

Towards 2020:

A shared vision of working in partnership
for eye health and vision care

Frequently Asked Questions

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National Policy

A National Framework Implementation Plan (NFIP) for all Australia

What are the goals outlined in the World Health Organisation's (WHO's) Universal Eye Health: a Global Action Plan 2014-19 (the Global Action Plan)

The goal of the Global Action Plan is to reduce avoidable vision impairment as a global public health problem and to secure access to rehabilitation services for people who are vision impaired. The purpose of the Global Action Plan is to improve access to comprehensive eye care services that are integrated into health systems.

Five principles and approaches underpin the plan: universal access and equity, human rights, evidence-based practice, a life-course approach, and empowerment of people with vision impairment. Proposed actions for Member States, international partners and the Secretariat are structured around three objectives, which have a set of metrics to chart progress:

- Objective one addresses the need for generating evidence on the magnitude and causes of vision impairment and eye care services and using it to advocate greater political and financial commitment by Member States to eye health.
- Objective two encourages the development and implementation of integrated national eye health policies, plans and programs to enhance universal eye health with activities in line with WHO's framework for action for strengthening health systems to improve health outcomes.
- Objective three addresses multisectoral engagement and effective partnerships to strengthen eye health.

Under these objectives a selection of indicators were identified, demonstrating the prevalence of avoidable vision impairment, workforce capacity and cataract surgery rate and coverage. Member states are asked to measure themselves against these indicators in reporting against the Global Action Plan. Currently, the Australian Institute of Health and Welfare is analysing the available data to develop a report against the Global Action Plan and Australia's progress which is due to the Executive Board at the 70th World Health Assembly in 2017.

How has the current National Framework Implementation Plan made progress towards achieving the goals outlined in the Global Action Plan and why do we need another one?

The development and implementation of the current NFIP in consultation with the eye health and vision care sector and the Commonwealth Department of Health (the Department) was an important step forward for eye health and vision care in Australia. The current NFIP aims to build on existing eye healthcare services and programs, support coordination, provide guidance on the mechanisms to address key priorities, identify indicators and other measures of progress and guide investment and future activity and action across the Department. It outlines three key priority areas:

- Aboriginal and Torres Strait Islander eye health
- preventing eye disease associated with chronic conditions (particularly diabetes)
- improving the evidence base.

The three identified key priority areas have ensured progress on a number of activities, including further Commonwealth support for the completion of the National Eye Health Survey to improve the evidence base, an \$8 million commitment from the Commonwealth towards Aboriginal and

Torres Strait Islander people eye health and vision care as a result of a sector representative funding proposal in 2015, and ensuring that eye health and vision care are considered in the progression of a number of reviews into chronic conditions and care.

It is possible to build on these successes and ensure Australia achieves its commitments under the Global Action Plan through the development of a comprehensive NFIP which outlines the responsibilities of Australia's states and territories as well as responsibilities of the Commonwealth.

How will an National Framework Implementation Plan which outlines the responsibilities of the Commonwealth and all Australia's states and territories help achieve the Global Action Plan goals?

In order to build on the successes of the current NFIP and ensure Australia achieves its Global Action Plan commitment of a 25 per cent reduction in the prevalence of blindness and vision loss, a comprehensive NFIP which outlines the responsibilities of Australia's states and territories as well as responsibilities of the Commonwealth is essential. The effective development and implementation of a nationally representative approach to avoidable blindness and vision loss will rest on the development of partnerships across and between all levels of government, including states and territories.

State and territory governments, partnered with health professions in both the specialist eye health and vision care workforce and the generalist medical and allied health workforce; as well as training institutions, industry bodies and non-government organisations, researchers and communities are key to enabling a nationally representative approach to avoidable blindness and vision loss.

Overall, an NFIP that is truly representative of all jurisdictions will directly assist the state and territory Governments to set agreed priorities, targets, and measures that are consistent across the country, thereby positively impacting on the lives of tens of thousands of Australians who are blind or vision impaired or at risk of avoidable vision loss.

Who will be responsible for developing and implementing a successor to the current National Framework Implementation Plan?

During the development of the current NFIP, Vision 2020 Australia recommended that the Community Care and Population Health Principal Committee (CCPHPC) of the Australian Health Ministers Advisory Council (AHMAC) be tasked with opening dialogue with the states and territories towards jurisdictional engagement. This dialogue should build towards the NFIP being placed on the agenda of AHMAC and ultimately jurisdictional engagement with an NFIP by health ministers.

In developing a successor to the current NFIP, Vision 2020 Australia recommends that the Commonwealth work in partnership with the eye health and vision care sector, jurisdictional health ministers, CCPHPC and AHMAC to develop a nationally representative NFIP which includes responsibilities for all levels of government.

What priorities and performance indicators does the sector think should be included in a successor to the 2014-16 National Framework Implementation Plan?

During development of the current NFIP, the sector worked in partnership with the Department to identify key priorities and areas of need. While understandably not all recommendations were feasible for inclusion in the initial NFIP, the sector believes there is now an opportunity to build on the initial NFIP's key priorities in a successive NFIP which ensures that the concerns of the sector are addressed.

A national health promotion program to target areas most at-risk of chronic eye conditions

What does an integrated national health promotion program look like?

In Australia, 80 per cent of blindness and vision loss is attributed to just five conditions which have an estimated annual cost to the Australian economy of more than \$16 billion. The sobering fact is all of these conditions can be prevented or treated to reverse, stop or slow the progress of vision loss in the majority of cases, if detected early.

