Independent Review of Aid Effectiveness

Submission by The Fred Hollows Foundation

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There are clear links between poverty and blindness, and the elimination of avoidable blindness is an important step in achieving the MDGs. Eye health interventions are amongst the most cost effective of all public health programs.

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- The allocation of resources under the Australian aid program should continue to be shaped around the priorities and needs of partner developing countries, and the views of civil society organisations in those countries.

- In the coming decade, Australia's aid program also needs to move beyond its existing objective of reducing poverty and deliberately tackle the growing inequality emerging within many developing countries that are experiencing significant social and economic change. There are population groups at district and community levels in many countries that are not benefitting from standard poverty reduction strategies.

- The Fred Hollows Foundation (FHF) advocates that the Australian aid program increase funding for health to bring it to the same level and importance as education funding within the aid budget.

- FHF seeks to extend the Australian aid program's focus in two broad chronic disease areas of Neglected Tropical Diseases (NTDs) and Non-Communicable Diseases (NCDs) particularly as NCDs make the largest contribution to mortality both globally and in developing countries.

- Recognizing Australia's unique expertise and experience in programs to eradicate avoidable blindness in developing countries, FHF applauds AusAID's incorporation of a regional avoidable blindness initiative within the Australian aid program and urges the commitment of the Government and AusAID to the further phases of this ambitious plan to end avoidable blindness in our region.

- FHF wishes to see the Australian aid program strengthen its commitment to the health systems strengthening approach[1] and primary health reform in The Pacific, Asia and Africa in order to address inequalities in access and appropriate services for disadvantaged and marginalised groups such as people living with avoidable and unavoidable disability, women and girls, the aged and remote communities.

- FHF supports the Australian aid program taking more sector-wide approaches to inequality and poverty reduction that maximise Australian expertise and experience such as in overcoming avoidable blindness. Increased funding for research and innovation is also required for scaling up the models of good practice that have been developed.

- FHF sees the need for increased resources for building the evidence base for effective development through high quality and critically reviewed development research. In the health sector there is a need for priority research on health systems strengthening including health systems financing, and the promotion of linkages between Australian organizations and developing country research institutions.

- FHF recommends that programming of Australian aid resources utilize a mix of funding arrangements to strengthen health systems and reduce disease burdens. This requires an active partnership approach involving multilateral coordination, national government planning and civil society engagement with and through Australian Non-Government Organisations (NGOs).

[1] The Health Systems Strengthening Framework (WHO, 2007) has six 'building blocks': health service delivery; health workforce development; health information; medical products, vaccines and technologies; health financing; leadership and governance.

- FHF advocates that the Australian aid program's investment in the global initiative to eradicate avoidable blindness and achievement of *VISION 2020 – The Right to Sight* be increased.

2. The Fred Hollows Foundation

The late Professor Fred Hollows (1929-1993) was a cataract surgeon, best known in Australia for his work with the National Trachoma and Eye Health Project in the mid 1970s. He was passionate about the universal coverage of health services. In addressing the barriers to access and equality in eye health service delivery he advocated for the development of community controlled health services such as Aboriginal Medical Services in Australia, public-private partnerships and social enterprise initiatives where these would extend and strengthen quality public health service delivery to rural, remote, marginalised, disadvantaged and poor communities.

The Fred Hollows Foundation (FHF) is an AusAID-accredited Australian international development agency that has traditionally focussed its eye health programming in the area of human resource development and the provision of equipment to tackle cataract blindness, which accounts for more than 50% of the global burden of avoidable blindness.[2]

In recent years The Foundation has expanded the scope of its international programming to address other treatable and preventable eye diseases and visual impairment including refractive error, childhood blindness, diabetic retinopathy, retinopathy of prematurity and various trachoma related activities. The Foundation today advocates the development of comprehensive eye care services based within local health care systems and supports the building and strengthening of capacity within local structures.

FHF activities, projects and programs aim to implement national eye health priorities outlined in VISION 2020-based National Prevention of Blindness (PBL) plans in each country. The current VISION 2020 Global Action Plan 2009-13 targets activities to achieve three key building blocks for sustainable health systems: disease control, human resources development and infrastructure development. These three key pillars are supported by initiatives in community education, advocacy and research and aim to strengthen the global focus on health systems strengthening.

In 2011, FHF is undertaking eye health initiatives in 19 countries in East Asia, South Asia and Africa. The Foundation's NZ sister entity is active in the Pacific region and PNG.

