Closing the Gap in Eye Health and Vision Care by 2020
About Vision 2020 Australia


As the national peak body for the eye health and vision care sector, Vision 2020 Australia’s role is to ensure that eye health and vision care remains high on the health, ageing, disability and international development agendas of Australian governments.

Vision 2020 Australia represents almost 50 member organisations involved in local and global eye health and vision care, health promotion, low vision support, vision rehabilitation, eye research, professional assistance and community support.

Featured artwork by Tanisha Lovett

Eighteen year old Tanisha Lovett is a proud Gunditjmara and Wotjobaluk woman who grew up in Stawell and Halls Gap, Victoria, on Jardwadjali and Djab Wurrung country. She now lives in Horsham on Wotjobaluk land. Her painting, *Rainbow Serpent Dreaming*, represents her interpretation of a dreamtime story. As a child Tanisha had cataracts, describing her view of the world and its many colours as “dark and dull” until she had successful cataract surgery. *Rainbow Serpent Dreaming* is both a celebration of culture, and of the appreciation Tanisha now has for “all the colours of the rainbow.”
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In 2015, Vision 2020 Australia called on the Australian Government to build on its current commitment to improve equity in eye health and vision care for Aboriginal and Torres Strait Islander people by implementing a package of sector-supported initiatives. This proposal reassesses the landscape in Aboriginal and Torres Strait Islander eye health and vision care, taking into account a number of significant changes and acknowledging a number of Australian Government policy initiatives, including additional support for improvements to service coordination and delivery through Primary Health Networks and initiatives such as Health Care Homes and My Health records.

The Australian Government has also made significant funding commitments which impact on Aboriginal and Torres Strait Islander eye health and vision care, including for national oversight through Australian Institute of Health and Welfare reporting, listing a new item on the Medicare Benefits Schedule enabling the detection of diabetic retinopathy with a non-mydriatic retinal camera, an additional $4.8 million for equipment and training across the country, funding for a coordination function administered through jurisdictional fundholders and continuation of funding for the Australian trachoma program until 2021.

Further, with the support of the Australian Government, Vision 2020 Australia and the Centre for Eye Research Australia recently launched the findings of the 2016 National Eye Health Survey, the first comprehensive national survey of the prevalence of blindness and vision impairment across Australia. The 2016 National Eye Health Survey data reflected the current status of eye health and vision care for both Aboriginal and Torres Strait Islander people and non-Indigenous adults. It highlighted that while there are still gaps to be addressed in the provision of eye health and vision care services for Aboriginal and Torres Strait Islander people, good progress has been made as a result of continued focus from both the eye health and vision care sector and the Australian Government.

The 2016 National Eye Health Survey found that:

- the gap for blindness for Aboriginal and Torres Strait Islander adults has been halved, but remains three times higher than in the broader population; however, the rate of vision impairment remains unchanged at three times that of non-Indigenous Australians
- the majority of blindness and vision impairment for Aboriginal and Torres Strait Islander adults is treatable, with two-thirds of vision impairment caused by uncorrected refractive error and cataract being the leading cause of blindness
- almost 40 per cent of Aboriginal and Torres Strait Islander people who need cataract surgery have not accessed specialist treatment services (compared to 13 per cent of non-Indigenous Australians)
- only half of Aboriginal and Torres Strait Islander people with diabetes have had the annual eye examination as recommended by the National Health and Medical Research Council.

Finally, the University of Melbourne’s 2016 Annual Update on the Implementation of the Roadmap to Close the Gap for Vision shows that 11 of the 42 recommendations outlined in The Roadmap to Close the Gap for Vision have now been fully implemented, with almost two-thirds of all activities completed.
The successes achieved since 2015 highlight that continued and targeted effort is required to provide equity in eye health and vision care for Aboriginal and Torres Strait Islander people. In reassessing the investments and policy changes required at an Australian Government level, in order to close the gap in Aboriginal and Torres Strait Islander eye health and vision care, Vision 2020 Australia contends that:

> availability of, and access to, culturally aware and culturally safe eye health and vision care services is critical to equitable outcomes and reducing high rates of avoidable blindness and vision loss among Aboriginal and Torres Strait Islander people

> targeted investment in coordination, both at a regional level and on the ground, is crucial to support frontline service delivery and ensure that patient pathways of care are efficient and effectively managed

> nationally consistent subsidised spectacle schemes to address uncorrected refractive error are essential to ensure improved access to prescription glasses among Aboriginal and Torres Strait Islander communities

> a nationally coordinated approach to the full implementation of the World Health Organisation’s SAFE Strategy is required to achieve the elimination of trachoma by 2020

> national oversight and consistent data is essential to ensure accountability and system-wide strategic direction for Aboriginal and Torres Strait Islander eye health and vision care services in Australia.

