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Review of Australia's Relationship with the Countries of Africa

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Eliminating Avoidable Blindness in Africa: a Role for Australia

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Overview

Australia's enhanced engagement with Africa is a necessary response to the region's challenges. Increases in Australia's development assistance to Africa should focus on those issues of most crucial importance to development in Africa where Australia, through its expertise and experience, can add the greatest value.

Avoidable blindness is a key public health issue in Africa and keeps millions of people in the poverty cycle. It has critical economic and social impacts, and there are strong links between eliminating avoidable blindness and achieving each of the Millennium Development Goals.

The Australian Government and Australian NGOs are already world leaders in this field, and there are many compelling reasons why the Australian Government should play an enhanced role in tackling avoidable blindness in Africa. Recent rises in the level of Australian aid to Africa, and the leadership the Australian Government has demonstrated in establishing the Avoidable Blindness Initiative in the Asia Pacific, provide an ideal context for Australia to focus its energies in this vital area.

Avoidable blindness in Africa

Avoidable blindness is a major global public health problem. Approximately 400 million people are blind or vision impaired, with huge social and economic costs to individuals, families, communities and nations.¹ Crucially, 80 percent of all blindness is preventable or treatable, and programs to tackle avoidable blindness are among the most cost effective public health interventions available.

Africa experiences a significantly higher burden of blindness and vision impairment. Approximately 18 percent of the world's blind population lives in Africa, and less than 10 percent of people who require eye surgery actually receive it. Cataract, the leading cause of avoidable blindness in Africa (approximately 50 percent), tends to occur up to 10 years earlier than in other parts of the world, robbing those affected of livelihoods and directly resulting in widespread poverty.

Human resource development is perhaps the greatest barrier to good eye health in Africa—while it has over 14 percent of the world's population and at least a quarter of the global burden of disease, Africa has less than two percent of the world's health workforce. Eye health services are among the most severely impacted, with the region experiencing shortages in eye health personnel at all levels. Other barriers include a shortage of appropriate eye health infrastructure (hospitals, clinics and spectacle dispensary services), a lack of quality information upon which to base planning, and the prohibitive expenses required to access eye care services.

There are strong links between avoidable blindness and each of the MDGs. Blindness is both a cause and a consequence of poverty, and reducing avoidable blindness will directly contribute to achieving MDG 1 (the eradication of poverty and hunger). Globally, the prevalence of blindness is five-fold higher in poor countries,² and research in India and Pakistan has shown that poor people are more likely to be blind.³ In 2005-2006, a comprehensive study showed that people with cataract in Kenya, the Philippines and Bangladesh were poorer than those with normal sight, and demonstrated the need for increased cataract surgeries for poor people.⁴

Up to half of all children die within two years of becoming blind, and blindness stops children from receiving an education, emphasising the importance of blindness elimination efforts in achieving MDGs 2 and 4 (achieving universal education, and reducing child mortality).

Blindness also discriminates against women and girls, and accordingly its elimination is crucial in efforts to meet the gender equality and empowerment goals of MDG 3. A review of population-based surveys carried out between 1980 and 2000 showed that, in people aged older than 50 years, blindness is about 40 percent more common in women than men. Since then, a large number of surveys have confirmed these earlier findings. Studies indicate that women have less access to cataract services, and that girls are more likely to have trachoma

¹ AMD Alliance International and Access Economics, *The Global Economic Cost of Visual Impairment*, March 2010.

² Resnikoff S, Pascolini D, Etyaála D, Kocur I, Pararajasegaram R, 'Global Data on Vision Impairment for the Year 2002', *Bulletin of the World Health Organisation* 82 (2004), 844-851.

³ Gilbert C, Shah S, Jadoon M, Bourne R, 'Poverty and blindness in Pakistan: results from the Pakistan National Blindness and Visual Impairment Survey', *BMJ* 336 (2007); Dandona L, Dandona R, Srinivas M, Giridh P, Vilas K, 'Blindness in the Indian State of Andhra Pradesh', *Investigative Ophthalmology and Visual Science* 42 (2001), 908-916.

⁴ Kuper H, Polack S, Eusebio C, Mathenge W, Wadud Z, and Foster A, 'A case study to assess the relationship between poverty and visual impairment from cataract in Kenya, the Philippines and Bangladesh', *PLoS Medicine Policy Forum* 5:12 (2009).

than boys.⁵

⁵ Courtright P and Lewallen S, 'Gender and Eye Health', *Community Eye Health Journal* 22 (70), 2009, 17-18.