The Foundation partners with in-country Governments and local eye health stakeholders at the primary, secondary and tertiary levels to ensure that marginalised communities can access strengthened public eye health services. This approach ensures that local program solutions are sustainable in the long term.

During the planning phase of a program, FHF works with local stakeholders, NGO partners and civil society groups to identify the provinces or districts of greatest need within each country. Target populations served by FHF programs are marginalised for many reasons including that they are subject to gender discrimination or other bias such as age and disability, or simply because there is a lack of appropriate and/or affordable eye health services where they live.

At the Primary Health Care level and when establishing Community Eye Centres, FHF seeks the greatest engagement with civil society in health promotion and disease prevention particularly in the engagement of local community leaders and groups that represent women, disabled and the aged.

Developing the capacity of primary health workers in eye health promotion and care, screening and referral, is an important focus in The Foundation's programming with local public health authorities.

[2] IAPB 2010 Report, p 51.

Partnerships at global, national and local levels are the key to eradicating avoidable blindness by 2020. FHF is a member of, and holds a position on the Board of Trustees of, the International Agency for the Prevention of Blindness (IAPB). The IAPB partners with the World Health Organisation (WHO) in the VISION 2020 global campaign.

The Foundation is a member of the national Vision 2020 Australia Global Consortium, a group of nine agencies working to eradicate avoidable blindness in the Asia Pacific region and is actively engaging in the Vision for Africa program planning collaboration. FHF plays a leading role in the local NGO/government forums for eye health coordination.

FHF is a member of the Australian Council for International Development (ACFID) and signatory to the ACFID Code of Conduct that highlights the shared values, accountabilities and core elements of efficiency and effectiveness by Australian NGOs in international development programs and approaches to poverty reduction and addressing inequality at local and community levels.

FHF has provided input to the ACFID Submission to the Independent Panel reviewing Australia's Aid Effectiveness and supports its recommendations.

VISION 2020: The Right to Sight

VISION 2020: The Right to Sight is a global initiative for the elimination of avoidable blindness.

It was launched in 1999 with the twin aims of eliminating avoidable blindness by the year 2020 and preventing the projected doubling of avoidable visual impairment between 1999 and 2020.

The ultimate goal of the initiative is to integrate a sustainable, comprehensive, high quality, equitable eye care system into strengthened national health care systems.

VISION 2020: The Right to Sight brings together World Health Organization (WHO) member countries with the members of the International Agency for the Prevention of Blindness (IAPB) to work together towards the common goal of eliminating avoidable blindness, which affects the quality of life for so many, with such devastating consequences for human, social and economic development.

3. Eye Health as an Intervention to Overcome Inequality, Disadvantage and Marginalisation

When measured in Disability Adjusted Life Years (DALYs), **visual disorders have a similar impact to that of HIV and AIDS** and a greater impact than that of malaria on the overall burden of disease.[3]

Many of the world's 400 million blind and visually impaired people[4] face a life of chronic poverty with few opportunities to work or support their families. Blindness and visual impairment impacts on households and communities - that have reduced opportunities for education and participation in sustainable livelihoods to improve their quality of life – with the greatest burdens borne by women and girls.[5]

Ninety percent of the world's blindness exists in developing countries, and over half of all global blindness occurs in Asia and the Pacific regions. Africa experiences a significantly higher burden of blindness and vision impairment than other regions. While Africa has 11 per cent of the world's population, it is home to approximately 19 per cent of the world's blind population.[6]

Eighty per cent of all blindness is preventable or treatable. Two thirds of all blind people are women, and up to 60 per cent of children in low income countries who become blind, die within two years. Cataract is the leading cause of blindness in the world yet cost effective treatment for cataracts is available.

As the world's population grows and ages, and as global economic changes bring about increasing urbanisation and altered health and nutrition practices, there will be increasing rates of cataract in people living over 50 years, and already with the global diabetes 'epidemic' has come the increasing prevalence of blindness from diabetic retinopathy.

These projections of increasing visual impairment prevalence are of as much concern to middle income countries as they are to low income countries because of the potential for inaction to stall or reverse national development gains across social, economic, health and life expectancy measures.