_Closing the Gap in Eye Health and Vision Care by 2020_ reflects a truly collaborative approach, setting out program and implementation priorities endorsed by the sector and recommended to the Australian Government in order to continue progress. The target of closing the gap for vision by 2020 is in reach, however requires additional focus commitments and resources in order to be achieved.

_Closing the Gap in Eye Health and Vision Care by 2020_ makes recommendations to enhance and strengthen existing Australian Government investments and initiatives without duplicating effort and replaces other previous submissions by signatories for the 2017-18 period.
Recommendations

_Closing the Gap in Eye Health and Vision Care by 2020_ makes the following recommendations, not listed in order of importance.

Vision 2020 Australia recommends that the Australian Government:

1. Allocates $6.6 million (approximately $200,000 for the placement of an implementation manager per Primary Health Network region) to establish a function tasked with and sufficiently resourced to undertake high level regional coordination of eye health and vision care delivery and to better integrate and strengthen local systems, driven by appropriate performance and process indicators.

2. Allocates initial funding of $1.3 million to support on-the-ground service provision coordination and service system program development.

3. Works with the sector and representatives of key stakeholders, including Aboriginal and Torres Strait Islander eye health and vision care coordination personnel, Aboriginal Community Controlled Health Organisations, service providers, non-government organisations and other coordinating organisations, jurisdictional fundholders and Primary Health Networks, to identify the appropriate resources required to support on-the-ground service provision coordination and service system program development.

4. Consults regularly with jurisdictional fundholders and service providers to make sure that payments through the Rural Health Outreach Fund, Visiting Optometrists Scheme and Medical Outreach - Indigenous Chronic Disease Program are appropriate and cover the full costs incurred in providing and coordinating outreach eye health and vision care services.

5. Allocates additional yearly funding of $1.06 million to the VOS to support sustainable optometric service provision for Aboriginal and Torres Strait Islander people.

6. Allocates additional yearly funding of $1.01 million for Aboriginal and Torres Strait Islander ophthalmology outreach services, to provide increased access for Aboriginal and Torres Strait Islander people to specialist eye health services in rural and remote areas.

7. Supports jurisdictions to ensure all schemes are amended to align with the _Principles for nationally consistent subsidised spectacle schemes for Aboriginal and Torres Strait Islander people: Recommended implementation standards_, ensuring a nationally consistent approach to improving access to prescription glasses among Aboriginal and Torres Strait Islander people.

8. Convenes three jurisdictional level Trachoma Summits, in the Northern Territory, South Australia and Western Australia, to identify ways to overcome interdepartmental barriers to ensure access to safe and functional washing facilities in homes, child care and schools.

9. Ensures that the Prime Minister and Cabinet interdepartmental working group on social determinants of health specifically considers the environmental determinants of health and report publicly on identified outcomes and activities.

10. Ensures that the Australian Institute of Health and Welfare annual report on Aboriginal and Torres Strait Islander eye health is referred to the Council of Australian Governments via the COAG Health Council and its advisory body, the Australian Health Ministers’ Advisory Council.

11. Implements measures which ensure that the data collected by jurisdictional fundholders for eye health and vision care activities is made available to the sector.

12. Further supports the development and strengthening of Australia’s eye health and vision care evidence base by committing to support a 2019 National Eye Health Survey.
Introduction

The 2014 Implementation Plan under the National Framework for Action to Promote Eye Health and Prevent Avoidable Blindness and Vision Loss pledged that the Australian Government would continue to explore opportunities to improve outcomes in Aboriginal and Torres Strait Islander eye health and vision care. Vision 2020 Australia considers that the ongoing fulfilment of this pledge remains critical to closing the gap between Aboriginal and Torres Strait Islander people and non-Indigenous Australians by 2020.