The Australia-Africa connection

Australian NGOs have a long history of tackling avoidable blindness in Africa, often with financial support from AusAID. Below are details of three Australian agencies with a substantial presence in Africa's eye care sector, and a summary of one of each agency's key programs.

The Fred Hollows Foundation

The Fred Hollows Foundation has a long association with the region, starting with Fred Hollows' first visit to Africa in 1986. Today, The Foundation's programs in Africa focus on developing comprehensive eye health systems with an emphasis on the training of medical staff, screening for poor vision and eye disease, subsidised treatment and provision of equipment and infrastructure. Working across Eritrea, Kenya, Rwanda, South Africa and Tanzania, programs are supported by The Fred Hollows Foundation in Australia and run in partnership with local partners and The Fred Hollows Foundation South Africa.

Eritrea

In Eritrea, The Foundation works with the Ministry of Health to implement the National Plan for the Prevention of Blindness. The overall goal of the partnership is to eliminate avoidable blindness in Eritrea by 2015.

Disease control is central to The Foundation's activities in Eritrea. Reducing cataract levels, expanding cataract services to remote areas, and training the general workforce in primary eye care to improve awareness of eye health issues are all prioritised. Ongoing efforts to eliminate trachoma in endemic areas through surgery, drug distribution and awareness raising are also important.

The Foundation partners with the Asmara College of Health Sciences to provide a Bachelor of Nursing Science (Ophthalmology) degree, and is expanding Eritrean participation in short courses including equipment technician and management training.

A major construction project is scheduled to take place at Berhan Eyni, the tertiary eye hospital, with the outpatients department, training facilities wards and theatre being redeveloped. The Foundation is also working with the Ministry of Health to establish new partnerships with international NGOs to support the development of additional eye care services.

International Centre for Eyecare Education

Since its formation in 1998, ICEE (pronounced / See) has been a leader in efforts to improve eye care in Africa. ICEE takes the role of implementer and facilitator, providing expertise in eye care education, infrastructure development and in advocacy with governments and other stakeholders. One of ICEE's core focuses is the development of sustainable refraction services and provision of spectacles, vital in a region where so much blindness is due to the fact that people who need spectacles do not have them.

Uncorrected refractive error in Uganda

Unfortunately, many vision impaired people who have not received an appropriate diagnosis are treated as blind. Some children with low vision are placed in schools for the blind, even though they have some ability to see. With the help of visual and non-visual aids, ICEE can reduce the disabling impact of vision impairment and enable vision impaired people to experience a higher quality of life.

In 2006, ICEE partnered with Sightsavers International and CBM to assess children with low vision. A multi-disciplinary team including ophthalmologists, optometrists and ophthalmic clinical officers screened 547 children in parts of western and eastern Uganda. In a follow up to the project in 2007, ICEE provided spectacles and low vision devices, and developed a database of children requiring surgery.

ICEE was a key stakeholder in the establishment of the Optometrists Association of Uganda (OAU), with ICEE East Africa Programs Director Naomi Nsubuga elected Vice Chairperson of the Association. The main focus of the OAU is human resource development and service provision by qualified personnel. The establishment of such professional associations is an important step in the development of comprehensive eye care systems.

CBM Australia

CBM Australia implements programs addressing vision impairment in Ethiopia, Kenya, Niger, Nigeria, Sudan and Tanzania.

Vision 2020 Support Program in Nigeria

The objective of the National Vision 2020 Support Program is to reduce the prevalence and incidence of blindness in North Eastern Nigeria. The project focuses on the primary causes of avoidable blindness including cataract, trachoma, onchocerciasis and refractive error.

CBM Australia is working with local partners to further develop its comprehensive eye health program in four states (Jigawa, Kano, Yobe and the Federal Capital Territory). Some of the key aims in this partnership are to improve local capacity and leadership of the project, improve financial sustainability, and develop greater linkages with community based rehabilitation programs to follow up with social integration.

The project engages with existing government and community infrastructure, thereby fostering greater local ownership and improved sustainability. One of the program's key focuses is training of onchocerciasis team members, primary health workers and community directed distributors of Mectizan. Blindness prevention activities are being enhanced through community awareness raising, and midwife training and school screening to assist with early identification.

The value and impacts of eye health interventions

The Gambian Eye Care Program and the African Program for Onchocerciasis Control illustrate the immense importance of tackling avoidable blindness in Africa, and illustrate why eye care interventions provide remarkable value for money.