Advocacy work by the IAPB members including The Foundation will continue to highlight the development case for a global investment over the next 10 years to prevent an estimated 100 million people from going blind, allowing them to maintain economic and social productivity and escape chronic poverty. [7]

From investments already made in the first 10 years of the *VISION 2020: The Right to Sight* global initiative for the elimination of avoidable blindness, the scaling up of proven, highly cost-effective eye health interventions and the strengthening of health systems in the world's poorest countries has seen:

- the prevalence of blindness decrease in some countries (including Gambia, Mexico, India, Morocco, Pakistan and Thailand)[8];

[3] VISION 2020 Action Plan 2006-2011, WHO Geneva, figure 3.
[4] AMD Alliance and Access Economics (2010) *The Global Cost of Visual Impairment*.
[5] Kuper, H et al (2010) *Does Cataract Surgery Alleviate Poverty? Evidence from a Multi-Centre Intervention Study Conducted in Kenya, the Philippines and Bangladesh*. PloS ONE 5(11) e15431.
[6] IAPB Africa Region, quoted in *Vision for Africa: A plan to eliminate avoidable blindness and vision impairment in Sub-Saharan Africa* (September 2010)
[7] IAPB 2010 Report.
[8] WHO (2007) *VISION 2020: The Right to Sight – Action Plan 2006-2011* and IAPB 2010 Report.

- the number of people operated for cataract (the leading cause of avoidable blindness) increase dramatically in South East Asia;
- major reductions in the number of people blind from Trachoma and Onchocerciasis (River Blindness).[9]

In strengthening national health systems through the integration of sustainable and equitable eye health care systems that serve patients at primary, secondary and tertiary levels, FHF and other NGOs assist to reduce the barriers experienced by marginalised populations groups in accessing health care.

The Foundation's advocacy to grow Australia's support to the global avoidable blindness initiative is informed by research evidence that shows that improving health service delivery has demonstrable development outcomes in many countries in terms of economic productivity and savings in costs of disability.

Socio-economic Impact Study – Kenya, Bangladesh and The Philippines

Research in Kenya, Bangladesh and The Philippines has confirmed that people with visual impairment due to cataract were poorer than those with normal sight in all three countries.[10] They were substantially less likely to participate in productive activities, including paid work and non-market activities, and had a lower quality of life.

However one year after cataract surgery and restoration of their sight, their productivity and quality of life had rapidly improved, matching that of the rest of their community.[11]

Further follow-up research is being undertaken, with funding support from FHF, to gather additional evidence on the long-term impact of cataract surgery on the people in the study.

[9] IAPB (2010) *The Elimination of Avoidable Blindness - Reaching the Goals of VISION 2020: The Right to Sight* International Agency for Prevention of Blindness.
[10] Kuper, H, et al (2008) *A Case-Control Study to Assess the Relationship between Poverty and Visual Impairment from Cataract in Kenya, the Philippines, and Bangladesh*. PLoS Med 5(12) e244.
[11] Kuper, H et al (2010) *Does Cataract Surgery Alleviate Poverty? Evidence from a Multi-Centre Intervention Study Conducted in Kenya, the Philippines and Bangladesh*. PloS ONE 5(11) e15431.

4. Structure of the Australian Aid Program

The allocation of resources under the Australian aid program should continue to be shaped around the priorities and needs of partner developing countries, and the views of civil society organisations in those countries, based on the poverty reduction framework of the Millenium Development Goals (MDGs) and the fundamental rights set down in international human rights agreements.

However in the coming decade, the Australian aid program also needs to move beyond its existing objective of reducing poverty and also deliberately tackle the growing inequality emerging within many developing countries that are experiencing significant social and economic change.

Phenomena such as rapid urbanisation, new financing models for some essential services, shortage of service infrastructure and skilled professionals and entrenched discriminatory attitudes and practices, mean that there are population groups at district and community levels in many countries that are not benefitting from standard poverty reduction strategies.

In addition to changing the formal objective of the Australian aid program to "reducing poverty and inequality" so that this is better communicated to the Australian people, the program itself must be better targeted to address the inequalities that arise from disadvantage, marginalisation, remoteness and discrimination and that have such an adverse impact on the lives and opportunities of people with disabilities, rural and regional populations, the urban poor, women and girls, and the aged.

4.1 Sectoral focus of Australia's aid program

The Foundation advocates that the Australian aid program increase funding for health to bring it to the same level as education funding within the aid budget.

4.1.1 Health Systems Strengthening and Increased Research

Based on the global significance of the burden of visual impairment - of blindness both as a cause and consequence of poverty and its relationship to development programs for water, sanitation and hygiene; food security, primary health care and mother and child care - FHF's eye health experience and clinical and operational research underscores its support for AusAID to continue a strong focus on the health systems strengthening approach and particularly primary health reform.

In tandem with increased health program funding through AusAID, FHF emphasises the need for increased resources for development research, both in terms of contributing to a global agenda of priority research on health systems strengthening and to develop ongoing linkages between Australian organizations and developing country research institutions.