Access to culturally aware and culturally safe services is critical to closing the gap for eye health and vision care and therefore supports the comprehensive model of holistic, culturally aware primary health care provided by Aboriginal Community Controlled Health Organisations (ACCHOs). The 150 ACCHOs across the country service approximately half the Aboriginal and Torres Strait Islander population, and their focus on multi-disciplinary care has proven to be most effective in reducing child mortality and improving life expectancy. This focus also has particular benefit for the ongoing management of chronic disease, including fostering and managing links between patients with diabetes and optometry and ophthalmology services.

Vision 2020 Australia also acknowledges that the very significant investment of the Australian Government to date is contributing significantly to improving eye health outcomes for Aboriginal and Torres Strait Islander people, evidenced by the findings of the 2016 National Eye Health Survey. A focus on supporting and improving the coordination of patient journeys and experiences, as well as on working towards systems which collect and report standardised data across the country, has been beneficial over the last two years.

However, in order to continue positive progress to close the gap for vision and ensure equity in eye health and vision care for Aboriginal and Torres Strait Islander people, Vision 2020 Australia considers that the magnitude of effort must be increased and delivery of eye health and vision care services in Aboriginal and Torres Strait Islander communities further improved. Additionally, strong partnerships and ongoing communication between all stakeholders in the delivery of Aboriginal and Torres Strait Islander eye health and vision care is imperative for closing the gap in eye health and vision care.
Closing the Gap in Eye Health and Vision Care by 2020.
Initiatives required to Close the Gap in Aboriginal and Torres Strait Islander eye health and vision care

Service coordination

Vision 2020 Australia supports the recommendations of the Roadmap, that coordination and case management are the keys to the provision of successful eye health and vision care. These elements of the eye health and vision care system must be adequately supported and appropriately resourced in order to maximise the effectiveness and efficiency of outreach services and ensure ongoing sustainability of the outreach programs. In order to ensure the best possible patient outcomes, it is critical that coordination within the eye health and vision care system is improved and that roadblocks that currently exist in the patient’s pathway of care are reduced.

Currently, non-government organisations (NGOs) and other organisations delivering outreach eye health and vision care services are providing a significant amount of administration and coordination support that is neither acknowledged nor funded. This is not sustainable for Australia’s eye health and vision care system.

The appropriate implementation of coordination and service delivery at regional and local levels would ensure that common issues are handled consistently while simultaneously empowering regions to respond to regional variances, ensuring localised levels of care. Further, additional support for local ACCHOs in developing community-based approaches to improve culturally safe access to eye health and vision care services is vital.

Vision 2020 Australia therefore recommends that the Australian Government maximise investments in service delivery by building on previous investments in coordination both on the ground and at the regional level.
REGIONAL IMPLEMENTATION MANAGEMENT AND SERVICE COORDINATION

To establish and manage coordinated regional service provision, Vision 2020 Australia recommends that the Australian Government allocates $6.6 million (approximately $200,000 for the placement of a project manager in each of the 31 PHN regions) to bring together local stakeholders to establish high-level regional coordination of eye health and vision care delivery, to better integrate and strengthen local systems that use appropriate performance and process indicators as set out in the Roadmap.

RECOMMENDATION 1

That the Australian Government allocates $6.6 million (approximately $200,000 for the placement of an implementation manager per Primary Health Network region) to establish a function tasked with and sufficiently resourced to undertake high level regional coordination of eye health and vision care delivery and to better integrate and strengthen local systems, driven by appropriate performance and process indicators.

The regional project or coordination role would assume responsibility for:

> assembling and supporting a regional eye care planning group that includes all regional stakeholders including the PHN, ACCHOs, ACCHO affiliates, jurisdictional Rural Health Outreach Fund (RHOF) and Visiting Optometrists Scheme (VOS) fundholders, the Local Hospital Network/District and any other relevant regional eye health care providers and stakeholders

> the completion of a population-based needs and gap analysis of eye care service requirements, including local and visiting eye care and hospital services, system coordination and patient case management

> the development of a regional service directory and referral protocols

> the establishment of ongoing regional data collection, planning and action, monitoring and review system of process indicators.

