



Poverty Alleviation

The late Professor Fred Hollows, founder of The Fred Hollows Foundation, was a skilled ophthalmologist and a respected humanitarian. He believed it was the role of the doctor to serve and help those in need

Fred worked to help those in Indigenous communities in Australia and people in some of the poorest countries in the world. Fred saw for himself how blindness was both a result of poverty and also a cause.

Today, The Fred Hollows Foundation continues his work to alleviate blindness and poverty.

In Australia, we work in partnership with Indigenous communities to help break the cycle of poor health, low literacy and limited life opportunities.

In developing countries, we offer help to restore sight and livelihoods to people and their families. We help build the capacity of communities to forge their own path out of poverty.

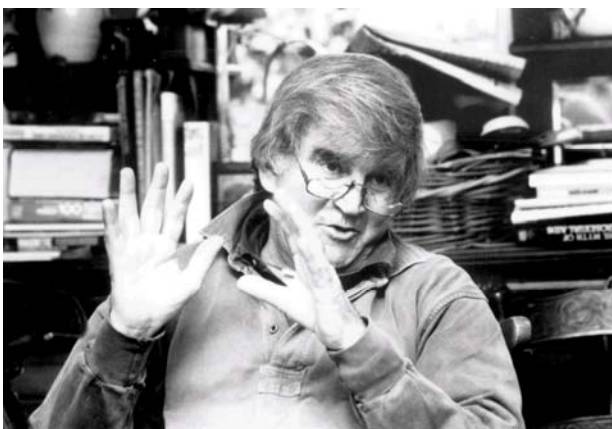


Photo | Professor Fred Hollows. Photo courtesy of Frank Violi.

Facts about poverty

Over one billion people in developing countries live in extreme income poverty, surviving on less than US \$1 a day. **(A)**

Recent reductions in global poverty levels have not been shared equally across the developing world. While some regions have benefited from economic growth, others have slipped further into poverty. **(B)**

Nearly one-third of people in South Asia and half of those in Sub-Saharan Africa live in extreme poverty. **(B)**

The gap between the rich and poor has increased within most developing countries, even those that have benefited from economic growth. **(C)**

Children living in poverty are more likely to suffer from malnutrition, receive less health care and are at much greater risk of dying before the age of five. **(C)**

Women and girls are more likely to be affected by poverty than men and boys, because of their unequal access to economic and political opportunities. **(D)**

Australia's Indigenous people suffer from inequity and poverty across most aspects of social, health and economic well-being. Life expectancy for Indigenous Australians is 17 years less than for non-Indigenous Australians, a stark indicator of Indigenous poverty. **(H)**

What is poverty?

Until recently, “poverty” was defined as an income that is too low to purchase a “minimum basket of goods”. However, this simple measure does not fully portray the extreme social, health and economic disadvantage suffered by people living in poverty. Nor does it reflect the dispossession, marginalisation and inequity suffered by Indigenous peoples.

Today the term “poverty” is broadly used to describe the deprivation, social exclusion and vulnerability that burdens millions of people throughout the world. (E)

Millennium Development Goals

In September 2000, all 189 Member States of the United Nations recognised the “collective responsibility to uphold the principles of human dignity, equality and equity at a global level”. (F). The resulting *Millennium Declaration* determined that the benefits of globalisation must be shared equally by all of the world’s people.

A set of eight *Millennium Development Goals* was adopted by world leaders. The goals are to be met by 2015. They focus on poverty, child and maternal health, education, gender equality, environment, HIV/Aids and global partnership.

Goal 1: Eradicate extreme poverty and hunger

- Reduce by half the proportion of people living on less than a dollar a day
- Reduce by half the proportion of people who suffer from hunger

Annual reviews of world progress toward the *MDGs* have shown that while there have been encouraging signs of reduced poverty in parts of Asia, the number of people living on less than \$1 per day is growing in other regions, particularly Sub-Saharan Africa.

Further information is available at:
<http://www.un.org/millenniumgoals/>

Make Poverty History

The Fred Hollows Foundation is a signatory to Australia's *Make Poverty History Campaign*, a collective of international development organisations which are calling on the Australian Government to achieve the *Millennium Development Goals* (MDGs) and address global poverty.

The campaign sets out to highlight three key factors for reducing world poverty:

- More and better international aid
- Fair and just international trade
- Reduced and cancelled international debt

The campaign is part of the *Global Call to Action Against Poverty* campaign, promoted by development and humanitarian organisations throughout the world.

Further information is available at:
www.makepovertyhistory.com.au

“Poverty is hunger. Poverty is lack of shelter. Poverty is being sick and not being able to see a doctor. Poverty is not being able to go to a school, not knowing how to read, not being able to speak properly.