Building the evidence base for effective interventions in disease control, prevention and treatment is required so that all national efforts in health will contribute to broader development goals.

In addition FHF is seeking to extend the Australian aid program's commitment to the health systems approach and primary health reform in two broad disease areas:

- *Neglected Tropical Diseases (NTDs)* – are a group of chronic disabling infections (including the blinding eye diseases of Trachoma and Onchocerciasis) that affect

more than 1 billion people worldwide in tropical and sub-tropical climates, mainly in Africa and mostly those living in remote rural areas, urban slums or conflict zones.[12]

NTDs directly impact on disability prevalence rates in the world's poorest nations with children being the most vulnerable to infection.

In general the NTDs require better information systems for directing and integrating disease control strategies with other development interventions especially with regard to water, sanitation and hygiene, and nutrition.

- *Non-Communicable Diseases (NCDs)* (including blindness and visual impairment) make the largest contribution to mortality globally. 80% of people who die from NCDs are in the developing world and it has been estimated that the 'chronic NCDs' of heart disease, stroke and diabetes cost low and middle income countries as much as five per cent of their gross domestic product.[13]

Global community action is required to both address the 'epidemic' in NCD disease rates - such as diabetes mellitus and the increasing rates of the blinding condition of diabetic retinopathy - and to integrate NCD interventions into global development targets in the future.

Integration of treatment for avoidable blindness conditions such as high-volume, low cost cataract surgery within an overall emphasis on NCD planning and policy will have a long-term impact on the productivity and participation of both female and ageing populations in many developing countries.

4.1.2 Health Systems Financing and Social Protection

Cost is a significant barrier to accessing quality health services in both low income and middle income developing countries. This is particularly a factor in eye health care from the experience of The Foundation.

Where appropriate public services are not easily accessible due to distance, this is an additional barrier for seeking early diagnosis and treatment of disease. Thirdly there may be cultural barriers to be overcome when traditional attitudes to disease treatment do not value surgical intervention.

Since being established 19 years ago, FHF has worked with developing country partners and global specialists to develop the technology and surgical techniques appropriate to reducing the cost of cataract surgery in the countries where we work. However even a small monetary fee is still out of reach for some disadvantaged groups and the cost of travel for those groups from rural and remote areas.

The Foundation's work is based on systems that subsidise free eye health care for the poorest of the poor. Using a tiered pricing structure that was first formalised in India[14], FHF programs ensure that those who can afford to pay do and those who can't afford to pay get their treatment for free. The quality of surgery is the same for all patients.

Outreach health services to rural and remote areas are vital in sustaining development targets. As skilled health professionals are generally concentrated in urban areas this leads to large

[12] European Foundations Initiative for African Research into Neglected Tropical Diseases (EFIND): http://ntd-africa.net

[13] UN News Centre, *UN Secretary-General Ban Ki Moon calls for an international commitment for NCDs*, 28 January 2011 (http://www.un.org/apps/news/story.asp?NewsID=37400&Cr=non-communicable&Cr1=)

[14] Aravind Eye Care System was developed by the Lions Aravind Institute of Community Ophthalmology (LAICO) of Madurai, Tamil Nadu in India and is replicated in many parts of the world.

differentials in disease prevalence rates and health indicators in significant regionalized countries such as India and China for example.

Assistance to improve health management information systems in many countries with growing and ageing populations is required from coordinated donor aid funding. Information systems to support the targeting of domestic health expenditure to address cost, physical and cultural barriers in the provision of quality public health services has been prioritised by The Global Fund to Fight AIDS, Tuberculosis and Malaria for example. Partnerships at national and sub-national levels with International and national NGOs and civil society groups by The Global Fund explicitly utilizes the strengths of civil society groups through their linkages and experience of working with marginalised and disadvantaged communities.[15]

Other systemic barriers to equitable health service provision include shortages of trained health workers in secondary and tertiary levels of health care, accessible infrastructure and knowledge and training in modern treatment methods and technologies. In the *VISION 2020* global initiative to eliminate avoidable blindness, these are being addressed through partnerships that bring together national and sub-national level stakeholders and also public-private and NGO service providers at community level.

The potential for public-private sector partnerships and social enterprise initiatives in technology and equipment supply in increasing basic health service coverage within public health systems has been a success in Asian countries. This is an area recommended for further research and innovation funding by the Australian aid program in partnership with national health planners and local research institutes to learn from the Asia experiences and invest in other regions.

CASE STUDY – Nepal

The cost effectiveness and delivery scope of basic eye health services invites opportunities for public-private partnerships and social enterprise approaches.

