

POSITION STATEMENT

Action on Environmental Sustainability and Climate Change

April 2026



**The Fred Hollows
Foundation**

ACN 070 556 642

POSITION STATEMENT

Introduction and Purpose

This position statement sets out the importance of environmental sustainability and climate change action (ESCC) to The Fred Hollows Foundation's (The Foundation) work to eliminate avoidable blindness. It defines our organisational commitments to integrate ESCC into our strategy, programs, operations and support to partners, in order to reduce the environmental impact of the sight-restoring work supported by The Foundation. Specifically it provides clarity to The Foundation's staff and implementing partners on:

1. Our formal position on how climate change affects eye health, and why climate action matters to The Foundation
2. Our commitments to address ESCC within our operations, programming and advocacy, informed by our established organisational, policy and compliance requirements.

This position aligns with The Foundation's public [Environmental Sustainability and Climate Change Policy](#), internal program learnings, and endorsed recommendations from The Foundation's 2025 ESCC Program Cycle review.

Rationale

Why environmental sustainability and climate resilience matters in The Foundation's work to eliminate avoidable blindness

The World Health Organization and the United Nations now recognise climate change as the single greatest global health threat of the 21st century.ⁱ This includes major threats to eye health.

- Climate change, pollution and environmental degradation present major threats to global eye health and delivery of eye health care, and risk undermining decades of progress in reducing the burden of avoidable blindness and vision impairment.
- This includes impacts on eye health such as:
 - Increasing incidence of trachoma infections due to high temperatures and low rainfallⁱⁱ
 - Rising Vitamin A deficiencies due to increases in food insecurity.ⁱⁱⁱ
 - Rising UV exposure may lead to as many as 200,000 additional cases of cataract by 2050.^{iv}
 - Increases in glaucoma and age-related macular degeneration due to traffic-related air pollution and severe allergic eye diseases^v
 - Increases in acute and protracted eye injuries and trauma.^{vi}
- The climate crisis will increasingly strain health systems and disrupt eye health delivery and access, as extreme weather events become more frequent and intense — damaging facilities, interrupting power and water, disrupting supply chains and

transport, and delaying outreach and routine services. These impacts strongly demonstrate the need to integrate climate resilience into eye health program design and delivery.

- While all countries – rich and poor – will experience the health impacts of climate change, those impacts will be disproportionately felt by communities that are already poor, marginalised and least equipped to adapt to disasters or other environmental changes.
- Women and girls, older persons, people with disabilities, and people facing intersecting marginalisation (such as poverty, displacement or social exclusion) often have higher exposure to climate hazards and less capacity to adapt, and face greater barriers to accessing timely, continuous eye care. As climate shocks disrupt livelihoods, services and supply chains and increase risks such as injury, infection and air pollution exposure, these groups are more likely to experience worse climate related eye health outcomes. Climate-resilient eye care services must therefore prioritise the needs and vulnerabilities of at-risk populations.
- As extreme weather events and disasters become more frequent and intense, governments and donors may be forced to allocate a larger share of limited resources to disaster response, recovery, and loss-and-damage spending, reducing available funding for other development priorities such as healthcare. In the face of these risks, eye health models will need to become increasingly cost-effective, sustainable and resilient to climate shocks.

Eye health services are also contributing to climate change

- Health care is also a substantial contributor to climate change, responsible for an estimated 4 to 5% of global greenhouse gas emissions, of which the majority (around 60–70%) is generated by health systems in high-income countries.^{vii}
- A [scoping review by the Lancet Global Health Commission on Global Eye Health](#) noted that provision of eye care services has an impact on planetary health, by contributing to:
 - Greenhouse gas emissions from equipment, supply chains and patient and staff travel
 - Production of waste generated from common eye care treatments including cataract surgeries and contact lenses
 - Consumption of resources including water and plastics in sterilization, manufacturing and packaging.^{viii}
- For The Foundation, this means climate action needs to be both an enterprise and **programmatic imperative**—to protect eye health outcomes—and an **operational responsibility**—to reduce the environmental impacts of how we deliver sight restoring services.