The Gambian Eye Care Program

Like other countries in Africa, Gambia's health care facilities are inadequate and it has a severe lack of health care workers, with only four doctors to every 100,000 people.

In 1986, a National Eye Care Program (NGEP) was established in Gambia to provide an integrated approach to reducing the national burden of blindness and low vision. The starting point for this program was a national survey of blindness and low vision. The main activities of the project were:

- Cataract surgery
- Trachoma control
- Information, education and communication
- Constructing and equipping of secondary eye care centres and local eye drop production units
- Building capacity for program management

In 1996, the Gambian population had increased by 50 percent, and average life expectancy had increased by 10 years. Despite these demographic changes, a repeat national survey showed a 40 percent reduction in the prevalence of blindness. The cost of the NGEP was \$US1.28 million, yielding a 10 percent return on investment for the Gambian population. If similar benefits were assumed for Senegalese citizens, who accounted for 30 percent of patients, the rate of return was 19 percent. And if all cases of avoided blindness resulted in increased productivity, the rate of return would be as high as 42 percent.⁶

These dramatic reductions in the number of blind people, and the resultant social and economic improvements, are inline with the broader aims of Australia's aid program and provide compelling evidence of the impacts that would be achieved if the Australian Government dedicated itself to a leadership role in avoidable blindness efforts in Africa.

Eliminating Onchocerciasis

Onchocerciasis, or Riverblindness, afflicts approximately 42 million people worldwide, with over 99 percent of its victims in sub-Saharan Africa. An estimated 600,000 people are blind and an additional 1.5 million Africans are vision impaired due to onchocerciasis. In 1974, nearly 2 million people across 11 West African countries with a population of only 20 million inhabitants were infected with onchocerciasis, and approximately 200,000 were blind.

The Onchocerciasis Control Program (OCP) was launched to combat this public health problem. Weekly aerial spraying with environmentally safe insecticides helped control the black flies which spread the disease, thereby reducing transmission. In 1995, a second program, the African Program for Onchocerciasis Control (APOC) was established to control the disease in 19 African countries. Through a broad international partnership and the participation of 115,000

⁶ Kevin Frick, Allen Foster, Momodou Bah, 'Analysis of the Costs and benefits of the Gambian Eye Care Program', *Archives of Ophthalmology* (123, 2005), 243.

rural communities, APOC and OCP included the donation and distribution of the drug Mectizan by Merck & Co., to more than 45 million people in Sub-Saharan Africa. With one annual dose, Mectizan prevents and alleviates the symptoms of the disease.

Between 1974 and 2002, the OCP improved the lives of millions. Achievements included:

- transmission of the disease-causing parasite was halted in 11 West African countries
- 600,000 cases of blindness were prevented
- 22 million children born in the OCP area are now free from the risk of contracting the disease
- approximately 25 million hectares of arable land – enough to feed an additional 17 million people each year— is now safe for resettlement

APOC is expanding this success to other parts of Africa, where 54,000 cases of blindness are expected to be prevented each year.

OCP operated with an annual cost of less than \$1 per protected person. Over this 28 year period, almost US\$600 million was committed by 27 donors. The annual return on investment was approximately 20 percent, primarily attributable to increased agricultural output. The annual cost of APOC operations, taking into account the donation of drugs, is approximately \$0.58 per person treated.

Efforts to eliminate Riverblindness demonstrate the gains that can be made through partnership, and the variety of positive impacts that improving eye health can have for a population. They also demonstrate the value of concerted advocacy to ensure that multiple stakeholders join forces to improve eye health, and emphasise the potential catalytic role the Australian Government could have in fighting other key eye conditions in Africa.

Opportunities for Australia

In line with the Australian Government's commitment to expanding Australia's engagement with Africa across a variety of fronts, the 2010-11 Federal Budget included a 17.5 percent increase in development assistance to Africa, from \$163.9 million to \$200.9 million. This followed a 40 percent increase in the previous Budget. This enhanced commitment to Africa is a necessary response to the region's ongoing developmental challenges, and the opportunities posed by Africa's development for both Africa and Australia. It is also reflective of the expertise and skills Australia possesses, and of the fact that despite being a medium-sized donor in terms of overall ODA, Australia can add substantial value in niche areas.