In Nepal, 90% of eye health services are provided by the private sector. At the Tilganga Institute of Ophthalmology (TIO) in Kathmandu, an implementing partner of The Fred Hollows Foundation, patient fees supplement the free surgery for those who are unable to pay.

The same quality surgery is provided by TIO to all patients – both full-fee paying and 'subsidised' - and TIO also operates a number of Community Eye Centres in rural and remote districts to overcome the distance or access 'barrier' that can affect the uptake of cataract surgery along with cost.

TIO's commitment to lowering the cost of cataract surgery includes a laboratory for the production of Inter-Ocular Lens (IOLs) at a fraction of the cost of those produced in developed economies. The high quality IOLs produced by TIO in Nepal have been exported to over 70 countries around the world and the income from sales is used to provide subsidised surgeries.

The TIO currently sees around 900 patients every day.

[15] The Global Fund to Fight AIDS, Tuberculosis and Malaria (Geneva, Switzerland) *Civil Society Success on the Ground - Community Systems Strengthening and Dual-track Financing: Nine Illustrative Case Studies*, 2008

4.2 Geographic focus of Australia's aid program

Blindness is most prevalent in countries and population groups where malnutrition, inadequate health and education services, poor water quality and a lack of sanitation leads to a high incidence of eye disease.[16]

Achieving the human development targets of the MDGs and address the above basic needs, continues to be challenging for many countries of The Pacific, Asia and Africa. FHF and partner international and national NGOs, civil society groups and development research institutes have experience and existing linkages in providing community and district services to address locally identified health and related priorities.

4.2.1 Pacific

Whilst health programs and integration with programs that are building capacity to address the non-health determinants of morbidity and mortality in The Pacific are a bilateral and multilateral priority for the Australian and New Zealand aid programs, basic service delivery is hampered by human resource capacity-building needs at mid-levels of national health systems and in the health systems' capacity for health workforce management and maintenance of equipment and infrastructure for service delivery.

Eye health in the Pacific is among the world's worst and Australia and New Zealand can continue to play the major role in addressing this need through future resourcing of the Avoidable Blindness Initiative.

Cataracts are the leading cause of avoidable blindness and diabetic retinopathy prevalence is increasing with the escalating rates of diabetes across the region. Australia and New Zealand must continue to participate in coordinated donor support to the NCD sector-wide approach in the Pacific.

In addition priority support is needed in order to focus on the NTDs present in The Pacific including Trachoma. Through the GET 2020[17] initiative there is the possibility to eliminate the blinding disease of trachoma in The Pacific by 2020.

The new **Pacific Eye Institute in Fiji**, completed in 2010, was jointly supported by the Australian and New Zealand Governments to provide training for ophthalmologists, doctors and nurses from around the Pacific region and served 20,000 patients in 2009 at both on-site and outreach clinics.

4.2.2 Asia

The focus of the Australian aid program on least developed and low-income countries, and fragile states in particular, is appropriate in the Asian region. However inequality within middle-income developing countries with growing and ageing populations has the potential to stall or even reverse development gains in key target areas especially, for women and children.

A number of national blindness surveys in 2007and 2008, in Vietnam, Cambodia, Lao PDR and The Philippines for example[18], showed that eye health services experience the same challenges as other services within public health systems with regard to inadequate human resource

[16] IAPB. *Blindness, Poverty and Development*. *The Impact of VISION 2020 on the U.N. Millenium Development Goals*. International Agency for the Prevention of Blindness.

[17] WHO leads an international Alliance for Global Elimination of Trachoma by the year 2020 (GET 2020).

[18] Vision 2020 Australia (2010), *Towards 2020 – A Plan to Eliminate Avoidable Blindness and Vision Impairment in our Region*, p 6.

development and training opportunities; lack of quality information and health management information systems; community awareness and affordability of services.

With eye health services in many Asian countries, there has been some success in promoting a cost recovery/cost subsidy model where those that can pay the full cost of eye disease treatment subsidise patients that cannot.[19]

Since 2008, recognising the expertise of the Vision 2020 Australia's Global Consortium of nine Australian organisations including The Foundation, and the development impacts of eliminating avoidable blindness in the Asia-Pacific region, the Australian Government has made a significant commitment of AUD$45 million in aid funding to tackle avoidable blindness and visual impairment through the introduction of the Avoidable Blindness Initiative (ABI) in the Asia Pacific region under AusAID's *Development for All* disability-inclusive aid programming strategy.

