VISION 2020
THE RIGHT TO SIGHT
AUSTRALIA

Independent Review of Aid Effectiveness

Submission by Vision 2020 Australia

January 2011

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

Contents

1 Recommendations

- **Geographic** — The Asia Pacific should continue to be the primary focus of programs to tackle avoidable blindness. Australia should also commit to a leadership role in tackling avoidable blindness in Africa.
- **Sectoral** — Australia should continue to play a leadership role in tackling avoidable blindness, with an enhanced budget allocation to future phases of the Avoidable Blindness Initiative. Eye health interventions are cost effective, tangible, and play a vital role in strengthening health systems and reducing poverty.

  Future budget allocations should also consist of a four year commitment, to enable future planning and program consistency.
- **Distribution channels** — Australia's funding for tackling avoidable blindness should be implemented through several appropriate funding modalities. These should include ongoing funding for Vision 2020 Australia's Global Consortium, direct allocations to health ministries, and allocations to multilateral bodies (including the International Agency for the Prevention of Blindness and the World Health Organisation).
- **Performance and lessons learned** — Australia's aid program should focus on those niche areas where there is most need, where Australia is best placed to make a substantial difference, and which can be demonstrated to work. Avoidable blindness is one such area.

  Partnerships are vital in the delivery of effective aid programs. Vision 2020 Australia's Global Consortium is a unique example of how to achieve effectiveness and efficiency through a partnership approach.

2 Overview

Avoidable blindness is a major public health issue. Globally, approximately 400 million people are blind or vision impaired, over half of whom are in the Asia Pacific.[1] Eighty per cent of all blindness is preventable or treatable, and the World Health Organisation (WHO) has stated that efforts to tackle avoidable blindness are among the most cost effective of all public health interventions.[2] Studies have demonstrated that people with cataract experience higher levels of poverty than those with normal sight.[3]

There are extensive links between the **Millennium Development Goals** (MDGs) and avoidable blindness, and without ongoing commitment to the elimination of avoidable blindness the MDGs will not be achieved (**see Appendix 1** for further details).

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

[2] Marseille E, 'Cost effectiveness of cataract surgery in a public health care program in Nepal,' *Bulletin of the World Health Organisation*, 74 (1996), 319-324.

[3] Kuper H, PolackS et al, '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).

3 Australia's role

Building upon the work of icons like Professor Fred Hollows, Australian agencies are recognised for their leadership in tackling avoidable blindness in the Asia Pacific. In 2008, the Australian Government committed $45 million to an Avoidable Blindness Initiative (ABI) in the Asia Pacific.

Established in 2010, Vision 2020 Australia's Global Consortium is a partnership of nine leading eye care NGOs. Together with AusAID, the Global Consortium is implementing a $15 million workplan. Launching the Global Consortium in November 2009, then Parliamentary Secretary for International Development Assistance the Hon Bob McMullan MP noted that the Global Consortium's programs were 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 2010, recognising the importance of ongoing Australian leadership in this area, avoidable blindness was included as one of seven key future challenges in the Labor Government's pre-election aid policy statement *A Good International Citizen—Australia's Development Assistance*.

4 Vision 2020 Australia's Global Consortium and the Avoidable Blindness Initiative

The Global Consortium is a unique response to the partnership and collaboration agenda established by the Paris Declaration and Accra Agenda for Action. Vision 2020 Australia's Global Consortium brings together a group of Australian organisations with a significant diversity of philosophy, size, mandate, and working methods. Through the development of common quality standards and approaches to eye health programming, the Global Consortium is making a significant and cost effective contribution to the elimination of avoidable blindness and vision impairment in the Asia Pacific. A rigorous approach is used to determine which programs will be implemented, and the governance structure ensures the highest levels of accountability.

The Global Consortium consists of Vision 2020 Australia and nine member organisations:

- CBM Australia
- Centre for Eye Research Australia (CERA)
- Foresight Australia
- International Centre for Eyecare Education (ICEE)
- Royal Australasian College of Surgeons (RACS)
- Royal Institute for Deaf and Blind Children (RIDBC)
- The Fred Hollows Foundation (FHF)
- Royal Australian and New Zealand College of Ophthalmologists (RANZCO)
- Vision Australia

The Global Consortium is implementing effective programs by:

- Identifying shared values and agreeing upon basic principles for collaboration
- Sharing information about programs, philosophies and practices through relevant working groups, planning meetings and peer review processes
- Discussing shared approaches to policy issues which impact on program design and implementation
- Encouraging program partnerships between agencies with no previous history of engagement
- Engaging with AusAID, national health ministries and other government stakeholders
- Developing collaborative decision making based on the common good and achievement of VISION 2020 goals, rather than for the specific benefit of individual agencies' programs
- Building mutual accountability for program outcomes.