The 2010 Access Economics report *Clear Focus: The Economic Impact of Vision Loss in Australia* in 2009 recommended that a focus on prevention and as a public health issue is necessary, particularly targeting at risk communities through dedicated social marketing campaigns as well as integration with other prevention programs.

In Victoria alone, evidence shows that a five per cent reduction in the prevalence of vision loss could save Victoria \$210 million annually in direct and indirect costs. Vision 2020 Australia therefore believes that a new NFIP should include the introduction of an integrated health promotion program across Australia which would target at risk areas with health promotion messages regarding eye health and vision care.

Who are the at-risk groups to be targeted?

The findings of the National Indigenous Eye Health Survey in 2008 show a high prevalence of eye health and vision care issues in Aboriginal and Torres Strait Islander people communities and we know that people over the age of 40 are at higher risk of developing an eye condition. Further, evidence shows that diabetic retinopathy is currently a leading cause of vision loss and blindness in working-age Australians and a major cause of vision loss among older Australians.

After excluding Victorian Local Government Areas (LGAs) already supported by the Victorian Vision Initiative, Vision 2020 Australia's preliminary analysis of publically available LGA data shows that there are approximately 75 LGAs within various Primary Healthcare Networks (PHNs) across Australia in need of a targeted eye health prevention strategy. This data analysis compared LGAs with populations over 50,000 people and took into consideration population groups of people over 40 years of age or who identify as Aboriginal or Torres Strait Islander people which are higher than the national average. The data analysis also considered LGAs with high diabetes prevalence in people over 18 years of age.

It is acknowledged that PHNs would be the most appropriate setting for national scale rollout and more detailed analysis is required to further map these LGAs against PHN boundaries.

What will this program achieve?

This program will promote a systematic approach to encourage regular eye disease examinations and will increase the likelihood that conditions which may result in blindness or vision loss are detected earlier.

In Victoria alone, evidence shows that a 5 per cent reduction in the prevalence of vision loss could save Victoria \$210 million annually in direct and indirect costs. Given around 80 per cent of all blindness and vision loss is attributed to just five conditions with an estimated total annual cost to the Australian economy of more than \$16 billion, the opportunity to reduce the prevalence of vision loss cannot be passed up.

How much will this program cost?

Vision 2020 Australia has recommended that a first phase be rolled out in a minimum of four LGAs in each state and territory over the next four years based on the successful Victorian Vision Initiative model currently being implemented. Excluding Victoria, the program would require an initial investment from both Commonwealth and state and territory governments of approximately \$20.1 million over four years. This estimate is based on an actual LGA cost used by the Victorian Vision Initiative.

Introducing an innovative diabetes blindness prevention program

Why is a diabetes blindness prevention program needed?

Current estimates suggest that over one million Australians will be living with blindness or vision impairment in 2020 and a significant portion of this burden will be due to the epidemic growth of diabetes and diabetic retinopathy.

However, the current approach to eye examinations for Australians with diabetes is not systematic and according to Medicare data, 80 per cent of Indigenous and 50 per cent of non-Indigenous Australians with diabetes do not have an eye examination at the frequency recommended by the National Health and Medical Research Council (NHMRC). Diabetic eye disease is often asymptomatic until it reaches an advanced stage and outcomes of late treatment are usually inferior to early intervention. However, evidence shows that early detection and timely treatment can prevent the majority of diabetes-related vision loss.

A systematic approach to diabetes blindness prevention is consistent with the goals of the Australian Government's proposed National Diabetes Strategy Framework and also aligns with other current Australian Government priorities, including the Implementation Plan under the National Framework for Action to Promote Eye Health and Prevent Avoidable Blindness and Vision Loss, improving the coordination of healthcare through e-health and the My Health Record platform; and strengthening the primary care system through the new Primary Health Networks.

How does the proposed diabetes blindness prevention program work?

The proposed Program seeks to utilise and leverage the capabilities of existing databases to facilitate linking, storing and sharing information between the databases, individuals with diabetes, PHNs, eye health practitioners, optometrists, general practitioners, specialist diabetes clinicians and other health services, working alongside the development of the new My Health Record. This will ultimately facilitate:

- the identification of people with diabetes who are in need of an eye examination as defined by NHMRC guidelines
- targeted strategies to increase the uptake of eye examinations through effective methods of communication including letters, emails and text messages
- better information sharing between members of the healthcare team, so that the results of eye examinations (including retinal photographs) can trigger timely ophthalmic treatment and better inform the control of key risk factors (hyperglycaemia, hypertension and hyperlipidaemia)
- accurate data on eye examination uptake that can be used by PHNs to coordinate public health resources.

Eye examinations will be provided by optometrists, ophthalmologists and general practitioners, as is currently the case. However, clinicians would be encouraged to upload retinal photographs

and screening outcomes to existing databases and Patient Controlled Electronic Health Records (PCEHR) and eventually the My Health Record.

Continuity of services and support across health, aged care, disability and education

Why does continuity of care across health, aged care, disability and education matter?

With access to specialist supports and services, people who are blind or vision impaired can become or remain independent with the freedom to participate fully in the community. Services and supports delivered to people who are blind or vision impaired are an integral part of the National Framework and the Global Action Plan. The 2014-16 NFIP identifies efforts to improve coordinated and integrated care across disability, aged care and health at the national level as an opportunity for potential future investment.

