be effective, it needs to be fully resourced. Furthermore, allocations for disability inclusive development must be embedded and monitored across all development programs, including eye health and vision care programs.

All policy and programs of Vision 2020 Australia ensure that work on avoidable blindness and vision impairment takes a disability inclusive approach. Outreach services including screening, low vision services and teacher training being implemented by the Global Consortium under the Australian Government funded East Asia Vision Program are equipped to include people with disability to ensure they have equal access to opportunities in education, rehabilitation, livelihoods and social inclusion.

Removing barriers to eye health services is being achieved through the establishment of referral pathways, training, consultation with Disabled Peoples Organisations (DPOs), accessible infrastructure, awareness-raising, and the collection of disability disaggregated data where feasible. Such disability specific initiatives are essential to ensuring the sustainability and efficiency of DFAT programs.

⁶ World Health Organization/World Bank, *World Report on Disability*, 2011

⁷ Full transcript available at: http://foreignminister.gov.au/speeches/2013/jb_sp_130923.html

⁸ Senator Brett Mason Media Release: International Day of Persons with Disability, 3 December 2013, available at: http://ministers.dfat.gov.au/mason/releases/2013/bm_mr_131203.html

Key recommendations summary

Principal Recommendation	
Vision 2020 Australia seeks 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.	
Recommendations - Multisectoral engagement	2014-19
Recommendation 1: Eliminate trachoma in the region. <i>(\$5.9 million for the Pacific, \$2.6 million for Asia).</i>	\$8.5 million
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>	\$5 million
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>	\$17 million
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>	\$28 million
Recommendations - Integration and planning	2014-19
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>	\$1.6 million
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>	\$100 million
Recommendations - Policy and data	2014-19
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.	<i>Nil</i>
Recommendation 8: <i>Support</i> a declaration on the elimination of avoidable blindness at CHOGM by 2015.	<i>Nil</i>
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>	\$7.7 million

The Facts

- Around **232.5 million** people have a vision impairment, 33.5 million of whom are blind.⁹
- 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,**¹⁰ and return \$4 for every \$1 invested.¹¹
- 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,**¹² 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.**¹³
- 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.

⁹ World Health Organisation, *the Global Burden of Disease Study 2010*, 2012.

¹⁰ Marseille E, 'Cost effectiveness of cataract surgery in Nepal', *Bulletin of the World Health Organisation*, 74 (1996), 319-324.

¹¹ Price WaterhouseCoopers, *Investing in Vision - Comparing the costs and benefits of eliminating avoidable blindness and vision impairment*, 2013 pg 4.

¹² 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.

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

Recommendations

Vision 2020 Australia is seeking a total commitment from the Australian Government 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 13). 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 by Australian eye health and vision care NGOs and in partnership with Ministries of Health and ultimately owned by the respective governments. 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. The surveys have raised awareness within the countries and can be linked with other NCDs work. Trachoma Action Plans are now being developed in the three countries and all are moving to start implementing to eliminate trachoma by 2020.

The WHO recommends implementation of the SAFE Strategy (Surgery, Antibiotics, Facial cleanliness, and Environmental changes) to manage and eliminate 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 all working closely together.

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 to WASH initiatives, and could produce real, demonstrable and cost effective outcomes for Australia's aid funding.

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.

Australian eye health and vision care NGOs are partnering with industry on the design, manufacture and sale of affordable, high-quality diagnostic medical devices. For example, 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, particularly diabetic retinopathy.

In addition to working in partnership with the private sector, collaboration with the non-communicable disease (NCD) agenda will be important along with working with other partners such as Diabetes Alliance and the International Diabetes Foundation.

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.¹⁴ 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.¹⁵ Vision impairment in childhood affects all aspects of a child's life - including the child's social, emotional, and physical development¹⁶ and impacts on his or her quality of life and that of the family.¹⁷ 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

¹⁴ Pascolini D, Mariotti SP, *Global estimates of visual impairment*, 2010, *Br J Ophthalmol* 2012; 96(5):614-8.

¹⁵ 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.

¹⁶ 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.

¹⁷ 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.

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 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. For example, Australian eye health and vision care NGOs have partnered with the government of Cambodia to develop an eye care safety book for school children that has now been adopted as part of the national school curriculum.

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 education and livelihood opportunities, and accessing 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 and all types of disabilities.¹⁸

Disability inclusive approaches to aid and development programs ensure that people with untreatable eye conditions can access rehabilitation and low vision services to increase opportunities in education, 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 and other disabilities who are often excluded from mainstream eye health programs. This can be achieved through the establishment of referral pathways, skills training, infrastructure development to accessible design standards, awareness raising, and the collection of disability data.¹⁹ Adopting disability inclusive approaches to eye health programs ensures that people with all types of disabilities can gain the same access to essential eye health services as others in their community.