In turn, this process:

- Creates opportunities for open, honest and constructive communications between members and other stakeholders
- Provides access to specialist expertise and extends the programming, advocacy and research networks of member agencies
- Raises the sector's minimum standards for the design and implementation of quality eye health programs
- Facilitates a development-based approach to eye health programming for all agencies and entrenches the objectives of VISION 2020 in the design and implementation phases
- Reduces the competition and duplication of effort between member agencies
- Encourages agencies to focus on their areas of specialist expertise in program delivery, and
- Strengthens the partnership between Consortium members and other stakeholders at the in-

country NGO forum level.

Following AusAID's approval of the Global Consortium's first $15 million workplan in December 2009, programs have commenced in Papua New Guinea (PNG), the Solomon Islands, Fiji, Samoa, Timor-Leste, Cambodia and Vietnam. Additionally, a program is underway to provide resources and identify training needs in the region. Programs are being implemented in-country through partnership with a range of stakeholders including AusAID, local and international NGOs, and health ministries. Key outputs from the first six month report (and from the first twelve months for those projects funded under the Avoidable Blindness Fund) are noted below, and further information will be available when the twelve month report is finalised in March 2011.

Comprehensive planning has commenced to ensure the effectiveness of the next phase of the ABI. In-country meetings will be held over the coming months in all current and future ABI countries, with relevant stakeholders from the Global Consortium, other eye health NGOs, health ministries, AusAID, the International Agency for the Prevention of Blindness (IAPB) and other partners.

5 Strengthening health systems—outputs so far

Activities being undertaken under the ABI are closely aligned with AusAID's health systems strengthening strategy. Consortium members work closely with health ministries and NGOs in-country to embed eye health services in the broader health system, thereby ensuring effective and sustainable outcomes.

The Consortium's activities are closely aligned with the WHO's six point framework for health systems strengthening.

5.1 Service delivery

- Demand for services is being enhanced. In Cambodia for instance, public awareness has been raised through the development and dissemination of 65,000 brochures and posters, and construction of five billboards.
- There has been widespread infrastructure development. Existing buildings have been refurbished and now house eye units and Vision Centres where eye tests are carried out and spectacles provided. In PNG, Vision Centres are being established in several towns including Rabaul, Bougainville and Mendi, and equipment has been purchased. In the Solomon Islands, new eye departments will be established in Honiara, Auki and KiraKira.
- Outreach to rural areas is also vital—ensuring that the poorest and most remote are able to access services, often in contexts where health care has previously been unavailable. In the first six months of programming in Cambodia, 59 community outreach trips were conducted, with 3807 people screened. A total of 1300 cataract surgeries were subsidised in Cambodia, while 900 cataract surgeries and other sight restoring interventions were carried out in Vietnam.

5.2 Health workforce development

- Human resource development is at the core of the Global Consortium's work. Doctors, nurses and community health workers have received training in eye health, and nurses and teachers have received train the trainer training. In Cambodia, the first six months of implementation saw 20 nurses receive train the trainer training in eye health, nine personnel received ophthalmic training, and 90 community health workers across three provinces received primary eye care training.
- In Fiji, a two week train the trainer course in early childhood care and education program was delivered, involving a Health Ministry representative and field staff.
- Also in Fiji, The Fred Hollows Foundation New Zealand has established the Pacific Eye Institute (PEI), the region's first training institution for eye health professionals. The PEI's programs are taking place in a brand new, state of the art building which will house a fully-equipped eye clinic, classrooms and resource centre.

5.3 Information

- A comprehensive approach is taken to collecting data at each facility—including training of local staff in information management and the provision of systems to enable this.
- Global Consortium programs are evidence based. Where information about the prevalence and causes of blindness is limited or unavailable, assessments are undertaken, such as

those currently being completed in the Pacific to determine the level of the eye disease trachoma.