Currently, there are a number of gaps in the system that mean that this is not guaranteed for people who are blind or vision impaired. Gaps such as the cut-off at age 65 for eligibility to the National Disability Insurance Scheme (NDIS); the lack of uniform blindness specific expertise and peer support for applicants navigating both the NDIS and My Aged Care; the hit-and-miss of adequate referrals by health professionals to blindness services and the inadequate provision of adaptive technology for children in school and at home, often result in isolation, discrimination and poor life outcomes for tens of thousands of people across Australia.

In order to address these gaps, Vision 2020 Australia has called for continuity of care across health, disability and aged care to be included in the new NFIP, alongside integration guidelines between health, aged care, disability and education policy and portfolios. Implementing this recommendation will ensure people who are blind or vision impaired are supported across the life cycle—to get an education, get a job or get a better one, remain connected to their families and communities and generally participating in life in the manner in which they choose.

What does continuity of care look like?

The 2010 Access Economics Clear Focus report substantiates this concept, recommending that ‘there is a need for health, disability and aged care policies, programs and funding to work together.’

Continuity of care involves developing a seamless interface between the health, disability and aged care sectors to provide stability in supports and services that are available to consumers across the life course. The inclusion of a key priority with specific actions to better integrate continuity of care in a successor to the NFIP will ensure effective service delivery, without overlap of service provision.

How will continuity of care across health, aged care, disability and education better support the needs of consumers?

In order for more communities to gain access to comprehensive eye care and rehabilitation services, it is important for health care professionals at all levels to have a better understanding of their role in diagnosing, treating and referring people with eye conditions.

Comprehensive referral pathways are necessary to ensure that people with eye health needs are addressed effectively and there is a continuum of care. For example, better early detection and timely referrals to eye care practitioners may prevent vision loss, or referrals to rehabilitation providers would have a significant impact on those with vision loss. The development of ‘best

practice' guidelines for referral and management of eye care in hospitals, the primary care system and links between the various eye care and low vision service providers is essential.

Services for those Australians who live in remote locations where there are fewer personnel may be facilitated through better telemedicine processes. Telemedicine may allow specialist personnel to provide some services remotely, minimising delays due to travel by either the patient or the specialists. Importantly, a model of continuity of care will also need to include special provisions for people who lost their vision before the age of 65 years, but will be aged over 65 years once the NDIS is fully implemented in 2019.

What integration guidelines relating to continuity of care does the sector think should be included in a successor to the 2014-16 NFIP?

Vision 2020 Australia envisages clear integration guidelines which help to promote a collaborative culture across government agencies and between health, aged care, disability and education portfolios. These integration guidelines are intended to close service gaps, support cooperation with the nongovernment and private sectors and provide consumers with certainty about how they move in and out of these systems throughout their life.

Additionally, clear and comprehensive integration guidelines will directly inform government policy within each department to respond to the needs of consumers who are blind or vision impaired; making for a more efficient and effective overall system to maximise human potential and community engagement.

Sustainability of Medicare-supported optometry and ophthalmology

When did the Medicare Rebate Schedule (MBS) indexation freeze come into effect and what is the impact?

In the 2014-2015 Federal Budget the Australian Government announced a 5 per cent reduction in the patient rebate for optometry services on the MBS. This came into effect on 1 January 2015. The changes to the patient rebate for optometry services applies to all patients—there are no exemptions for concession card holders, pensioners, children or those in aged care. In addition, the Australian Government announced an additional extension of the freeze on Optometric Medicare Benefits Schedule indexation through to July 2018. Coming on top of an existing indexation freeze, this will mean optometry rebates will not be indexed for over five years.

Together these two announcements will mean that in 2018, an average optometry patient rebate is expected to be \$10 less than what was received in 2014 and while rebates are dropping, the price of providing vital eye care services continues to increase.

Why should the bulk-billing incentive program be extended to optometry services and who will this help?

Vision 2020 Australia has called for the extension of incentive payments to support optometry services and ensure optometrists are able to continue to provide services to meet community need in disadvantaged areas; particularly those areas where most patients can only access services if they are bulk-billed. This means optometrists will receive an incentive payment to bulk-bill Commonwealth Concession Card holders and children less than 16 years of age and will ensure a safety net is available. Overall, the implementation of this recommendation will support the sustainability of frontline and specialist eye health and vision care services and maintain the principle of universal health coverage for all Australians.

Closing the gap in Indigenous eye health and vision care

What is the University of Melbourne's Roadmap to Close the Gap for Vision (the Roadmap)?

The Roadmap to Close the Gap for Vision project was conducted by the Indigenous Eye Health Unit at The University of Melbourne, aiming to 'Close the Gap for Vision' by identifying the known differences in the standard of eye health in Indigenous Australians compared to mainstream Australians. The Roadmap makes 42 recommendations across nine domains of activity:

1. **Primary Eye Care as Part of Comprehensive Primary Health Care:** To improve identification and referral for eye care needs from primary health care.
2. **Indigenous Access to Eye Health Services:** To enhance access to Aboriginal and mainstream eye services.
3. **Co-ordination:** To improve co-ordination of eye care services and the successful navigation of referral pathways.
4. **Eye Health Workforce:** To increase availability and improve distribution of eye health workforce.
5. **Elimination of Trachoma:** To eliminate blinding trachoma from Australia.
6. **Monitoring and Evaluation:** To capture and report information about progress and improvement of services and outcomes in Indigenous eye health.
7. **Governance:** To ensure that there is oversight for the national delivery of 'Close the Gap for Vision'.
8. **Health Promotion and Awareness:** To improve awareness and knowledge of eye health in communities to support self-empowerment.
9. **Health Financing:** To ensure adequate funding is allocated to 'Close the Gap for Vision'.