Position Statement

Recognising that climate change is increasingly affecting eye health outcomes, and that the delivery of eye health care has environmental impacts, The Fred Hollows Foundation commits to strengthening climate resilience and environmental sustainability across its operations, programs and advocacy, consistent with its mission to eliminate avoidable blindness.

Climate action can deliver co-benefits including stronger health systems, more efficient service

delivery, and improved outcomes for vulnerable communities.

The Foundation will apply a “do no harm” lens by integrating environmental and climate considerations into planning, program design and delivery. Climate and environmental risks must be considered and identified early in planning, project design or operational decision making. The Foundation will take reasonable steps to avoid, minimise and mitigate climate and environmental risks and negative impacts wherever practicable, through our program approval processes and operational decisions.

The Foundation will ensure ESCC commitments are embedded into staff guidance, partner agreements and operational procedures, so that staff understand and comply with relevant commitments. This includes relevant ESCC commitments set out in The Foundation’s Environmental Sustainability and Climate Change Policy, Procurement Policy and Travel Policy.

The Foundation will comply with institutional donor and regulatory ESCC requirements including the Department of Foreign Affairs and Trade (DFAT) and other institutional partners.

The Foundation commits to progressively reducing greenhouse gas emissions through improved measurement, monitoring and practical emissions reduction initiatives across programs and operations.

The Foundation will foster a culture of sustainability and build the capacity of our staff to implement sustainable and climate-sensitive practices, including through training, education and shared learning, performance expectations and sharing of tools and guidance.

The Foundation will work with our implementing partners and sector peers to strengthen environmental sustainability and climate action in the eye health sector, including through collaboration, sharing learning and good practices, and supporting partner capacity in ESCC where feasible and aligned with program priorities.

The Foundation will use our voice and influence to advance sustainability and climate action within our sphere of influence both within and beyond the eye care sector, including through sector forums, partnerships and advocacy platforms.

The Foundation will support transparency and accountability on our actions and progress on environmental sustainability through robust data collection and annual reporting on our ESCC activities and impact, including public disclosures and internal performance review mechanisms.

The Foundation will maintain strong leadership and governance roles and responsibilities for ESCC, integrating environmental and climate considerations into strategy, risk management, programming, operations and advocacy decision-making and enterprise risk management processes.

References

ⁱ See for example, World Health Organization. (2023, October 12). *Climate change*. <https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health>, United Nations. (2021, August). *Fast facts: Health*. <https://www.un.org/sites/un2.un.org/files/2021/08/fastfacts-health.pdf> and World Health Organization. (2023, November 3). *We must fight one of the world’s biggest health threats - climate change*. <https://www.who.int/news-room/commentaries/detail/we-must-fight-one-of-the-world-s-biggest-health-threats-climate-change> .

ⁱⁱ Ramesh, A., Kovats, S., Haslam, D., Schmidt, E. and Gilbert, C.E. (2013) ‘The impact of climatic risk factors on the prevalence, distribution, and severity of acute and chronic trachoma’, *PLoS Neglected Tropical Diseases*, 7(11), e2513.

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^v Miyazaki, D., et al. (2019) 'Air pollution significantly associated with severe ocular allergic inflammatory diseases', *Scientific Reports*, 9, 18205.

^{vi} Onyeze, N.S. and Jacob, J. (2025) 'Climate change and its impact on ocular health: A systematic review', *Cureus*, 17(9), e91614. <https://doi.org/10.7759/cureus.91614>

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[https://noharm-global.org/sites/default/files/documents-](https://noharm-global.org/sites/default/files/documents-files/5961/HealthCaresClimateFootprint_092319.pdf)

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^{ix} Watts, N., Amann, M., Arnell, N., Ayeb-Karlsson, S., Beagley, J., Belesova, K., and Costello, A. (2021). The 2020 report of The Lancet Countdown on health and climate change: responding to converging crises. *The Lancet*, 397(10269), 129-170. doi:10.1016/S0140-6736(20)32290-X