5.4 Medical products, vaccines and technologies

- The ABI is ensuring that high quality medical products are available in the Asia Pacific. A network of Vision Centres is being developed, where eye tests are carried out and spectacles manufactured and dispensed. In Lae, PNG, ICEE has established a Vision Centre where subsidised eye tests are carried out and spectacles provided. In its first twelve months of operation, 1200 people received eye tests, 385 pairs of glasses were dispensed, and 210 people were referred to see an eye doctor. This is good coverage in a town with a population of only 70,000 people.
- In Samoa, a spectacle laboratory has been refurbished to enable high quality eye tests and the manufacturing of spectacles. High quality equipment is being provided to enable cataract surgeries, and low vision aids are also being provided to those with low vision.
- The collaborative approach of the Global Consortium is also reducing inefficiencies - for instance, systems are being established to ensure bulk purchasing of equipment across countries and agencies.
- Antibiotics are being provided to address common eye conditions. Ongoing avoidable blindness activities will also address vitamin A deficiency, a major cause of blindness among children.

5.5 Sustainable financing and social protection

- In developing countries, eye care services are usually either non existent or beyond the financial reach of the people who need them most. The ABI is reversing this situation.
- Subsidies are provided for surgeries, spectacles and other sight saving interventions.
- Eye care facilities are based on sustainable cost recovery models. For instance, after being open for a little more than a year the Port Moresby Vision Centre, based at PNG's only referral hospital, is largely self sustainable. This is an excellent example of aid effectiveness and sustainability.
- Global Consortium members and the IAPB are also working with health ministries to improve national and provincial eye health policies.

5.6 Leadership and governance

- The Global Consortium itself is a unique response to the need for strong leadership and governance. The Consortium's governance structures enable a competitive and stringent approach to program selection and monitoring and evaluation; while collaboration ensures that the thematic and geographic expertise of each individual member is harnessed and utilised for the greater good and to build the capacity of other members.
- Meetings among Global Consortium members and other key stakeholders have been held in Timor Leste, the Solomon Islands and PNG to share information and undertake collaborative planning. These meetings have involved health ministry stakeholders, the Global Consortium and local partners.
- The IAPB is implementing a series of workshops across the region to improve the capacity of national stakeholders to work with government to improve eye health policies. These

are strengthening the leadership and advocacy capacity of all relevant stakeholders.

- Comprehensive phase two pre-planning meetings will take place in 2011 in all countries across the region to identify country priorities and future program focuses. All appropriate stakeholders will be involved.

Case studies which provide more information about the difference AusAID and Australian eye health agencies are making in the lives of many of the world's poorest are included in **Appendix 2**.

6 Eye care in Africa—a role for Australia

The Review's Terms of Reference state that the Review will address the aid program's geographic and sectoral focuses. With the Australian Government having substantially increased its development assistance to Africa over the past few years, it is likely that the Review will explore the nature and effectiveness of Australia's aid program in Africa, and indicate future directions.

Africa has the highest global prevalence of avoidable blindness. With only 11 per cent of the world's population, Africa is home to 19 per cent of the world's blind population. Human resource development is perhaps the greatest barrier to good eye health in Africa—while it has over 13 per cent of the global population and at least a quarter of the burden of disease, Africa has less than three per cent of the world's health workforce. Eye health services are among the most severely impacted. Other barriers to good eye health include a shortage of appropriate infrastructure, a lack of quality information upon which to base planning, and the prohibitive expenses involved in accessing eye care.

Australian eye care NGOs have extensive experience in tackling avoidable blindness in Africa, and the Australian Government is now perfectly placed to expand its avoidable blindness leadership role in Africa. Drawing upon the experience of the ABI, a Vision for Africa Consortium of Australian, African and international NGOs has been formed to work in partnership towards the elimination of avoidable blindness in Africa.

As outlined in Vision 2020 Australia's September 2010 document *Vision for Africa: A Plan to eliminate avoidable blindness and vision impairment in Sub-Saharan Africa* (available on request), a $30 million contribution by the Australian Government over four years would substantially accelerate the elimination of avoidable blindness in Africa and act as a catalyst in generating further support from national governments, NGOs and donors in this key area. As a 2008 Lowy Institute paper outlined, 'Australia should leverage areas of shared challenges between Australia and Africa where Australia's experiences and expertise enable it to make strategically and mutually beneficial contributions.'[4] Tackling avoidable blindness in Africa clearly satisfies these criteria, and it is recommended that the Review reflect the great potential for Australian leadership in this niche area.