The recommendations are interlocked requirements that need to be adopted as a comprehensive package of policy reforms.

What will the full implementation of the Roadmap to Close the Gap for Vision cost?

In 2015, *The Value of Indigenous Sight* PwC report, commissioned by University of Melbourne Indigenous Eye Health, measured the value of the full implementation of the Roadmap, looking at the cost of preventing and treating long and short-sightedness, old-age vision degeneration, cataract, diabetic retinopathy and the communicable disease, trachoma.

The report highlighted that current Government investment in Indigenous eye health is \$40 million for 2015-2016; however an additional \$23 million is required in 2016 to fully implement the Roadmap's recommendations.

Overall, *The Value of Indigenous Sight* shows that investment in the Roadmap's recommendations (in addition to current commitments) will cost \$230 million over 10 years, but will generate \$578 million in additional economic benefits.

What were the key recommendations put forward in the *Close the Gap in Aboriginal and Torres Strait Islander eye health and vision care: Sector Funding Proposal*?

In 2015, the Vision 2020 Australia Aboriginal and Torres Strait Islander Committee developed the first-ever sector representative funding proposal, setting out program and implementation priorities endorsed by the sector and calling 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.

Eight recommendations were provided, totalling an additional annual investment of \$4.65 million. These are as follows:

1. That the Australian Government allocates additional yearly funding of \$1.05 million for the Visiting Optometrists Scheme (VOS).
2. That the Australian Government allocates additional yearly funding of \$1 million for Aboriginal and Torres Strait Islander ophthalmology outreach services.
3. That the Australian Government ensures that Primary Health Networks (PHNs) are tasked with and sufficiently resourced to undertake high level regional coordination of eye health and vision care delivery, to better integrate and strengthen local systems, driven by appropriate performance and process indicators.
4. That the Australian Government allocates an additional annual \$1.2 million to support service coordination of care at a community level.
5. That the Australian Government contributes a further \$800,000 to trachoma health promotion based on the SAFE Strategy, particularly focusing on clean faces and safe bathrooms.
6. That the Australian Government sets aside \$600,000 to fund the support, monitoring and reporting to an oversight function that sits within the Australian Health Ministers' Advisory Council (AHMAC).
7. That the Australian Government commits to a national approach for improving access to prescription glasses among Aboriginal and Torres Strait Islander people.
8. That the Australian Government ensures that Aboriginal and Torres Strait Islander people are not disadvantaged by the rebate reduction for optometric services.

What support is currently being provided by the Australian Government for this initiative?

In 2015, after discussions with the Commonwealth Department of Health, a phased approach was agreed, recommending the implementation of a Phase One as a priority, including a national oversight function and support for high level state/territory eye care systems coordination.

In June 2015, \$140,000 was allocated to each state and territory for eye health coordination, totalling \$1 million across the country. Additionally, a further \$1.5m was allocated to RHOF fundholders to provide surgical support for eye and ear surgery for the 2015/16 financial year.

Then, on 16 September 2015, funding of \$6.63m was announced to provide support to jurisdictional VOS and RHOF fundholders (one in each state and territory) for: coordination of Aboriginal and Torres Strait Islander eye health services; and to support the AIHW to prepare an annual report on Aboriginal and Torres Strait Islander eye health which will assist with national oversight. In the same announcement, Minister Nash also allocated an additional \$1.6 million to Indigenous Eye Health Unit to undertake trachoma health promotion.

What recommendations are outstanding?

Phase One, as supported by the Australian Government, will ensure that the national leadership and jurisdictional coordination functions are in place, allowing optometry and ophthalmology services to be significantly more efficient and better placed to meet demand. The full implementation of Phase One will also lay the groundwork for the systematic assessment of

additional resources for RHOF, VOS and improved service coordination required. This will form the basis for Phase Two, incorporating the outstanding recommendations.

Eliminating trachoma by 2020

What is the GET2020 commitment?

The World Health Organization (WHO) leads an international alliance of interested parties to work for the global elimination of trachoma, the Alliance for Global Elimination of Trachoma by the year 2020 (GET 2020). Australia is a member of this alliance, working with other members to support and collaborate with WHO in carrying out essential activities such as epidemiological assessment, including rapid assessment and mapping, project implementation, coordination, and monitoring, disease surveillance, project evaluation and resource mobilization.

The Alliance works in step with the WHO-developed SAFE Strategy –a combination of interventions which stands for surgery for trichiasis (inturned eyelashes), antibiotics, facial cleanliness and environmental improvement. These interventions are intended to be community-targeted and will seek community involvement through the primary health care approach.

What progress has Australia already made towards eliminating trachoma?

According to the National Trachoma Surveillance and Reporting Unit, national prevalence of active trachoma has fallen from 14 per cent in 2009 to 4.7 per cent in 2014.

What existing commitment has Australia made towards eliminating trachoma?

Commonwealth funding has been provided through the Department of Health's *Closing the Gap - Improving Eye and Ear Health Services for Indigenous Australians* measure. This current commitment extends to 2017; however Vision 2020 Australia has called for a continued commitment of ongoing funding for 2017-21 of approximately \$17.2 million. This funding will ensure the ongoing implementation of the SAFE Strategy which is critical to safeguard the ongoing work of the trachoma program and ensure the disease is eliminated.