Essential to ensuring success in the coordination of primary care services to specialist and hospital services will be the establishment, monitoring and reporting against specific eye health Key Performance Indicators by each PHN region.

Vision 2020 Australia endorses the indicators set out in the Roadmap which should be reported against regularly by each region:

> percentage of adult health checks, Medicare Benefits Schedule (MBS) 715, completed (it is noted that this is already in place)

> percentage of target population screened for diabetic retinopathy

> diabetic retinopathy treatment rate

> cataract surgery rate

> cataract surgery within 90 days of booking

> number of visiting optometry days

> number of visiting ophthalmology days.
SERVICE PROVISION COORDINATION

The required scale up of services cannot occur without increased support for case management, patient liaison/assistance and service planning, and therefore increased service provision must be accompanied by increased local level coordination. However, despite increases in case management funding through other sources, ACCHOs, non-government and other organisations continue to absorb significant administration and coordination costs related to the delivery of eye health and vision care services. To ensure ongoing effectiveness of these services, especially in outreach areas, the critical role of service provision coordination requires adequate funding.

Additional resources should be made available to be allocated at the discretion of the regional coordinating body - in consultation with all local stakeholders - to determine where and how the service provision coordination funding would be best allocated in order to meet population needs. As regions differ, the type of on-the-ground service provision coordination and local program coordination will vary; however it is anticipated that activities would include:

> clinic organisation, coordination and support
> eye care referral pathway management
> supporting clinical data recording and data collection
> supporting other local eye health objectives.

Following a number of discussions within the sector, Vision 2020 Australia has identified that on-the-ground service provision coordination is of critical importance to ensure the services provided result in the best patient outcomes. In recognising the importance of and immediate need for improved service coordination, an initial injection of $1.3 million in funding, as per the 2015 Sector Funding Proposal, is requested; with a view that the Australian Government then commit to work with the sector and representatives of key stakeholders, including Indigenous eye health coordination personnel, ACCHOs, service providers, NGOs and other coordinating organisations, jurisdictional fundholders and PHNs, to identify the appropriate resources required to support on-the-ground service provision coordination and service system program development.

RECOMMENDATION 2

That the Australian Government allocates initial funding of $1.3 million to support on-the-ground service provision coordination and service system program development.

RECOMMENDATION 3

That the Australian Government works with the sector and representatives of key stakeholders, including Aboriginal and Torres Strait Islander eye health and vision care coordination personnel, Aboriginal Community Controlled Health Organisations, service providers, non-government organisations and other coordinating organisations, jurisdictional fundholders and Primary Health Networks, to identify the appropriate resources required to support on-the-ground service provision coordination and service system program development.
Outreach service delivery

Vision 2020 Australia welcomes the Australian Government’s mid-2017 announcement that the jurisdictional RHOF, VOS and MOICDP fundholders have been allocated three years of continued funding, with some annual indexation. Vision 2020 Australia has previously acknowledged the strain put on service delivery organisations when working under annual contracts and congratulates the Australian Government for recognising the importance of the schemes and ensuring their sustainability with stable, triennial funding. Vision 2020 Australia encourages the Australian Government to ensure that this principle is retained in future funding agreement negotiations.

However, there is a need to regularly examine funding delivered through the RHOF, VOS and MOICDP programs to ensure these service delivery mechanisms remain viable. Vision 2020 Australia calls on the Australian Government to consult regularly with jurisdictional fundholders and service providers to make sure that payments are appropriate and cover the full costs incurred and coordination required when providing outreach eye health and vision care services.

**OUTREACH OPTOMETRY SERVICES**

Estimates based on a 2011 gap analysis extrapolated to 2014 by the University of Melbourne suggested that in 2015, additional yearly funding of $1.05 million was required to ensure that outreach optometry service delivery is expanded to better meet population needs. Acknowledging an increase in the Consumer Price Index (CPI) since 2015, Vision 2020 Australia recommends additional yearly funding of $1.06 million is now required.

The VOS supports optometrists to deliver outreach optometric services to remote and very remote locations, and is integral to ensuring primary eye care remains accessible for Aboriginal and Torres Strait Islander people. This additional funding remains necessary to support sustainable outreach optometric service provision for Aboriginal and Torres Strait Islander people.