Expanded prevention and treatment programs are required in Asian countries in order to make a significant and sustainable difference to blindness rates, using well-researched cost-effective and high volume treatment methods for cataracts for example, and to promote early intervention for other avoidable blindness conditions through screening and referral.

4.2.3 Africa

Increasing resources for Australian development assistance to sub-Saharan Africa should focus on issues and programming of most importance to poverty reduction and inequality and in areas where Australia can add the greatest value. Given the lack of progress in reaching key MDG targets in countries of the region, it is clear that aligning Australian aid with national development plans requires a sustained focus on education, health, water and sanitation, nutrition and food security and productive livelihoods.

Given the inter-related effect of these basic rights on eye health, it is not surprising that the African region experiences a significantly higher burden of blindness and visual impairment than other regions. Yet 80% of blindness is preventable or treatable.

In the area of cataract surgery where FHF has traditionally focused its cost-effective support, programs in African countries are dealing with cataract being the leading cause of avoidable blindness (approximately 50% across the region). In addition cataracts tend to occur up to 10 years earlier than in other parts of the world which affects family and household livelihoods, and perpetuates a chronic poverty-disability-poverty situation.

While the African region has over 13 percent of the world's population, it has at least one quarter of the global burden of disease matched with less than three per cent of the world's health workforce.[20] Human resource development and improving approaches to training and management systems are major challenges for public health services over the next ten years.[21]

A key requirement for most countries of sub-Saharan Africa is the need for accurate and up to date data upon which to build effective program design.

Through existing and emerging global consortia and alliances that bring together: multilateral funding coordination, national government plans and systems, Australian and international NGOs, collaborating health institutes and research centres in Australia and African countries, African NGOs, health professional groups, civil society groups and private sector groups - there is a need for sustained resource flows to deal with bottlenecks and barriers to universal public health coverage.

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[19] Lewallen S and Thulasiraj RD, *Eliminating cataract blindness–How do we apply lessons from Asia to sub-Saharan Africa?* Global Public Health: First published online 10 February 2010. Quoted in IAPB 2010 Report, p 23.

[20] Cook J, *Public Health in Africa*, CSIS Global Health Policy Centre Report, April 2009.

[21] IAPB 2010 Report

Increased Australian aid funding in Africa needs to be focused within a health systems strengthening framework and in particular primary health care reform as part of the global efforts to improve health outcomes in sub-Saharan African countries especially the disease burden on women.

Vision for Africa Plan[22] – Leading vision NGOs from Australia, Africa and beyond have joined together to propose the development of a comprehensive strategy, that if funded, will accelerate the elimination of avoidable blindness in Africa. The strategy includes

- Development of human resource capacity
- Management of key diseases and refractive error
- Development of effective eye health infrastructure
- Research to underpin all program activities and inform planning
- Outreach and health promotion
- Evidence based advocacy

4.3 Different Forms of Aid and the role of NGOs and the balance between Multilateral and Bilateral Aid Funding Arrangements

Strong civil society engagement with health promotion and service delivery is a critical factor in sustainable and effective primary health care when it is matched with resourced national policy and planning frameworks and reliable aid resources to boost domestic expenditure and political commitment.

Based on partner developing country needs and disease burdens, 'on budget' aid resourcing from multilateral and bilateral funders have seen, for example, measurable global reductions in the prevalence of two blindness-causing NTDs, namely Trachoma and Onchocerciasis.

Dramatic reductions in the prevalence of Trachoma and Onchocerciasis, in Latin America and West Africa respectively, have been achieved through partnerships between the public, private and civil society/voluntary sectors at national and sub-national level matched with multilateral coordination of aid donor resources.

The **Africa Program for Onchocerciasis Control (APOC)** managed by the World Bank with national governments, features donor coordination and strong private sector involvement through provision of drugs and clinical research. International NGOs are involved in mobilising APOC outreach and service delivery with and through local NGOs and civil society in the Community-Directed Treatment (ComDT) approach. APOC has become a model for sustainable health practice in some of the poorest countries of the world.[23]

Partnerships such as those above that underpin *VISION 2020: The Right to Sight* – the global action plan for the elimination of avoidable blindness, are key to achieving country development targets. National and sub-national Prevention of Blindness Committees bring together eye health stakeholders including civil society groups that cover policy, planning, research, innovation and service delivery.