Additionally, as part of an announcement of a \$6.63 million commitment to Aboriginal and Torres Strait Islander eye health, \$800,000 a year for two years was allocated to Indigenous Eye Health group, to support the implementation of a series of trachoma health promotion activities.

What is needed to ensure that trachoma is eliminated by 2020?

Alongside an ongoing commitment to implementing the screening and treatment aspects of the SAFE strategy, healthy and safe homes and community living environments are integral to the elimination of diseases like trachoma, which are closely related to facial cleanliness and environmental improvement. Australia needs to commit to addressing these factors of the SAFE Strategy through embedding the Housing for Health methodology in remote Aboriginal and Torres Strait Islander housing policy. It is critical to ensure the integration of this methodology within and across Aboriginal and Torres Strait Islander environmental, housing and public health policy at both the Federal and state/territory levels.

Further, ongoing support for the National Trachoma Surveillance Reporting Unit (NTSRU) to continue annual reporting on implementation of all components of the SAFE Strategy, including the environmental component, is also necessary to monitor and track progress and allow evaluation of the program.

Equal access to services for older Australians who are blind or vision impaired

What is the impact of blindness and vision impairment on older Australians?

In 2010, an estimated 575,000 people over the age of 40 were living with blindness or vision impairment across Australia, and the majority of these individuals were aged over 65 years. Today, as the population ages this number grows, ensuring that the aged care system is formulated to cater for the needs of this growing group of Australians is critical.

Even across the suite of disability and aged care reforms, there are no specific provisions that provide certainty for people who are blind or vision impaired that their needs are included, as 'people with disability' and not only as 'people who are ageing' or 'frail'. Further, there remain concerns regarding the capacity of the aged care system to cater for those with blindness or severe vision loss, as it is not geared to provide necessary supports and services such as assistive technology and mobility training to maintain independence and high quality of life.

What is a specialist assessment?

Vision 2020 Australia has argued that it is critical for consumers who are blind or vision impaired and seeking support through the NDIS or aged care to have access to a holistic specialist assessment together with a peer support mentor with a lived experience of accessing supports, both at the time of application and during support planning.

Holistic specialist assessment means a general assessment undertaken by a trained professional or team of professionals with specialist expertise in blindness and vision impairment, with a view to the holistic person and their goals and aspirations across a broad spectrum of clinical and functional outcome areas. A holistic specialist assessment may occur in conjunction with or in addition to a specialist assessment undertaken in response to a specific clinical or functional need or other general assessment. Reports provided by holistic specialist assessors should be considered in determining an individual's eligibility to NDIS and aged care programs, and in determining an individual's support plan.

Moreover, a number of Vision 2020 Australia's member organisations possess specialist expertise which is often provided on a non-fee basis and at no gain to the organisations. This expertise support to individuals and their families during support planning assists individuals to better understand their choices for supports and services.

What will ensuring a holistic specialist assessment for people who are blind or vision impaired achieve?

In order for people who are blind or vision impaired to be empowered by a shift to person-centred support, it is of utmost importance to ensure participants have access to specific and appropriate information to assist with making an informed decision. It is also essential in a fiscally constrained environment to ensure that people are not arbitrarily locked out from support, by decisions about the severity of need based on medical diagnosis rather than functional need.

Vision 2020 Australia considers it is critical for consumers who are blind or vision impaired seeking support through the NDIS or aged care, to have access to a holistic specialist assessment both at the time of application and during support planning. Further, reports provided by holistic specialist assessors should be considered in determining an individual's eligibility to NDIS and aged care programs, and in determining an individual's support plan.

Making sure the NDIS works for people who are blind or vision impaired

How can the NDIS Act and operational guidelines be adjusted to ensure the needs of people who are blind or vision impaired are met?

No individual who is blind or vision impaired with a demonstrable functional need should be denied access to government funded disability services and supports solely on the basis of their age. This being said, it is most certainly the case that an individual who: meets the residency and disability or early intervention criteria; has a history of accessing disability services; and would otherwise be eligible to be an NDIS participant but for their age, ought to be afforded at least some opportunity to be an NDIS participant.

As an alternative measure to there being no restriction on the basis of age, the eye health and vision sector has argued for the implementation of a limited grandfathering provision to be stipulated within the Act and the operational guidelines. A grandfathering provision recognises that it is unreasonable to create a barrier to access for people with a history of disability service and support solely on the basis of their age. The provision emphasises the importance for an individual to continue to receive supports where they have had a demonstrable functional need, where that need is ongoing and where the rollout of the NDIS would have applied to that individual should the NDIS been in place at an earlier time.

Why should eligibility for the NDIS be determined by functional need rather than by clinical diagnosis?

Legal blindness is most often applied as an initial step to accessing eligibility for a variety of government services. In Australia, legal blindness is defined as a best corrected visual acuity in one or both eyes of less than 6/60 on the Snellen Scale or a visual field of less than 10 degrees.

A medical or clinical diagnosis alone cannot provide any measure of impact of vision related impairment on an individual and should not be an impediment to one's ability to live a full and independent life of their choosing. No individual seeking to access services through the NDIS should be obligated to wait for their condition to deteriorate before having access to the relevant services and supports.