Poverty is not having a job, is fear for the future, living one day at a time. Poverty is losing a child to illness brought about by unclean water. Poverty is powerlessness, lack of representation and freedom”.

The World Bank Group (A)

Poverty and Indigenous Australians

In Australia, Indigenous people are disadvantaged in comparison to other Australians as they do not have equal access to employment, health services, education and social and political processes.

Indigenous people are three times more likely than non-Indigenous people to be unemployed. Their income is less than two-thirds of non-Indigenous incomes. **(G)**

They suffer higher rates of chronic disease, are more likely to live in overcrowded housing and are less likely to continue their education. Indigenous infants are three times more likely to die before their first birthday than non-Indigenous infants. **(H)**



Photo | A mother and child in their Lajamanu home. Poor housing conditions due to poverty can impact highly on health. Photo courtesy of Claude Ho.

Indigenous poverty is more visible in remote communities where the average income is only 40% of the average Australian income **(G)**, yet the cost of living is significantly higher. The price of fresh food in remote areas of Australia is 150-180% higher than in major cities.

Indigenous people living in remote areas are disadvantaged by their distance from health care, education and employment opportunities.

Indigenous Poverty Alleviation – The Foundation's role

Over the past 15 years, The Foundation has worked in close partnership with Indigenous organisations to address the underlying causes of ill health and poverty in remote Indigenous communities.

Our integrated programs focus on nutrition, literacy, aural health, eye health, women's and family health, training and development and community engagement.

These programs have made a significant impact in helping to break the cycle of poverty, improving the health and well-being of families and empowering the communities to help themselves.



Photo | Students reading books at Wugularr School, which is a beneficiary of The Foundation supported Indigenous Literacy Project. Photo courtesy of Claude Ho.

Make **Indigenous** Poverty History

In both developed and developing countries, Indigenous people suffer higher rates of poverty and ill health.

While the United Nations *Millennium Development Goals* are aimed at helping poor people in developing countries, they do not make special provisions for indigenous issues. Neither do they target poverty in developed countries like Australia.

The National Aboriginal and Torres Strait Islander Ecumenical Commission (NATSIEC) in Australia has launched the *Make Indigenous Poverty History* campaign to ensure that indigenous perspectives are built in to the *MDGs*.

The campaign sets targets for Indigenous development that complement the eight *MDGs*.

Goal 1: Eradicate extreme poverty and hunger

- Remove, by 2015, the differences in income between Aboriginal and Torres Strait Islander Peoples and non-Indigenous Australians.
- Eliminate, by 2015, the number of (Indigenous) people who suffer from hunger and malnourishment.

Further information can be found at:

http://www.ncca.org.au/natsiec/indigenous_poverty

Poverty and eye health

Around 45 million people in the world are blind. **(L)** Most of these people live in developing countries where blindness can mean a life of extreme hardship and being caught in a spiral of disability and poverty.

Many of the causes of blindness in developing countries can be linked to poverty.

Adults and children living in poverty are more likely to suffer from malnutrition, poor water quality and inadequate sanitation. This places them at much higher risk of contracting or developing eye diseases. **(J)**

When eye health problems first emerge many people cannot afford treatment. Others are too incapacitated by poor vision to leave their home or cannot afford to travel to a doctor.

People affected by blindness fall further into poverty. They are no longer able to work and provide for their family. Simple daily tasks become impossible and they must rely on others to care for them. Many people fall into despair.

A cycle of poverty and disability begins. Studies show that around 82% of the world's disabled people live below the poverty line. **(J)**

Yet, most blindness in developing countries can be prevented or treated. With simple intervention, many people can have their sight and livelihoods restored.

Alleviating blindness is an effective way of alleviating poverty in developing countries.

Poverty Alleviation and The Foundation

The Fred Hollows Foundation works to eliminate avoidable blindness in some of the poorest developing countries in the world. Our work has lasting benefits for individuals, their families, and whole communities.

The following sections highlight some of the ways in which The Foundation's work to alleviate blindness also alleviates poverty.

VISION 2020: The Right to Sight and the Millennium Development Goals

The Foundation works in partnership with members of VISION 2020: The Right to Sight, a global initiative aimed at eliminating the main causes of avoidable blindness by the year 2020.

Vision 2020: The Right to Sight brings together governments, non-government organisations and eye care professionals to develop and implement sustainable blindness prevention programs. The program focuses on disease control, human resource development and infrastructure development

By reducing global blindness, the VISION 2020 project will significantly reduce the number of people living in poverty, which is *Goal 1 of the Millennium Development Goals (MDGs)*.