Directing Australian aid program resources to multilateral programs for effective coordination of resources and accountability does not take away the need for government to government 'dialogue' with respect to addressing locally identified national institutional capacity and human

[22] Vision 2020 Australia and IAPB Africa Region (2010) *Vision for Africa: A plan to eliminate avoidable blindness and vision impairment in Sub-Saharan Africa.*
[23] IAPB 2010 Report.

resource constraints that hold back country systems from achieving development targets in universal coverage of quality health care.

Programming for Australian aid resources needs to continue to use a mix of funding arrangements to strengthen health systems and reduce avoidable disease burdens. The global initiatives to address avoidable blindness, NTDs and NCDs are based on coordinated and 'on time' multilateral finance, national government priorities determined with NGO and civil society engagement.

Civil society organisations, such as Australian and other international NGOs, have the grassroots linkages with local NGOs and community organisations for providing equitable health service delivery, education and health promotion.

Civil society groups also provide accountability for resource flows with regard to quality services and health outcomes at the district and community level. They have an important advocacy role with regard to the effectiveness of approaches in reducing poverty and achieving sustainable development improvements particularly with regard to equitable access to basic services for remote populations, and disadvantaged groups particularly women and the aged.

In order to respond to local priorities, aid resource flows must be linked with both national and local level needs and be results-driven by partnerships in policy, advocacy and research. It is therefore not a matter of choosing either multilateral funding or bilateral funding or NGO/civil society funding in improving public health systems for example but looking at effectiveness of the funding mix to achieve sustainable development outcomes and respond to local priorities.

CASE STUDY – Bangladesh

The National VISION 2020 Advisory Committee of government and NGO stakeholders for the implementation of the National Eye Care Plan in Bangladesh, that includes FHF, actively promotes the involvement of civil society groups in the district level coordination committees to promote awareness of, and local ownership of, blindness prevention activities.

When FHF commences surveying a District to participate in a program, FHF approaches the Civil Surgeon and Eye Consultant to form an inclusive District VISION 2020 Committee. Participants include Health and Family Planning Officers and Education Officers from each Upuzilla of the District together with a range of community organisations that include unions, District Press Club, Youth Clubs, local NGOs, Lions and Rotary Clubs and religious leaders.

The district and community reach of the civil society groups involved in District VISION 2020 Committees with FHF programs in Bangladesh is remarkable in the high rate of screening and referrals from Health and Family Planning officers; high take-up of mass screening of school children for refractive error involving teachers and widespread promotion of annual World Sight Day by schools, women's and youth organisations.

FHF Bangladesh is currently planning to expand its Comprehensive Eye Care programming from four to six districts during 2011.

5. Lessons Learned

At the mid-point of *VISION 2020: The Right to Sight* global initiative, the causes of over 80% of blindness are avoidable by known and cost effective means thanks to decades of research and the efforts of health care workers worldwide.[24]

Cataract is the leading cause of avoidable blindness especially in Asia and Africa and yet there is an effective treatment through high-volume, low cost surgery.

Further, it was stated by WHO in 1997, that cataract surgery is 'as cost effective as immunisation' and that blindness prevention was one of the most worthwhile public health and developmental interventions that *could* be undertaken.'[25]

FHF works through global and national coalitions and alliances, public-private partnerships and social enterprise initiatives to deliver highly effective eye health services, lower the cost of inputs such as Intra-ocular Lens (IOLs) for cataract surgery and strengthen the capacity of public health systems to eradicate avoidable blindness and address low vision as is appropriate to local needs and development targets.

The Australian Government's support to the Avoidable Blindness Initiative in the Asia Pacific region from 2008 is an example of an innovative partnership approach with the Australian eye health agencies of Vision 2020 Australia Global Consortium under the *VISION 2020* framework of the international IAPB-WHO partnership.

AusAID's partnership approach in adopting the avoidable blindness initiative is replicable and has potential for scaling up where long-term collaborative partnerships are in place for planning and implementation within an overall health systems strengthening approach.

Critical prerequisites in place for the Avoidable Blindness Initiative in the Asia Pacific that can serve as a guide for future AusAID sector-wide programming include:

- **Coordinated global framework** - VISION 2020 framework supports priority activities of WHO member states

- **Extensive partnerships of experienced international and national NGOs, professional associations, universities/research institutions and corporations** - all present under the International Agency for the Prevention of Blindness (IAPB)

- **Cumulative expertise and experience found within Australian organisations working in developing countries** - Vision 2020 Australia Global Consortium

- **Partner national government policy and planning** – commitment to directing domestic expenditure at national and sub-national levels to support the agreed programming through National Prevention of Blindness Plans

- **National and provincial forums in place that bring together all stakeholders -** National, Provincial and District Prevention of Blindness/VISION 2020 Committees include government representatives, eye care institutes, International and Local NGOs, civil society groups and in order to address priority communicable and non-communicable blindness conditions through sustainable services particularly to poor communities.