Some people with disabilities may not be eligible to access the NDIS on the basis of their disability not being considered permanent or likely to be permanent. Whilst a majority of eye conditions are permanent by nature, there are a number of conditions which may fluctuate in severity and which may improve over time through surgical intervention. Conditions such as cataract, retinal detachment and diabetic retinopathy may result in significant vision loss and treatment and further assessment has the potential to take up to two years before a final determination can be made regarding the permanency of the condition. Eligibility should thus be determined on the basis of a functional assessment of what a person can or aspires to do, rather than on the basis of diagnosis.

Why do we need to ensure the provision of early intervention supports for people who are blind or vision impaired?

Early intervention is a critical element of supporting people in particular who have begun to lose their vision or who are anticipated to do so in the future. The provision of early intervention supports and services has the potential to mitigate, alleviate and prevent deterioration of functional capacity. Early intervention supports enable a person to develop the necessary skills to cope with blindness or vision impairment as crucial to a person's long term wellbeing, regardless of age. For Vision 2020 Australia member organisations working with people who are blind or vision impaired, early intervention is critical. For example, children who undertake early childhood development, skills training on Braille adaptive technology and peer support will

maximise their long term social and economic opportunities across their lifetime and will also enable a smoother transition once vision does deteriorate.

How should eligibility for early intervention supports be determined?

Eligibility for early intervention should take into consideration whether an early intervention support will benefit the individual through delivering rehabilitative (restore functional capacity) or habilitative (develop functional skills) outcomes.

Furthermore, consideration should also be given to whether the intervention delivers and builds transferrable skills or outputs that an individual can use to ameliorate the effect of their disability in performing day-to-day activities. This includes skill attainment at the time of service delivery and also into the future, so that an individual can perform functions such as moving around the community safely, maintain their employment or undertake activities of daily living to their desired level of independence, and also problem-solve through functional challenges in the future without necessarily requiring support from a specialist agency.

Eligibility should therefore be determined by whether or not the provision of early intervention supports of the person: is likely to benefit the person through continuous skills development, above and beyond basic skills acquisition.

What is the Information, Linkages and Capacity stream and how should this be funded?

The Information, Linkages and Capacity Building (ILC) Policy Framework was endorsed in August 2015 and recognises that an arbitrary age restriction of 65 years will mean that there will be a group of people with a demonstrable functional need who will not be eligible for the NDIS, but who still may need access to some form of support. Services funded through the ILC therefore provide opportunity to capture people who are blind or vision impaired who may otherwise be ineligible to access services through an individually funded package (IFP).

Vision 2020 Australia has argued that services which receive ILC funding should be funded in their entirety, regardless of the age distribution of consumers. For example, Vision 2020 Australia considers that library services should be fully funded through the ILC, notwithstanding the fact that the majority of consumers are over the age of 65. Additionally, ILC should provide funding to service providers who operate with a reliance on volunteers. The costs of volunteering to Vision 2020 Australia members include recruitment, screening, training, compliance and coordination. These costs are currently funded by a mixture of organisational spending, disability funding and aged care funding but require support through ILC.

Global Policy

Supporting facilitated collaboration in the region

Why should Australia take the lead on eye health and vision care?

Globally 223.4 million people are vision impaired, 32.4 million of whom are blind. Around 80 per cent of this vision impairment is avoidable or treatable. As 18 of Australia's closest neighbours are developing countries, and with 90 per cent of people with vision impairment living in developing countries, the challenge is large and is very close to home. The good news is that Australia is well placed to help eliminate avoidable blindness and vision impairment in our region and provide inclusive development for those whose vision impairment is untreatable.

In 2008, drawing upon a plan developed by Vision 2020 Australia and member agencies, the Australian Government committed \$45 million to an Avoidable Blindness Initiative (ABI) in Asia and the Pacific. In 2011, a further commitment of \$21.3 million over four years for the next phase of the ABI in East Asia was made. Australia has a strong and proud history of leadership in eye health and vision care in the Indo-Pacific region, and is well placed with the right knowledge, the right expertise and the right partnerships to continue to leverage off success. The time is right to resume the mantle and leverage off the progress made.

Why is the suggested approach focused on coordination and collaboration?

With the reduction of Australian Government investment in direct eye health programming, Vision 2020 Australia and the International Agency for the Prevention of Blindness (IAPB) are committed to working in partnership to strengthen nationally driven coordination and advocacy that will maximise existing resources and maintain the momentum of eye health sector investment impacts.

Vision 2020 Australia members are actively engaged with their in-country counterparts in identifying how to enable different perspectives, ideas and opportunities to be identified in order to support ongoing development of integrated eye health sectors. Vision 2020 Australia will expand this collaboration to include all stakeholders in the region, not just Australian NGOs. This includes other international NGOs, local in-country NGOs, the private sector, national governments and other potential donors. It is envisaged that by supporting the expansion of this collaborative model, valuable insight will be gained to inform whether this innovative model could be applied to other sectors operating in the international aid and development landscape.

Is there a track record of success?

The Vision 2020 Australia Global Consortium is a leading example of how increasing coordination and collaboration can improve access to eye care, provide better links and improve the delivery of services. The East Asia Vision Program 2013-2016 (EAVP) is delivered by the Vision 2020 Australia Global Consortium and is a key component of the Australian Government funded Avoidable Blindness Initiative (ABI).

The Australian government has supported the Vision 2020 Australia Global Consortium to implement joint programs in Asia and the Pacific since 2010. The Global Consortium is made up of seven Australian eye health and vision care NGOs and has been implementing programs since 2010 to reduce avoidable blindness and vision loss. The EAVP is in line with the WHO Regional Action Plan and supports achieving the global target of 25 per cent reduction in avoidable blindness and vision loss by 2019, as identified in the Global Action Plan.