[4] Negin J and Denning G, *Shared challenges and solutions: Australia's unique contribution to the future of African development*, Lowy Institute for International Policy, December 2008.

7 Aid modalities

Australia's avoidable blindness programs are currently implemented through several different funding modalities, including a $15 million allocation to the Global Consortium, funding to individual NGOs and to multilateral agencies. One key recommendation of the ABI 2008-2011 Independent Progress Report in 2010 was that funding modalities for the ABI continue to be refined, in accordance with strategic analyses of country context, alignment with national policies and plans, government ownership and harmonisation between all partners.

The Global Consortium should continue to receive direct funding, and where sufficient capacity exists national health ministries should receive direct funding under future ABI programming. The IAPB, WHO and other international NGOs should also receive increased funding, to enhance their capacity in regional coordination and in building the capacity of governments and other stakeholders in the elimination of avoidable blindness.

8 Appendix 1—avoidable blindness and the MDGs

8.1 MDG 1: Eradicate extreme poverty and hunger

Studies have demonstrated that vision impairment is both a cause and consequence of poverty. Globally, the prevalence of blindness is five-fold higher in poor than rich countries,[5] and research in India and Pakistan has shown that poor people are more likely to be blind.[6] In 2005-2006, a 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.[7] In Cambodia, a survey conducted with post-operative cataract patients showed that over 90 per cent of respondents said their quality of life had improved after sight-restoring surgery, that they no longer needed anyone to look after them, and that they could assist in cultivating crops and working around the house.[8]

Extrapolations at a global level have shown that a successful global VISION 2020 eye care program could prevent more than 100 million cases of blindness between 2000 and 2020, with savings of at least US$102 billion, which would otherwise be lost to reductions in productivity associated with blindness. And in 2007, the global economic productivity loss in international dollars (I$) associated with the burden of vision impairment was approximately I$427.7 billion before, and I$268.8 billion after, adjustment for country-specific labour force participation and employment rates. With the same adjustment, but assuming no economic productivity for individuals aged ≥ 50 years, the potential productivity loss was approximately I$121.4 billion.[9]

With appropriate funding, vision impairment can be substantially reduced and certain conditions can be effectively eliminated. In Vietnam and Morocco, for instance, sustained effort by governments, international agencies and the eye care sector has resulted in the elimination of trachoma as a major public health problem. In Gambia, the 10-year National Eye Care Program from 1986 to 1996 led to reductions of 40 per cent in the prevalence of blindness, including the elimination of over half of all trachoma.[10]

In West Africa, efforts since 1974 to eliminate onchocerciasis, through spraying larvicides, providing essential drugs through a public-private partnership with the pharmaceutical company Merck, and strengthening disease surveillance and public health management, has led to the effective elimination of the disease, the prevention of more than 600,000 cases of blindness, and the creation of 25 million hectares of arable land.

The economic return rate, a measure of the total economic benefit of a program compared with its total cost, has been estimated to be a highly satisfactory 20 per cent. The economic return rate of the current African Program for Onchocerciasis Control, which covers the

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

[6] 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, Giridah P, Vilas K, 'Blindness in the Indian State of Andhra Pradesh', *Investigative Ophthalmology and Visual Science* 42 (2001), 908-916.

[7] 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).

[8] The Fred Hollows Foundation, 'Report on the Socio-Economic Impact Survey of Post-Operative Cataract Surgery Patients in Three Provinces of Cambodia', March 2004.

[9] Smith T, Frick K, Holden B, Fricke T and Naidoo K, 'Potential lost productivity resulting from the global burden of uncorrected refractive error', *Bulletin of the World Health Organisation* 87 (2009), 431-437.