The 2008 Lowy Institute paper *Shared Challenges and Solutions: Australia's Unique Contribution to the Future of African Development* noted that 'Australia should leverage areas of shared challenges between Australia and Africa where Australia's experience and expertise enable it to make strategically and mutually beneficial contributions.' Examples provided of this included assistance in two areas where Australia has notable expertise and could tangibly add value, namely agriculture and renewable energy.⁷

The Lowy paper also noted that Australia's engagement in Africa's health sectors should be based on areas where Australia can contribute something innovative. Such thinking appears to be reflected in recent increases to the health component of aid to Africa. The Lowy paper specifically suggests that Australia could add value in the area of non communicable disease, since the vast majority of health aid to Africa currently focuses on communicable disease., Given that cataract constitutes 50 percent or more of disease-caused blindness in Africa, and that the other 50 percent is primarily due to other non communicable diseases, there is obvious potential here for the Australian Government to play a broader role in eliminating avoidable blindness from the African continent.

It is also important to note that uncorrected refractive error — the need for a pair of spectacles — accounts for approximately 20 percent of blindness in Africa.⁸ The provision of affordable spectacles, appropriate human resource development, outreach to ensure that remote populations have access, and the establishment of cost effective, sustainable systems is an area in which Australian agencies have expertise and are already having a substantial humanitarian and economic impact in Africa and beyond.

⁷ Joel Negin and Glenn Denning, *Shared Challenges and Solutions: Australia's Unique Contribution to the Future of African Development*, Lowy Institute for International Policy, December 2008.

⁸ AMD Alliance International and Access Economics, *The Global Economic Cost of Visual Impairment*, March 2010, 15.

The Avoidable Blindness Initiative

Over the past two years, Australia has established itself as a clear leader in global efforts to eliminate avoidable blindness. In 2007, Vision 2020 Australia, in partnership with member agencies, developed a ten-year Regional Plan to eliminate avoidable blindness and vision impairment in the Asia Pacific. This plan was based on a \$600 million costing model, drawing upon the global *VISION 2020: The Right to Sight* approach which has been shown in many different contexts to be successful. The VISION 2020 approach has reduced avoidable blindness by controlling major blinding conditions, by providing eye examinations, developing infrastructure, building the capacity of eye care personnel and raising awareness about the importance of eye health and the availability of services.

Recognising the crucial importance of this work and the huge role Australia could play, the Australian Labor Party and the Coalition each made funding commitments. In 2008 the new Labor Government provided an initial outlay of \$45 million towards the Avoidable Blindness Initiative, funding Phase 1 of the Regional Plan.

Following the development of a Partnership Framework with AusAID, the Vision 2020 Australia Global Consortium was officially launched by Parliamentary Secretary for International Development Assistance, the Honourable Bob McMullan in November 2009 at Parliament House. At the launch, Mr McMullan noted that ‘the members of this Consortium have transformed the lives of tens of thousands of people’, and asserted that the Global Consortium’s efforts to eliminate avoidable blindness are a

‘key element in the long-term strategy to combat global poverty, to give people, born wherever they might be, the chance to achieve their dreams and aspirations.’

In December, the Global Consortium’s Regional Plan Steering Committee finalised a workplan of 13 programs. Following AusAID’s approval of the workplan, the first funds for these programs were disbursed in January 2010, and work has commenced in Papua New Guinea, the Solomon Islands, Fiji, Samoa, East Timor, Cambodia and Vietnam.

The Vision 2020 Australia Global Consortium brings together a group of Australian organisations with significant diversity of philosophy, size, representation, mandate, working methods and capacity. Through the development of common quality standards and approaches to eye health, the Global Consortium is making a significant contribution to the elimination of avoidable blindness and vision impairment in the Asia Pacific region.

The Global Consortium and the broad range of partnerships it is engaging in with government and non-government stakeholders is also an excellent example of MDG 8 (the development of global partnerships for development).

At present, the Global Consortium consists of Vision 2020 Australia and nine member agencies:

- CBM Australia
- Centre for Eye Research Australia
- Foresight Australia
- International Centre for Eyecare Education
- Royal Australasian College of Surgeons
- Royal Australian and New Zealand College of Ophthalmologists
- Royal Institute for Deaf and Blind Children

- The Fred Hollows Foundation
- Vision Australia

Programs are being implemented in-country through partnerships with a range of stakeholders including NGOs and governments, and ongoing establishment of partnerships remains a central priority. The Consortium's future programming will be informed by evaluations of current programs, AusAID-funded needs assessments and other reviews, with lessons learned and recommendations drawn upon to help ensure ongoing relevance, effectiveness, efficiency and sustainability.