Exemplifying a unique partnership approach, the Global Consortium enhances collaboration and skill sharing and removes duplication to ensure that efforts are cost effective and efficient. Key outcomes of the Vision 2020 Australia Global Consortium EAVP include:

- Facilitating national advocacy efforts to successfully accredit optometry tertiary training programs and lead efforts to establish optometry as an official profession in Vietnam.
- Supporting the Cambodian Ophthalmology Society to drive continuing professional development and professional support networks for future development of eye health in Cambodia.
- New and strengthened training modules and curricula developed, approved and being used to train new cohorts of eye health worker cadres.
- Increased eye health workforce service delivery and training capacity at different levels: ophthalmology, ophthalmic nursing, eye care technicians, refraction and orientation and mobility.
- Trained national trainers in a range of eye health specialty areas who are now leading training and development activities for new cohorts of trainees.

Strengthening health systems in Papua New Guinea, Vietnam and Cambodia

In the context of a restricted aid budget why should Australia invest in eye health and vision care?

Global programs and eye health interventions play an essential role in promoting sustainable economic growth and poverty alleviation in developing countries and also in promoting Australia's own national and economic interests. They target and work with individuals who are discriminated against and marginalised, in particular women and girls and people living with disability to increase their economic, social and lifestyle opportunities and lift people out of poverty.

Investing in blindness and vision impairment prevention is cost effective and produces tangible, sustainable results. Eye health and vision care programs are among the most cost effective public health interventions available: providing an economic return of \$4 for every \$1 invested. At a program level, outcomes from cataract surgery, provision of spectacles and other interventions can easily be measured and reported. For example, the potential lost productivity resulting from the global burden of uncorrected refractive error is over US\$225 billion annually. For many individuals, productivity gains are immediately realised once sight is restored.

If there ever was a time to yield a positive return on investment and make a real impact on the lives of some of the poorest people in our region it is now, especially as: poverty is being reduced; eye health can target the poor and most vulnerable; it makes good economic sense, and Australia can build on its international reputation.

Why have Cambodia, Vietnam and Papua New Guinea been chosen as priority countries?

All three countries have benefited from Australian investment in eye health, have a strong stakeholder base and potential for significant impact through collaborative actions and maintain a high level of Australian aid. While there has been significant gains made in each country, there is identified capacity for further investment to achieve the 25 per cent reduction in avoidable blindness and vision impairment by 2020.

Cambodia

Since 1990, the prevalence of vision impairment in Cambodia has decreased from 8.9 per cent to 6.1 per cent, including a reduction in blindness from 1.9 per cent to 1.2 per cent of the population. This demonstrates a direct impact on the lives of more than 2.8 per cent of Cambodia's population from targeted eye health and vision care interventions.

While significant progress has been made, there are currently 525,761 people affected by vision impairment and blindness in Cambodia. As 80 per cent of all vision impairment and blindness is avoidable, 420,608 people are needlessly experiencing vision loss.

An investment from the Australian Government into collaborative action and sector stakeholder coordination in Cambodia would result in health systems strengthening, improved capacity development as well as infrastructure strengthening. This investment will embed technical expertise and resources in Cambodia, thereby improving national capacity and ownership resulting in a robust eye health system.

Vietnam

Since 1990, the prevalence of vision impairment has decreased from 5.2 per cent to 3.4 per cent, including a reduction in blindness from 1.2 per cent down to 0.7 per cent of the population. This demonstrates a direct impact on the lives of more than 1.8 per cent of Vietnam's population from targeted eye health and vision care interventions.

There remains much work to be done, with 2,480,174 people affected by vision loss and blindness in Vietnam. As 80 per cent of all vision impairment and blindness is avoidable, 1,984,139 people are needlessly experiencing vision loss.

An investment from the Australian Government in human resource development will significantly improve the local eye health workforce capacity, strengthen the local health system and reduce future dependence on international support.

Papua New Guinea

Since 1990, the prevalence of vision impairment has decreased from 7.7 per cent to 5.8 per cent, including a reduction in blindness from 1.5 per cent down to 1 per cent of the population. This demonstrates a direct impact on the lives of more than 1.9 per cent of Papua New Guinea's population from targeted eye health and vision care interventions.

There remain 198,506 people affected by vision impairment and blindness in Papua New Guinea. As 80 per cent of all vision impairment and blindness is avoidable, 158,805 people are needlessly experiencing vision loss.

The current cataract surgical rate in Papua New Guinea is very low at just over 700 per million and the National Eye Health Plan outlines a commitment to 1500-2000 per million per year by 2020. The number of ophthalmologists required for comprehensive provision of eye care for the people of PNG is estimated at 60; currently about eight ophthalmologists are practising in PNG. An investment from the Australian Government will assist in training local people in all aspects of eye health and vision care, from ophthalmology to optometry, optical technicians and eye health workers

Achieving disability inclusive development

What are the priorities outlined in the Development for All 2015-2020: Strategy for strengthening disability inclusive development in Australia's aid program?

The Australian Government has positioned itself as a global leader in including people with disability within its aid program. The *Development for All 2015-2020: Strategy for strengthening disability inclusive development in Australia's aid program* (the Development for All strategy), builds on the success of the Australian Government's first strategy for disability-inclusive development. The Development for All Strategy recognises that in order to be effective in reducing poverty, development must actively involve and benefit people with disabilities. The strategy sets out how the Australian Government will strengthen its impact in promoting disability-inclusive development in our region, beyond 2015.