[24] IAPB 2010 Report

[25] WHO (1997) *Global initiative for the elimination of avoidable blindness*. WHO/PBL/97.61, Geneva. Quoted in IAPB 2010 Report.

- **Human resource development focus** – the global shortage of health workers requires a system-wide approach to training and retraining with the focus on deployment of teams that include both highly skilled and mid-level professionals and support staff.

- **Commitment to a strong research agenda** - to build the evidence-base that informs programming (both clinical and operational) and contributes to Health Information Management Systems.

- **Service delivery** – models of good practice in preventing and treating avoidable blindness have been developed in many countries that are ideal for scaling up.

CASE STUDY - Pakistan

In 15 years, from 1994 to 2009, the prevalence of blindness in Pakistan has decreased almost by half, from 1.78% to 0.9%, as a result of blindness prevention efforts by national and international agencies. Since 2005, after ongoing advocacy efforts by international partners, the Ministry of Health launched a national programme for the prevention of blindness and the Government of Pakistan allocated USD 50 million to the prevention and control of blindness in 2005-10.[26]

The Fred Hollows Foundation was one of the partners that played a part in this impressive result and its Pakistan program has had funding support from the Australian aid program since 1999.

The strategy used in Pakistan involved International NGOs setting up various 'demonstration projects' in marginalised districts using a comprehensive eye care program model. The model strengthened disease detection and referral pathways that resulted in a significant increase in uptake of the eye care services. Training programs for ophthalmic technicians and public health managers were also included.

The involvement and participation of key government health officials in policy and planning at every stage of the planning, implementation, monitoring and evaluation of the projects ensured that there was ownership from Ministry of Health, Provincial Health Departments and District Administrations.

The successful outcomes of the demonstration projects were coupled with a systematic evidence base. The research activities were used to inform advocacy efforts for policy change.

[26] IAPB 2010 Report.

6. Maximising Aid Effectiveness

The global focus on health systems strengthening requires donor coordination of aid, improved partnerships of all stakeholders and civil society at national and sub-national levels of health systems, and an emphasis on policy and advocacy from an evidence base to inform equitable and sustainable health interventions.

The Foundation believes that the role of civil society organisations, international and national NGOs in the scaling up of Australia's aid program will ensure that development programming for poverty reduction in The Pacific, Asia and Africa is inclusive of disadvantaged and marginalised communities. Further, effective aid program approaches can build on models that have been, or are being, developed through current initiatives and partnership frameworks.

Improving thematic approaches in the Australian aid program, like *Development for All* that addresses disadvantaged groups within poverty reduction strategies, and where Australia can make a difference, will provide strong building blocks for effective poverty reduction programs. More needs to be done with respect to gender equality in health system strengthening and increasing the reach of service delivery.

In the *Development for All* strategy to address disability, disadvantage and poverty, AusAID entered into new partnerships such as the one with Vision 2020 Australia's Global Consortium of nine eye health NGOs to implement the Avoidable Blindness Initiative in the Asia and Pacific regions.

The harmonisation of Australian and New Zealand funding support to initiatives under the *Development for All* strategy in the Pacific region worked smoothly and served to amplify resource flows with greater impact such as the funding of the Pacific Eye Institute in Suva, Fiji to provide a regional training and treatment centre. This important capacity-adding public health institute has had early benefits for national health strategies through the training for ophthalmologists, doctors and nurses from around The Pacific.

Increases in Australia's development assistance to sub-Saharan Africa provide a further opportunity for Australia to play a leadership role in global efforts to eliminate avoidable blindness and to contribute strategically to the region's development more broadly. Australian agencies in the Vision for Africa Consortium add considerable value towards improving public health in the region and Australian aid funding will accelerate eye care efforts already underway.

Australian NGOs have a long history of strengthening public health systems in developing countries in The Pacific, Asia and Africa.

There are clear links between poverty and blindness, and the elimination of avoidable blindness is an important step in achieving the MDGs. Eye health interventions are amongst the most cost effective of all public health programs.

Scaling up disease control to eliminate avoidable blindness will require enhanced strategies based on models of good practice as highlighted in previous case studies. Human resource development is a major area of emphasis to overcome the chronic global shortage of health workers. This requires focused policy and advocacy and health systems research. Donor coordination and strong national and sub-national partnerships that include the private sector and civil society are needed to enhance universal health coverage.