Given the acute prevalence of avoidable blindness across Africa; the extensive expertise of Australian agencies; and the great progress AusAID has made in this area since the inception of the Avoidable Blindness Initiative; there is a clear opportunity for Australia to expand its leadership role into Africa.

Global action for the elimination of avoidable blindness

The expansion of its focus on avoidable blindness to include Africa would be in line with the Australian Government's stated commitments in this area and would act as a catalyst for further resource allocation from other stakeholders.

VISION 2020: The Right to Sight was launched in 1999 and is a global partnership of the World Health Organisation and the International Agency for the Prevention of Blindness (IAPB). With an international membership of NGOs, professional associations, eye care institutions and corporations, the IAPB, through its VISION 2020 initiative, has established a framework for the elimination of avoidable blindness and has made great progress in this direction. However, leadership is needed around the world to ensure that this foundation is capitalised upon.

In 2003, World Health Assembly Resolution WHA 56.26 affirmed the central importance of the elimination of avoidable blindness, urging all member states to reinforce VISION 2020 efforts; and in 2006 the World Health Assembly expanded upon this with Resolution 59.25, which urged Member States to build upon blindness prevention efforts nationally, regionally and internationally.

In May 2009, the World Health Assembly endorsed *the Action Plan for the Prevention of Avoidable Blindness and Visual Impairment*. The Action Plan builds upon the two previous WHA resolutions and marks a major milestone in the history of the prevention of avoidable blindness. The Australian Government spoke in favour of the Action Plan at the Geneva meeting, placing pressure on Australia to enhance its leadership role in this area.

The Action Plan's **objectives** are:

- increasing political and financial commitment to eliminating avoidable blindness
- facilitating the preparation of evidence-based standards and guidelines for cost-effective interventions
- reviewing international experience and sharing lessons learned and best practices in implementing policies, plans and programs for the prevention of blindness and vision impairment
- strengthening partnerships and coordination between stakeholders involved in preventing avoidable blindness
- collecting, analysing and disseminating information systematically on trends and progress made in preventing avoidable blindness globally, regionally and nationally.

Prior to the 2007 federal election, the Australian Labor Party and Coalition each committed publicly to addressing avoidable blindness through Australia's aid program. In 2008 the new Labor Government committed \$45 million to tackling avoidable blindness in Australia's region, and in 2009 the Australian Labor Party's National Platform was amended to state that it 'will ensure its aid program has an increased focus on...preventable blindness.' The onus is now on Australia to utilise our expertise and the lessons we have learned to tackle avoidable blindness in Africa.

Conclusion

Africa suffers from a massive, unnecessary level of vision impairment and blindness. With appropriate political and financial support, millions of people across Africa could escape the poverty cycle and experience the quality of life to which all people are entitled.

Having committed to increasing its engagement with Africa, and having supported this process with a greater pledge of development assistance, the time is ideal for the Australian Government to assume a leadership role in efforts to eliminate avoidable blindness in Africa. A greater commitment would draw upon the skills and expertise of international agencies, including those Australian NGOs who have been leading the global fight against blindness for decades. Tackling avoidable blindness is a niche area in which Australia has demonstrated leadership and expertise, and the magnitude of this problem in Africa provides an opportunity for Australia to add tremendous value.

The Australian Government's commitment through the Avoidable Blindness Initiative, and the partnership AusAID has entered into with Vision 2020 Australia's Global Consortium, indicate the way forward in engaging with Africa. International momentum for the elimination of avoidable blindness, as demonstrated by the establishment of the *VISION 2020: The Right to Sight* initiative and the World Health Assembly's adoption of the Action Plan for the Prevention of Blindness and Visual Impairment in 2009, demonstrate the growing awareness of the importance of efforts to eliminate avoidable blindness, and place further pressure on governments around the world to provide concrete support.

A concerted effort by the Australian Government to tackle avoidable blindness in Africa is in everybody's interest – enabling millions of Africans to see enhances the quality of their lives, enables education and livelihoods, allows families and communities to escape the poverty cycle, and allows national governments to focus on other pressing issues. For Australia, in addition to the moral impetus to act, eliminating avoidable blindness in Africa helps contribute to regional stability, develops markets for Australian businesses to trade with, and provides a tangible and marketable demonstration of Australia's dedication to the region's development and growing role as a responsible and effective international stakeholder.

Contact Information

For more information on any of these programs please contact Global Advocacy Coordinator Sam Byfield on 03 9656 2010 or at sbyfield@vision2020australia.org.au