The purpose of the strategy is to promote Australia's national interests by contributing to sustainable economic growth and poverty reduction. The objective of the strategy is to improve the quality of life of people with disabilities in developing countries through:

- enhancing participation and empowerment of people with disabilities
- reducing poverty among people with disabilities
- improving equality for people with disabilities in all areas of public life.

The strategy identifies key opportunities where disability inclusive development can be strengthened based on the investment priorities of the Australian aid program. In order to achieve the proposed objectives the Government will invest in opportunities to:

- Supporting governance for equality through the implementation of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) 2007
- Enabling infrastructure and accessible water, sanitation and hygiene
- Inclusive education and skills
- Building resilience: inclusive humanitarian assistance, disaster risk reduction and social protection.

The Department of Foreign Affairs and Trade (DFAT) Disability Section will be responsible for monitoring and reviewing the overall performance of Australia's aid program in strengthening disability-inclusive development. The performance of the strategy will be assessed annually, with outcomes publicly reported in the Australian Government's Annual Performance of Australian Aid report.

Building a sustainable future for eye health and vision care

Making the Sustainable Development Goals a reality

What should be included in an Australian implementation plan for the Sustainable Development Goals?

For the next 15 years The Sustainable Development Goals (SDGs) are set to become the new framework for poverty relief and reducing inequality both in Australia and around the world. Unlike the Millennium Development Goals (MDGs), the SDGs apply to developing and developed countries equally.

An implementation plan to meet the ambitious targets set out by the SDGs should include:

- The integration of the SDGs throughout Australia's aid program: this will require the Australian Government to reevaluate existing aid and development policies to strategically align with the goals and targets of the SDG framework.
- The development of a whole of government, national strategy to implement the SDGs across all government policies.
- The establishment of a division within the Department of Prime Minister and Cabinet (DPMC) to direct implementation and monitor progress against the SDGs. Establishment within the DPMC will ensure a coordinated whole of government approach to the SDGs.

Successful implementation on both the domestic and international fronts will require an ambitious set of means of implementation and a revitalised Global Partnership for Sustainable Development. It is anticipated that this partnership will be a combination of public and private stakeholders, responsible for security of sharing and using data and assisting countries to foster national strategies for data advancement. Successful adaptation of the SDGs will be dependent on available resources, knowledge and the resourcefulness of various stakeholders and partners. Strong political will, significant mobilisation of resources and sound policy frameworks will be essential for implementation of the SDGs.

What specific indicators does the sector believe should be included within the indicator framework?

In June 2015, the Inter-agency and Expert Group on SDG indicators (IAEG-SDGs) convened to begin work on developing an all-inclusive SDGs indicator framework, expected to be finalised in March 2016. This robust indicator framework will shape SDG monitoring at local, national, regional and global levels and will be essential to in-country implementation, ensuring progress and accountability towards achieving the SDGs.

We know that what gets measured gets counted. In order to make progress towards the ambitious goals set out in the SDG agenda the eye health and vision care sector advocates for inclusion of the following indicators:

- Neglected Tropical Diseases (NTDs): Trachoma is classified as an NTD and is the leading infectious cause of preventable blindness in the world. Australia is the only developed country where trachoma still exists continuing to affect Aboriginal and Torres Strait Islander populations at endemic rates. The inclusion of a specific indicator will ensure measurement and strengthen progress towards control and elimination of trachoma and other NTDs.
- Universal Health Coverage (UHC): The latest draft of the proposed indicator framework makes reference to use of the tracer interventions for prevention and treatment services as

recommended in the Joint World Bank, World Health Organisation (WHO) report Tracking Universal Health Coverage: First Global Monitoring Report. This report specifically recognises the usefulness of cataract surgical coverage (CSC) as an indicator to contribute to measuring UHC. Disaggregated CSC data provides valuable information on the effectiveness of eye health programs and which sectors of the community are failing to access cataract surgery. CSC is a highly relevant indicator to inform policy makers and service providers not only about how well the existing eye health system is working, but also contribute to the measurement of UHC.

- **Disability:** It is estimated that people living with disability make up 15 per cent of the global population, yet they often remain unintentionally excluded from social and political decision making. It is pleasing to see that the SDG framework makes specific reference to disability, including in targets related to education, employment and inequality. It will be imperative moving forward that the indicator framework bring to life this narrative and ensure that appropriate indicators are disaggregated by disability and by gender.

Building on success: working towards the next Global Action Plan

What should be Australia's involvement in the development of a successor to the WHO Global Action Plan?

The Australian Government was instrumental in the development of the World Health Organisation's (WHO's) Universal Eye Health: a Global Action Plan 2014-19 (the Global Action Plan) leading up to its endorsement in May 2013. Australia has an impressive history of leadership in eye health and vision care in the Indo-Pacific region. In the past three years the Vision 2020 Australia Global Consortium has been responsible for improving the lives of tens of thousands of poor and disadvantaged people in Asia and the Pacific.

As a country with expertise in the area of blindness prevention and rehabilitation, Australia is well placed to foster eye health and vision care systems in the region and to support inclusive development practices. The development of a successor to the current Global Action Plan will need to begin within the next term of the Parliament. It will be essential that the Australian Government is committed to engaging and contributing to the process.

For more information on the World Health Organisation's (WHO's) Universal Eye Health: a Global Action Plan 2014-19 please refer to page 3: A National Framework Implementation Plan for all Australia.