Vision 2020 Australia and the eye health and vision care sector have expressed significant concern regarding the impact MBS rebate indexation freezes, which threaten the ongoing sustainability of VOS programs and access for low-income patients when optometrists are unable to viably continue to bulk bill. While Vision 2020 Australia has welcomed the Australian Government’s announcement that the freeze will be progressively lifted, concern remains that optometry, considered an allied health profession, will continue to be affected by the freeze until 2019. Therefore, it is critical that payments through VOS are regularly reviewed to ensure the full cost of outreach service delivery is acknowledged.

**RECOMMENDATION 4**

That the Australian Government consults regularly with jurisdictional fundholders and service providers to make sure that payments through the Rural Health Outreach Fund, Visiting Optometrists Scheme and Medical Outreach - Indigenous Chronic Disease Program are appropriate, and cover the full costs incurred in providing and coordinating outreach eye health and vision care services.
OUTREACH OPHTHALMOLOGY SERVICES

Equitable access to specialist eye health care services is critical to reducing high rates of avoidable blindness among Aboriginal and Torres Strait Islander people. Yet the 2016 National Eye Health Survey demonstrated that cataract is the leading cause of blindness among Aboriginal and Torres Strait Islander people and that almost 40 per cent of Aboriginal and Torres Strait Islander people who need cataract surgery have not accessed specialist treatment services (compared to 13 per cent of non-Indigenous Australians). As highlighted by these findings, systemic gaps in outreach ophthalmology and surgical services for Aboriginal and Torres Strait Islander people living in rural and remote areas remain a significant concern.

Based on combined estimates from the University of Melbourne and the Indigenous and Remote Eye Health Service (IRIS) in 2015, Vision 2020 Australia recommended an additional yearly investment of $1.0 million to address the systemic gaps in specialist eye health care service delivery for Aboriginal and Torres Strait Islander people. Acknowledging an increase in the CPI since 2015, Vision 2020 Australia now recommends additional yearly funding of $1.01 million is required.

Additional service planning and coordination at both the regional level and on-the-ground level, along with ongoing provision of flexible funding through the Ear and Eye Surgical Support Services Program (EESSSP), will enable Aboriginal and Torres Strait Islander people to overcome existing barriers to accessing specialist eye health services in rural and remote areas. A notable feature of the EESSSP was the flexibility it provided especially in supporting carer travel and private consultations.

Further, cost certainty is an additional major barrier to the utilisation of specialist eye health and vision care services. Therefore, it is necessary for jurisdictional fundholders, the eye health and vision care sector and the Australian Government to continue working together to identify mechanisms which ensure that RHOF contractors, or ophthalmologists participating in RHOF, are encouraged to bulk bill for ophthalmology consultations or services where possible.

Finally, Vision 2020 Australia has expressed concern that the 2016-17 Budget outlined cumulative cuts totalling $182 million over the forward estimates across the suite of flexible funds, including programs such as the RHOF.

Although indications are that all existing contracts will be honoured and future spending will be prioritised towards frontline services, it is anticipated that savings will be made by reducing uncommitted funds and continuing the current pause in the indexation of the funds for a further two years from 2018-19.

Should the reduction in the Health Flexible Funds affect funding available for ophthalmic outreach services through RHOF, further additional funding will be required. It should also be noted that the estimate of the additional funds for outreach ophthalmology assumes the continued annual provision of $1.25 million in program funding previously held under the Medical Specialist Outreach Assistance Program Eye Health Expansion package by IRIS.

RECOMMENDATION 5
That the Australian Government allocates additional yearly funding of $1.06 million to the Visiting Optometrists Scheme to support sustainable optometric service provision for Aboriginal and Torres Strait Islander people.

RECOMMENDATION 6
That the Australian Government allocates additional yearly funding of $1.01 million for Aboriginal and Torres Strait Islander ophthalmology outreach services, to provide increased access for Aboriginal and Torres Strait Islander people to specialist eye health services in rural and remote areas.
Nationally consistent subsidised spectacle schemes

The Roadmap emphasises the need to support affordable access to prescription glasses for Aboriginal and Torres Strait Islander people, particularly given that uncorrected refractive error causes almost two-thirds of vision impairment among Aboriginal and Torres Strait Islander people. Effective schemes that provide cost-certainty and affordable access to prescription spectacles make a dramatic impact in improving vision across the Aboriginal and Torres Strait Islander population for a relatively small investment.