Vision 2020: The Right to Sight will also reduce child mortality by tackling the causes of childhood blindness that also cause death, such as measles and vitamin A deficiency. Reducing child mortality is *Goal 4 of the MDGs (J)*

Further information can be found at:
<http://www.v2020.org>

How does the Foundation's work alleviate poverty?

- Restores sight and productivity to individuals
- Releases carers, such as children, so they can return to school or work
- Provides access to eye health care for poor and disadvantaged people
- Makes eye health care affordable for all
- Builds the capacity of communities to prevent and treat blindness in the long term and avoid the cycle of poverty and disability.

Restores sight, productivity and livelihoods

The Foundation's main focus is to treat and prevent cataract, the leading cause of blindness in the developing world. We also treat other eye health problems in the communities with which we work, including trachoma, glaucoma, refractive error and childhood blindness.

Since 1992, The Foundation has helped restore sight to more than one million people.

With their sight restored these people have regained their independence and resumed their productive lives. Many return to the workforce while others return to cultivate their fields and support their families. With restored mobility they can take care of their personal health and hygiene and travel to visit a doctor when needed.

Parents with their sight restored are better able to care and provide for their children, helping to reduce malnutrition and other childhood health problems.

Releases carers to return to their own productive lives

Many developing countries do not have the resources to properly treat, support and rehabilitate people with disabilities, particularly those who live in isolated regions. (K) A family member must often stay home to care for their blind relative, and another source of family income is lost.

Very often the carer is a child who is unable to attend school, thus reducing their future options for work and life.

For every person who has their sight restored, another is released from the burden of caring for them. The carer can return to work, help support the family or resume their education.



Photo | Iqbal Muzaffar lives in Pakistan. After having cataracts removed from both his eyes at the Badin District Hospital he is able to go back to work and provide for his young family. Photo courtesy of The Fred Hollows Foundation.

Provides access to eye health care

Blind people living in remote parts of developing countries face enormous barriers to accessing eye health services. Many live in remote communities where there are very few health services available, they do not have enough money or mobility to travel to seek help. Without treatment they fall further into extreme poverty.

To overcome the barriers of distance, The Foundation runs mobile eye clinics in most of the countries where we work. Qualified surgeons and medical teams travel to remote and poverty stricken areas to treat patients who are unable to travel to hospitals and clinics. Within days of surgery, patients are able to resume productive lives.

We also carefully research our programs during the planning phase to identify the regions of greatest need within each country. Many of our programs are located in remote areas and we work to develop local eye health centres that are able to service surrounding communities.

Makes eye health care affordable for all

Cost is another significant barrier to the poor accessing eye health services.

To help remove the cost barrier in developing countries, The Foundation has developed new technology and surgical techniques that have reduced the cost of cataract surgery to as little as \$25. However, even this small amount is still out of reach for some.

Committed to helping the disadvantaged, The Foundation has developed a system that subsidises free eye health care for poor patients.

Using a tiered pricing structure, we ensure those who can afford to pay do and those who can't get their treatment for free. The services received are exactly the same in every way except for the cost.

This cost-recovery model not only makes surgery affordable for all, but is important for the long term viability and independence of the eye health service itself.

Nakuru Eye Unit, Kenya providing affordable eye care

The Nakuru Eye Unit is located in the Rift Valley Province in Kenya.

Together with local partners, The Foundation has renovated the Eye Unit located at the Provincial Hospital and provided vital ophthalmic equipment and training for local surgeons and staff.

The Eye Unit has developed a cost-recovery model that provides free surgery for poorer patients, while generating income from those who can afford to pay.



Photo | Dr Ciku Mathenge, Medical Director for The Foundation's work in Africa, applies a dressing to the eye of patient at the Rift Valley Provincial General Hospital Eye Unit. Photo courtesy of www.lannonharley.com

Building capacity to alleviate poverty

The Fred Hollows Foundation works in over 20 developing countries to develop sustainable programs which act as a catalyst for change.

We work as a partner with national and local health services to support and develop eye health systems.

In 2007 we helped build or renovate 17 eye health facilities; provided more than \$1.3 million worth of equipment to local doctors, clinics and hospitals; and trained 3781 doctors, nurses and other eye health workers.

Apart from the immediate blindness relief for individuals and their families, these activities all help to generate employment opportunities and economic productivity within poor communities.

We also focus on long-term blindness prevention and poverty alleviation. Our role is to support local health centres to develop administrative and cost-recovery systems that guarantee the long-term viability and benefits of their service.

We also support the training and development of ophthalmologists within each country to ensure that professional skills can be developed and maintained at home. And we work with governments to raise the importance of eye health care as a public health issue.

The combined effect of these blindness prevention activities is to boost the self-sufficiency of local communities. In this way, The Foundation is able to help them forge their own path out of poverty.

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