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 to improve the accessibility of eye health services for people with disability with a broad range of needs. For example, improving physical accessibility of eye health clinics and mobile services, and training for eye health staff to raise awareness and improve their knowledge and practice in delivering eye health services to people with disabilities.

This can be achieved through greater collaboration with disability ministries, local disability persons' organisations, and community rehabilitation programs. Australian eye health and vision care NGOs have strong links with in-country civil society organisations. In Timor-Leste, for example, Australian eye health and vision care NGOs partner with local organisation Fuan Nabilan to develop the services available to people who are blind or vision impaired.

This includes Orientation and Mobility (O&M) training which helps the vision impaired and blind to increase their independence and safety.

¹⁸ CBM, *Introducing: Disability Inclusion in Eye Health Programs*, 2013.

¹⁹ *Ibid.*

Funding for this could be prioritised from the Federal Budget allocation to disability-inclusive development.

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).

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.

In Vietnam, Australian eye health and vision care NGOs supported consultation workshops with government, local NGOs and other stakeholders in three areas of the country in the development of the National Eye Health Plan. This was to give voice to provincial governments who are important in Vietnam because of the decentralisation of health. The Ministry of Education and Ministry of Social Affairs were invited to ensure the plan easily links in with other policy and programming areas. It is hoped the plan will be accepted and endorsed by the Prime Minister in 2014.

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. Furthermore, in low-capacity settings, building the capacity of institutions (rather than individuals) in ways that are tailored and paced to reflect local realities holds most potential for success²⁰. However, to maintain the capacity for training to occur locally, the existing workforce must participate in ongoing knowledge and skills development. This will enable countries to develop capacity in training new and developing existing eye care personnel, reducing the need for engaging external expertise and developing a sustainable workforce.

²⁰ Lessons from Australian aid, 2013 report on independent evaluation and quality assurance, Office of Development Effectiveness, Department of Foreign Affairs and Trade. January 2014

Therefore, funding is sought to implement a strategy aimed at eliminating gaps in human resources through a threefold 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 appropriate and sufficient eye care human resources and support certifying institutions that can ensure the quality of training;
- through appropriate ongoing education programs develop existing and future workforce.

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.

The WHA Global Plan of Action for Achieving Universal Eye Health calls for international partnerships that “support building strong and sustainable health systems”. One of the key strengths in the Consortium approach used for the East Asia Vision Program is that activities can be targeted towards strengthening several levels of a countries’ health system. This is a capability that would not be possible for a single agency to achieve, and under the Consortium, can be implemented in such a way as to maximise each agency’s comparative advantage and ensure activities are coordinated and complementary.

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.

CHOGM held in Sri Lanka in 2013 resulted in a statement on avoidable blindness, linked to the Queen’s Diamond Jubilee Trust. Vision 2020 Australia now 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.

The Vietnam Australia Vision Support Program (VAVSP), led by Australian eye health and vision care NGOs involved the conducting of Rapid Assessments of Avoidable Blindness (RAAB) and Refractive Error in School Children (RESC). Data collected during this project, including that the prevalence of uncorrected vision impairment due to refractive error in school children is 21.4%, has been analysed, documented and published, and has been used in advocacy, policy and planning with government and local stakeholders in Vietnam.

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).

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 seven leading eye health and rehabilitation NGOs.

Strategy and approach to 2019

WHA Global Action Plan

Following consultation with Member States and international partners, *Universal Access to Eye Health: A Global Action Plan: 2014-19* was endorsed by the World Health Assembly in May 2013.

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 to significantly reduce the global prevalence of avoidable vision impairment by 2019.

In October 2013, the World Health Organization Regional Committee for the Western Pacific reviewed and endorsed the draft action plan *Towards Universal Eye Health: A Regional Action Plan for the Western Pacific (2014-2019)*.

Vision 2020 Australia

In Australia, members of the Vision 2020 Australia Global Committee 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 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.

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.

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.

Vision 2020 Australia Global members

- Australian College of Optometry
- Brien Holden Vision Institute*
- CBM Australia*
- Centre for Eye Research Australia*
- Foresight Australia*
- The Fred Hollows Foundation*
- Lions Australia
- International Agency for the Prevention of Blindness
- Optometrists Association of Australia
- The Royal Australian and New Zealand College of Ophthalmologists*
- Royal Australasian College of Surgeons*
- Vision Australia

*member of Global Consortium