While subsidised spectacle schemes exist in all Australian states and territories, the existing schemes vary and often have limited impact in overcoming barriers to access.

Vision 2020 Australia recommends that the Australian Government supports jurisdictions to ensure all schemes are amended to align with the Principles for nationally consistent subsidised spectacle schemes for Aboriginal and Torres Strait Islander people: Recommended implementation standards, a set of nationally consistent principles and recommended standards developed by Optometry Australia in consultation with the National Aboriginal Community Controlled Health Organisation and its state affiliate organisations, and endorsed by Vision 2020 Australia.

Alignment to these principles will ensure a nationally consistent approach to improving access to prescription glasses among Aboriginal and Torres Strait Islander people.

**RECOMMENDATION 7**
That the Australian Government supports jurisdictions to ensure all schemes are amended to align with the Principles for nationally consistent subsidised spectacle schemes for Aboriginal and Torres Strait Islander people: Recommended implementation standards, ensuring a nationally consistent approach to improving access to prescription glasses among Aboriginal and Torres Strait Islander people.

**RECOMMENDATION 8**
That the Australian Government convenes three jurisdictional level Trachoma Summits, in the Northern Territory, South Australia and Western Australia, to identify ways to overcome interdepartmental barriers to ensure access to safe and functional washing facilities in homes, child care and schools.

**RECOMMENDATION 9**
That the Australian Government ensures that the Prime Minister and Cabinet interdepartmental working group on social determinants of health specifically considers the environmental determinants of health and report publicly on identified outcomes and activities.
Trachoma

Australia continues to be the only high-income country in the world with trachoma, with measured prevalence in 60 per cent of outback communities and Vision 2020 Australia applauds the Australian Government for its determined commitment to the elimination of trachoma by the year 2020. In particular, Vision 2020 Australia congratulates the Australian Government for its renewed commitment of $20.8 million in funding announced in early 2017, which will allow the continued activities of the trachoma elimination program for four years, until 2021.

Through the collaborative research and treatment efforts of the eye health and vision care sector and the Australian government, rates of trachoma have dropped substantially - from 21 per cent in 2008 to 4.6 per cent in 2015.

However, in addition to continued screening and antibiotic treatment, it is critical that existing available funding is directed to implement all elements of the SAFE Strategy, particularly the facial cleanliness and environmental improvement elements. The Australian Government continues to support many existing and underway initiatives specifically related to trachoma and inevitably some of these overlap with other hygiene and housing or health hardware interventions. Evidence shows that facial cleanliness and environmental improvement initiatives are most successful when they are built on principles of community engagement, leadership and ownership.

There is a compelling need for synergy and collaboration to avoid unnecessary duplication and confusion. Current activities, resources and areas of interest or overlap need to be mapped to identify gaps where further activities are needed in order to focus efforts to improve facial cleanliness and safe washing facilities in hot spots.

This mapping is critical for the sector to work efficiently and effectively to achieve the goal of the elimination of trachoma by 2020. Additionally, national oversight, ongoing monitoring and independent evaluation of progress of coordination and implementation are required to measure success. Vision 2020 Australia therefore encourages the Australian Government to work with jurisdictional governments to convene jurisdictional level summits in the Northern Territory, South Australia and Western Australia. These summits would provide a platform for relevant government departments and sectors particularly those with responsibility for environmental health, education and housing to identify barriers to the targeted provision and maintenance of safe and functional washing facilities and bathrooms in homes, child care and schools.

Vision 2020 Australia is pleased to note that work in this area has started, with the establishment of an interdepartmental working group, convened by the Department of Prime Minister and Cabinet and chaired by the Department of Health. Vision 2020 Australia calls on this working group to consider environmental health and particularly its impact on trachoma as part of its discussions and encourages the Australian Government to continue to strengthen this initiative by ensuring it reports publicly on identified outcomes and activities.
Closing the Gap in Eye Health and Vision Care by 2020
Data collection and oversight

In the 2015 Sector Funding Proposal, Vision 2020 Australia supported the need to establish national oversight as recommended by the Roadmap. Oversight is needed to ensure continuity and accountability through monitoring progress and evaluating program implementation and effectiveness.