[10] Frick K, Foster A, Bah M, 'Analysis of the Gambian National Eye Care Program', *Archives of Ophthalmology* 123 (2005).

remaining 19 endemic countries, is projected to be 18 per cent.[11]

8.2 MDG 2: Achieve universal education

Approximately 90 per cent of vision impaired children in developing countries are deprived of schooling. Lack of infrastructure, affordable health care, accessible and suitable school materials and qualified teachers prevent vision impaired children from attending school in many low income countries. Blindness among adults in the family may also result in decreased school attendance and performance, as blind adults are dependant on school aged children for care.

8.3 MDG 3: Promote gender equality and empower women

Women are affected by blindness and vision impairment to a much greater degree than men. 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 per cent more common in women than men. Since then, a large number of national surveys and assessments have confirmed these earlier findings. Surveys have revealed that women account for approximately 64 per cent of the total number of blind people globally, and that in some areas women are half as likely to be able to access eye care. Studies indicate that women generally have less access to cataract services, and that girls are more likely to have trachoma than boys.[12]

Programs under the ABI address the gender discrimination inherent in eye health. CBM Australia's work in Takeo, Cambodia, and Nghe An and Son La provinces, Vietnam, is adopting a holistic approach to addressing gender in community eye health. This approach includes human resource development; the inclusion of women in leadership and decision-making positions; provision of surgical services; increased quality of training and support; increased service accessibility for women; and collection and analysis of quality quantitative and qualitative data disaggregated by gender.

8.4 MDG 4: Reduce child mortality

Up to 60 per cent of children in low income countries die within two years of becoming blind, and approximately 500,000 children become blind each year. Many of the conditions associated with child blindness are also causes of child mortality (premature birth, measles, congenital rubella, vitamin A deficiency, and meningitis).

While all ABI programs contribute directly or indirectly to lowering the risk of childhood mortality through childhood blindness control interventions and promoting basis public health care, the RIDBC's project addressing Fiji's National Plan for Vision Impaired Children is specifically focused on developing Fiji's human resource capacity in child eye health, and developing partnerships between key stakeholders in this area. Furthermore, the monitoring and evaluation framework utilised by Global Consortium members specifically focuses on the needs of children, including through the disaggregation of data to ensure that specific needs are addressed.

The Australian Government has acknowledged that MDG 4 will not be met unless there is an increase in funding and development of national strategies to ensure effective allocation of

[11] Hodgkin C, Molyneux D, Abiose A, 'The future of Onchocerciasis Control in Africa', *PloS Neglected Tropical Diseases* 1, (2007).
[12] Courtright P and Lewallen S, 'Gender and Eye Health', *Community Eye Health Journal* 22 (70), 2009, 17-18.

resources.[13] By providing further funding for the elimination of avoidable blindness, the Australian Government can continue to lead by example in reducing vision impairment among children, thereby reducing child mortality.

8.5 MDG 6: Combat HIV/AIDS, malaria and other diseases

Globally, hundreds of millions of people experience vision impairment and blindness caused by diseases including cataract, river blindness and trachoma. The 'other diseases' of MDG 6 provide a direct opportunity for concerted action to recognise and address these diseases.

Additionally, people living with disability are equally, or more, exposed to risk factors that lead to infectious diseases and have limited access to outreach and treatment services. Global Consortium programs address this by reducing the prevalence of vision impairment, and by addressing the needs of people with disabilities. Global Consortium programs also contribute to reducing the impact of HIV/AIDS, malaria and other diseases by utilising a public health approach which improves eye health services, maternal and child health care, health education and good nutrition.

8.6 MDG 7: Ensure environmental sustainability

People in low-income countries living with a disability are likely to have lower standards of housing conditions and have less access to clean water and sanitation. Facilitating access to clean water and sanitation is one element of Global Consortium programs, particularly in efforts to eliminate trachoma in the Pacific.

8.7 MDG 8: Develop a global partnership for development

The global VISION 2020 initiative and Vision 2020 Australia's Global Consortium represent unique and effective responses to MDG 8. The Partnership Framework developed with AusAID, and the fostering of strong partnerships between health ministries, international and national organisations, professional organisations and civil society groups, ensures that the benefits of partnership are experienced at national, regional and community levels. They directly benefit the poorest of the poor, enable expertise to be shared and built upon, and minimise program overlap and inefficiency.

[13] The Hon Bob McMullan MP while launching the *report Investing in Maternal, Newborn and Child Health, the Case for Asia and the Pacific*, 3 May 2009.

