SUBMISSION

TO

HUMAN RIGHTS SUB-COMMITTEE

JOINT STANDING COMMITTEE ON FOREIGN AFFAIRS AND TRADE

Inquiry “Putting things to right: The use of foreign aid to advance human rights in developing nations”

FROM

THE FRED HOLLOWS FOUNDATION

1. Introduction

The Fred Hollows Foundation is an Australian humanitarian non-government development aid organisation, established in 1992 to address inequities in access to eye health care - particularly to tackle the problem of cataract blindness and empower people in developing countries to run sustainable eye care services.

The Foundation also has a commitment to work with indigenous communities to improve access to eye health care and help build the capacity of communities to improve general health outcomes.

The Fred Hollows Foundation believes that access to good quality health care services is a human right which through poverty is denied to many in developing countries.

2. The Problem of Cataract Blindness

Blindness caused by cataract is a disability which is both caused by poverty and a cause of poverty.

Cataract blindness is a significant public health problem throughout the developing world. World Health Organisation estimates put the number of people blinded in both eyes by cataract at over 16 million and the numbers suffering from blindness in either or both eyes at well over 40 million.

Due to the lack of adequate or accessible eye care services, the number of cataract blind people in most developing countries continues to grow largely unchecked, resulting in an enormous backlog of untreated cataract blindness.

The devastating effects of cataract do not recognise any particular racial, gender or geographic boundaries. However, the lack of effective and affordable eye care services to treat the resulting blindness, weighs far more heavily on the poor and those unable to access treatment due to poverty, gender and age. This is particularly evident in the rural areas of the countries in which The Foundation works.

Cataract cannot be prevented but can be cured by a simple and economical surgical procedure (The Fred Hollows Foundation has reduced the cost in developing countries to around AUD25), that effectively restores sight . This procedure is called extracapsular cataract extraction with intraocular lens implantation (ECCE+PCIOL). The procedure involves the surgical removal of the opaque cataractous lens from the eye and its replacement with an intraocular lens (IOL) manufactured from medical quality perspex.

The life expectancy of those affected by bilateral cataract blindness in developing countries is dramatically reduced. According to WHO studies, on average people

blinded by cataract in developing countries die within 4 years of becoming blind. Those affected by poverty and/or living in rural areas are particularly vulnerable as they quickly become dependent and unproductive members of their families and communities. Through economic necessity those with a disability are unlikely to receive an equal share in the family's scarce economic resources, both in terms of nutrition and treatment for other illness.

The WHO rates cataract surgery as one of the most cost effective health interventions available in the world today. It is preceded only by childhood vaccinations and the provision of Vitamin A supplements in terms of cost-effectiveness.

When a family member is blinded by cataract, it not only removes that individual from economic productivity and the right to economic and social security, it also involves at least one other family member in their care. Often the care giver is a child who has been forced to stop their education to care for the blinded family member.

The treatment of cataract blindness has a direct and immediate effect on poverty alleviation by renewing a person's ability to contribute economically and socially to their communities and families and freeing other family members (particularly women and children) of the burden of caring for them. To restore someone's sight restores at least 2 people as productive members of their communities who can participate in a normal life.

3. Medical Intervention and the Advancement of Human Rights

Providing treatment for cataract blindness, or any other illness or disease, does not in itself necessarily advance human rights in developing countries to a significant extent. Groups of Western doctors can travel to developing countries as "medical tourists" and provide treatment and even training of local doctors, without having an impact on issues of access and affordability of treatment.

Real commitment is needed to transfer skills and technology as well as develop relationships with local partners to find ways to overcome structural and economic barriers to providing high quality, high volume treatment to those most in need. Without such commitment such aid efforts will remain piecemeal and will benefit wealthier urban communities, thereby increasing inequities, rather than reducing them.

4. Philosophical Commitment

The Fred Hollows Foundation has retained Fred's deep philosophical commitment to reducing inequities and empowering individuals and communities to address their own needs. The following examples of The Foundation's many faceted appraoch demonstrate the influence of philosophical commitment to successfully addressing human rights issues.

Issues of **cost** have been addressed by developing new technologies suitable for developing country needs. For example:

- Low cost high quality IOLs are produced in economically sustainable laboratories in Ertrea and Nepal, managed and controlled by indigenous partners.
- Low cost portable robust microscopes and YAG lasers have been produced suitable for developing countries, with local technicians trained in their maintenance and service.
- New surgical techniques, able to be performed in developing country conditions, have been developed to improve outcomes and reduce the costs of surgery.

Issues of **access** have been addressed by focussing on finding solutions to helping those most in need. For example:

- Program planning has focussed on developing services in poor rural areas first, through selection of poor provinces in favour of richer ones, insistence on training rurally based surgeons rather than those who are urban based, selecting poorer countries with fewer services in favour of those which are better off, etc.
- Ethnic and gender issues are always considered. For example, in Pakistani society , mobility for women is greatly compromised compared to that of men. By making surgical services available at the district level, access for women in increased dramatically.
- Surgical training has been offered to all, or substantial numbers of doctors in each program area, focussing on those employed within the public health service, so that once they have received the training, there is less incentive to set up in private practice and charge high prices for surgery. The more doctors performing the surgery, the lower the cost of surgery is likely to be.

Issues of **sustainability and capacity building** have been directly addressed.

- Local doctors have been trained as trainers and given responsibility for ongoing clinical development.
- Nurses and hospital administrators receive training and are involved in the development of cost-recovery systems and cross subsidization so that patients who can pay for treatment subsidize the very poor.
- Links are made between program partners so that they can share appropriate knowledge and skills to developing country settings, support each other and collaborate, reducing reliance on Western intervention.
- Systems are established to deal with re-supply of consumables, purchase of new equipment and surgical quality audits.
- Programs are based on partnerships, which acknowledge differences but value the equal worth of each, aimed at reducing dependency and building indienous control.

Conclusion

The use of foreign aid does not necessarily advance human rights in developing countries. Even where intentions are good, to successfully advance human rights within communities through foreign aid requires continuing innovation and application. Advances will be made where aid is directed through co-operative approaches which are negotiated through equal partnerships, building on local capacity.

Unless a philosophical commitment to addressing issues of access and equity is central to foreign aid programs, a positive impact in terms of advancing human rights can not be taken for granted.