In September 2015, the Australian Government allocated $420,000 to the Australian Institute of Health and Welfare (AIHW) over the period 2015-16 to 2017-18 towards the development of an annual report on Aboriginal and Torres Strait Islander eye health, including the development of a number of national eye health indicators to assist with national oversight. The eye health and vision care sector is pleased to be represented on the AIHW’s Indigenous Eye Health Data Report Advisory Group and notes that the first edition of this report was published on 31 May 2017.

Moving forward, Vision 2020 Australia recommends that the Australian Government ensures that the Indigenous eye health measures 2016 report is referred to COAG via the CHC and its advisory body, the AHMAC. Additionally, input and advice from the eye health and vision care sector will be integral to ensuring that the oversight function is effective. Stakeholder expertise should continue to be utilised as required, via existing mechanisms such as the Vision 2020 Australia Aboriginal and Torres Strait Islander Committee, to provide expert technical and policy advice regarding Aboriginal and Torres Strait Islander eye health and vision care.

The sector has also identified concerns with the availability of jurisdictional level data, principally regarding the availability of information around the eye health and vision care activities supported by the RHOF, VOS and MOICDP programs. In particular, the sector remains concerned about how the $4.61 million committed over the period 2015-16 to 2018-19 ($200,000 annually per jurisdiction) to the fundholders for coordination of Indigenous eye health was allocated. Vision 2020 Australia therefore calls on the Australian Government to implement measures which ensure that the data collected by jurisdictional fund holders for eye health and vision care activities is made available to the sector.
Further, with the completion of the first National Eye Health Survey in early 2016, Australia has truly representative point-in-time population-based data on the prevalence and causes of vision impairment. This data currently serves as the most recent reference point for monitoring the effectiveness of future interventions designed to address, in part, public health and environmental factors to reduce the human and economic burden of vision loss; in line with Australia’s commitment to the Global Action Plan (2014-2019).

Equipped with this robust baseline data, Australia is well positioned to conduct a follow-up study to accurately track its progress in reducing the burden of blindness and vision impairment. A follow-up study is a crucial next step, which will both:

- enable the collation of high quality national data at two time points which will, for the first time, permit sophisticated projection analysis of the trends in vision impairment and major eye disease in Australia
- strengthen Australia’s eye health and vision care evidence base, assisting in guiding future resource allocation, policy development and economic analysis for effective service delivery in Australia.

It is anticipated that planning, ethics submission and testing preparations for the next National Eye Health Survey will commence in 2017, with data collection to take place from September 2018 until April 2019 and results to be launched in 2019.

Based on the 2016 National Eye Health Survey and the financial and in-kind contributions, the budget required to conduct the 2019 National Eye Health Survey is $4.1 million over the 2017-18 and 2018-19 financial years.

Vision 2020 Australia calls on the Australian Government to further support the development and strengthening of Australia’s eye health and vision care evidence base by committing to support a 2019 National Eye Health Survey.

**Conclusion**

Vision 2020 Australia calls on the Australian Government to build on the good progress being made with its current commitment to eye health and vision care for Aboriginal and Torres Strait Islander people by implementing the recommendations set out in this proposal.

These recommendations reflect the collective expert advice of the eye health and vision care sector and are based on the principle of enhancing and strengthening existing Australian Government investments and initiatives without duplicating effort.

Implementation of these recommendations as a package of initiatives will improve equity in eye health and vision care for Aboriginal and Torres Strait Islander people and enable the gap for vision to be closed by 2020.
This submission has been endorsed by the following organisations, all of whom are members of Vision 2020 Australia's Aboriginal and Torres Strait Islander Committee:

Aboriginal Health & Medical Research Council of New South Wales

Australian Society of Ophthalmologists

Brien Holden Vision Institute

The Fred Hollows Foundation

IDEAS

Melbourne School of Population and Global Health

Minum Barreng

Lions Australia

Lions Eye Institute

OneSight

Optometry Australia

QAIHC

RANZCO

The Royal Australian and New Zealand College of Ophthalmologists

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