9 Appendix 2—case studies

9.1 Tackling cataract in Vietnam

The ABI is bringing sight to people in some of Vietnam's poorest regions, with community eye care development programs now active across six provinces.

In Bac Quang District of Ha Giang Province, around 800 people were recently screened for various eye conditions and a total of 86 patients received surgery.

One patient who received sight restoring cataract surgery at the eye camp was Li Thi Ghy. Life had been difficult for Ghy. Her husband died when she was young, so she was forced to raise 10 children on her own. The past three years, however, have been the toughest. Like hundreds of thousands of people in Vietnam, Ghy experienced cataract blindness. In Australia, a condition like cataracts can be treated quite easily, but in Ghy's home district there were no services available to treat her condition.

Each day, Ghy guided her way down to the tea plantation to work. One of her daughters, Tran Thi Thanh, said 'I am so sad to see mum stumbling and bumping into walls, but she has a strong will and we can't stop her from working.' More than anything else, Ghy wanted her sight restored so she could see the faces of her grandchildren, many of whom she had heard but never seen.

Luckily for Ghy, Vision 2020 Australia Global Consortium partner, The Fred Hollows Foundation, supported a surgical eye clinic in Bac Quang. She heard about the campaign through the promotion activities of The Foundation, which ensures that village health volunteers reach houses to let people know about the free cataract surgery.

When Ghy's eye patch was removed just 24 hours after receiving cataract surgery, her life was transformed. Her face lit up when she saw her house in the distance, where her children and grandchildren were waiting anxiously for her to return.

Photo courtesy of The Fred Hollows Foundation, photographer Hanh Tran

9.2 Saving sight in the Solomon Islands

Sixty five year-old Eileen sits in a corner of the crowded eye clinic at the National Referral Hospital in Honiara, waiting for an ophthalmic nurse to test her progressively failing vision. On Sundays, Eileen gives children singing lessons. Unfortunately for Eileen and her students, her vision impairment is now making it difficult to read songs from her hymn book.

As afternoon heat fills the eye clinic, Eileen calmly answers the ophthalmic nurse's questions, quietly excited at the prospect of being able to see again. When told that her vision can be improved with a simple pair of glasses, a warm smile stretches across Eileen's face.

In developing countries like the Solomon Islands, elderly people with impaired vision are often isolated, excluded from social services and unable to contribute to their families and communities. Eileen's case demonstrates that when glasses and eye care are accessible and affordable, age-related conditions that cause blindness can be simply treated.

As part of the ABI, a partnership between ICEE, Foresight Australia and the National Referral Hospital has opened an optical workshop in the Solomon Islands to help people like Eileen maintain a high quality of life.

Photo courtesy of the International Centre for Eyecare Education, photographer Dean Saffron

9.3 Curing childhood blindness in Africa

Fourteen year-old Mohammed Abdullah Omary, from Tanzania, had never been able to see. His eyes were almost translucent with thick, white cataracts which prevented all light from reaching his pupils. Mohammed had never been to school, but desperately wanted to. 'I heard my friends talking about school, but while I liked to learn I never had the opportunity.'

Living in a remote Tanzanian village, the nearest school was a two hour trip. The walk up the road was steep, uneven, and fraught with many hidden dangers. As a result of his blindness, Mohammed was kept inside so he wouldn't get hurt. He was totally reliant on his mother and father for even the most basic of activities.

Mohammed's mother took him to the regional hospital several times but each time the doctors did nothing—they lacked the training and resources to correctly treat cataracts. Each unsuccessful trip cost the family 6000 Tanzanian Shillings, the equivalent of one year's salary for Mohammed's father.

Hope for the future simply became too expensive. Thanks, however, to the mobile outreach provided by CBM Australia, Mohammed was found and brought to Dar el Salaam for the simple surgery that would transform his life.

After surgery, Mohammed enjoyed a laugh with the other boys who had benefited from treatment. He expressed thanks for his surgery, a tangible demonstration of not only CBM Australia's goodwill but of Australia's desire to make a difference and improve the lives of those in developing countries. Following his operation, Mohammed has been active in his community and school, has a level of independence he could not have otherwise had, and looks forward to a life of opportunity.

Mohammed Omary after his life changing surgery. Photo courtesy of CBM Australia, photographer Marie Maroun

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